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## ZdravPlusII Six-month Report January – June 2007

Prepared by: **ZdravPlusII**  
For: **USAID**

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**ЗдравПлюс / ZdravPlus**

ENSURING ACCESS TO  
QUALITY HEALTH CARE  
IN CENTRAL ASIA

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## **REGIONAL Six-month Report January - June 2007**

### **Regional Council of Rectors: Medical Accreditation of the Medical Institutes**

ZdravPlus including partner Morehouse School of Medicine held a three-day meeting of the Council of Rectors Working Group in Dushanbe on the medical education accreditation of their institutes according to the internationally recognized World Federation of Medical Education (WFME) standards. ZdravPlus team members included Dr. Peter Campbell, (Regional Director for Quality Improvement, Uzbekistan), Dr. Elena Tsoy (Medical Education Specialist, Uzbekistan), Dr. Rudolph Jackson (Morehouse School of Medicine USA), Dr. David Kuter (Family Physician consultant, Kazakhstan), Farida Asadova (Clinical Program Manager, Tajikistan), Azhar Nugmanova (Service Delivery Coordinator, Kazakhstan), Sergey Muratov (National Policy Advisor, Kazakhstan), and Marat Turgunbaev (Director of EBM and Quality Improvement, Kyrgyzstan).

Over the last 2½ years, the ZdravPlus strategy for the Regional Council of Rectors and regional medical education activities has evolved from a focus on broad policy dialogue using the Regional Council of Rectors mechanism to a narrower focus on medical education accreditation with the following assumptions:

- Given the policy development over the last five years, the Regional Council of Rectors should evolve from a broad policy dialogue mechanism to a combination communication function and targeted policy/technical mechanism.
- A Regional Council of Rectors Medical Education Accreditation Working Group would be the main partner for this activity.
- Regional medical education accreditation requires both regional and country specific components. Country specific elements are legal and regulatory mechanisms including the Medical Education Accreditation Body. Regional elements take advantage of the general desire of the Council of Rectors to standardize medical education across Central Asia and possibly create a regional labor market and they are more focused on medical education content.

On country specific activities – ongoing interaction and assessment of the legal and regulatory documentation as well as the operational policies and procedures of the Central Asian Medical Accreditation bodies over the last couple of years has revealed relative similarity, acceptance of developing standard regional operational procedures to be applied in each country, and agreement to base medical education accreditation on WFME standards. On regional activities – the priority of the Regional Medical Education Accreditation Working Group has been more detailed specification of the WFME standards in order to clarify specific requirements and adopt them to Central Asia. The June 2007 Dushanbe meeting continued this process.

Prior to the meeting, ZdravPlus worked with individual countries to continue drafting a set of locally acceptable standards outlining how each country's medical institutes could meet the WFME criteria. This draft paper was discussed in detail during the conference, where participants reviewed the list item by item and made comments and recommendations. These were all noted and will form the final agreed standards document (which is being prepared at the time of this report).

On the second day of the conference, participants worked with WFME Standard 3.2 – on the "Relationship between Assessment and Learning" – to assess the practices of the Morehouse School of Medicine according to their self-study report compiled during the School's most recent accreditation in the USA. Dr. Rudolph Jackson and Dr. David Kuter fielded questions on behalf of Morehouse, with the participants presenting questions they had prepared previously during their review of the Morehouse self-study report. Participants were then invited to the TSMU where they performed a similar mock accreditation of the University itself, also based on WFME standard 3.2. The University provided teachers and students who answered questions posed by the conference participants.

By the end of the conference, participants were unanimous in their agreement that accreditation according to the WFME standards should commence soon, and will now return to their countries to explain to their peers what needs to be done to reach this goal. The involvement of existing attestation/accreditation committees and agreement from the MOH and Ministry of Education must be sought in each country. ZdravPlus will distribute the final version of the guidelines and will work with each country, as requested and feasible, to assist those institutions that wish to prepare themselves for a WFME-level accreditation.

### **Tajikistan State Medical University (TSMU) Consultation**

ZdravPlus was invited by the Rector (Dean) of the Tajikistan State Medical University (TSMU), Dr Kurbanov, to carry out a consultation on reforms of the medical education system, with the goal to ensure that all changes are made in keeping with modern international standards of medical education theory. In response to the Rector's request, ZdravPlus formed a team of international experts from various institutions and country backgrounds – many with extensive experience in the Central Asian region – to carry out the consultation.

Team members included Dr. Peter Campbell (Regional Director for Quality Improvement, ZdravPlus); Dr Elena Tsoy (Expert in Medical Education, ZdravPlus, Uzbekistan); Dr. Tom Chew (Family Medicine trainer, STLI, Kyrgyzstan); Dr. Philip Simmons (Family Medicine trainer, ZdravPlus Tajikistan); Dr. Rudolph Jackson (Medical Education expert, Morehouse School of Medicine, Atlanta, USA); Dr. Brian Williams (Medical Education expert, Morehouse School of Medicine, Atlanta, USA); and Farida Asadova (Clinical Program Manager, ZdravPlus, Tajikistan).

The primary goals of the consultation were to work with the Rector and staff of the Tajikistan Medical Academy to review and provide guidance on overall structure of TSMU and undergraduate medical education, and to assess the overall parameters of undergraduate medical education and the relationship between undergraduate and graduate medical education. Other goals included making recommendations on how to organize faculty to enable production of good general doctors and how to begin a process of improving the curriculum. The TSMU staff prepared some questions on pressing issues to be addressed, and the Rector requested support for the development of an updated medical education reform concept for Tajikistan.

The team worked from 12-19 June 2007, and put together a report (available on request) with recommendations, comments and advice based on site visits, group discussions, individual discussions, and internal team discussions. They met on the last day of the trip to present and discuss their findings with the Rector and his staff who were very open to many of the ideas suggested, and showed interest in further collaborating with ZdravPlus to develop their curriculum.

## **KAZAKHSTAN**

### **Six-month Report**

### **January - June 2007**

The overall ZdravPlus strategy remains support the MOH in implementation of the 2005-2010 Kazakhstan State Health Care Reform and Development Program (SHCDP) and continue institutionalization of the Kazak health reforms with one mechanism being the planned World Bank Project. Stage I activities of the SHCDP, adopted by Presidential Edict in September 2004, are expected to conclude in 2007 with a transition to Stage II activities in 2008-2010. From 2005-2007 ZdravPlus, in close collaboration with USAID partners and other donors/projects, focused its efforts on supporting the MOH and Government in implementing the SHCDP and reaching the goals of the Program while preventing and mitigating potential threats, such as the fragmentation of the health budget at the rayon level and premature re-introduction of mandatory health insurance.

Health finance reforms have been institutionalized and strengthened by a solid legal base that supports 1) a restructured and reformed health care delivery system that places PHC and family medicine at the core of the system; 2) broad health financing reforms including single payer, oblast-level pooling of funds and incentive-based provider payment systems; and 3) health information systems that support the health purchasing function, and regional Medical Information Centers. Other reforms are also evolving satisfactorily, including 1) EBM approaches to clinical practice and CPG development including the incorporation of EBM in under- and post-graduate education; 2) reforms in medical education that reflect the human resource needs of the reformed and restructured health care system and also seek to introduce international medical education accreditation standards; and, 3) continued progress in priority MCH programs including safe motherhood and family planning.

While the above advances are encouraging, shifts in the reform environment mark a moment in the course of the health reforms that requires vigilance and coordinated support of international donors as never before. Specifically, the new World Bank Project and the emerging EU Institutionalization Project will require continued efforts to harmonize and unify the approaches of donors and key international players.

While health sector spending in Kazakhstan has risen three-fold since 2003, certain challenges to the reforms have also emerged, including the vested interests of public and private stakeholders and continuous turnover of leadership in the MOH and Government. To confront these challenges, ZdravPlus has focused a great deal of effort over the past six months on educating the new MOH team (a new minister was appointed following the HIV/AIDS tragedy in South Kazakhstan Oblast) to ensure the informed commitment of the new leadership to the course of the health reforms. This was accomplished in collaboration with partners such as WHO and World Bank through day-to-day policy dialogue and analytical support, and active involvement in national and regional health finance workshops and other educational opportunities such as the World Bank Flagship Course held in Bishkek in April. The MOH team can benefit from ongoing capacity building, education and orientation to the reforms, however – particularly those dealing with clinical practice, as the MOH Clinical Department is now headed by more conservative leadership.

ZdravPlus has contributed a significant level of effort to collaborating on the design of the new World Bank Health Sector Institutional Reform and Technology Transfer Project (IRTT Project) in order to support the continued implementation and institutionalization of the reforms over that project's lifetime (2008-2012). These include the oblast single-payer system, outpatient drug benefit, health information systems, and the pharmaceutical activities engaged within the ZdravPlus Service Delivery component. Over the past six months, ZdravPlus has supported the design of the WB Project, providing technical input on key crosscutting health finance, service delivery, quality, and clinical reform elements, including: 1) budget formation; 2) geographic resource allocation; 3) modernization of the treasury system; 4) provider autonomy; 5) the Guaranteed Benefits Package; 6) restructuring of the hospital sector; 6) investment strategies and plans; 7) health provider accreditation and quality improvement; 8) human resources planning and development; 9) medical education reform; 10) the national integrated health information system (IHIS); 11) the formulary system; and 12) the

establishment of a National DIC. ZdravPlus intends to closely collaborate with the World Bank in implementing the project.

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## **Stewardship**

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Over the past six months Stewardship activities focused on the following:

- Developing national health policy to support and ensure consistent implementation, evolution and transition of health reforms into the next stage;
- Strengthening the health care legal base supporting a) the core health financing structure based on the single-payer structure, oblast pooling of funds, and new provider payment systems; b) the restructuring of the health care system centered on PHC and family medicine approaches; and c) EBM and evidence based clinical practices in internal medicine (AH) and MCH;
- Improving institutional structure, roles, and relationships of the MOH and its committees and reporting agencies (e.g. the Quality Assurance Committee and the Institute of Health Care Development) and increasing management autonomy of health providers, particularly in the context of the on-going national administrative reforms;
- Creating synergies and leveraging resources and expertise through collaboration and coordination with international donors and partners such as the World Bank, WHO, Project HOPE, CDC, and CAPACITY Project.

The above strategies were implemented in a challenging policy environment, determined largely by the sweeping change in MOH leadership that occurred at the beginning of 2007. Turnover at top-level positions included the Minister of Health, Vice Ministers of Health, and heads of the key committees and departments under the MOH. As such, ZdravPlus's national-level activities have focused on building the capacity of the new leadership and their ability to successfully implement the SHCDP as well as continued support for working groups. This was achieved through provision of conceptual documents, routine policy dialogue and technical input on major aspects of health care reform, including provider payment systems, the BBP and ODB, evidence-based medicine and clinical practice guidelines, provider licensing and accreditation, and medical education. In addition, ZdravPlus prepared policy papers for Government and Parliament to maintain informed policy dialogue and involved select MOH staff in both the WB Flagship course on PHC and health financing and also four regional health financing workshops. Special attention has been given to the Health Finance and Health Care Strategic Development Departments, which both play a critical role in the health reform process. ZdravPlus will continue working closely with the MOH – and these two departments in particular – and will optimize on opportunities to inform, educate and provide technical support.

In addition to health sector leadership, ZdravPlus worked with the MOEBP, MOF, Government and Parliament to educate and strengthen alliances in support of the SHCDP. Collaboration with the World Bank and the MOH to translate health reform goals into the new World Bank IRTT Project design was one of the most important areas of activity over the past six months.

## **Legal and Policy**

### Government Program

Important political events have taken place over the past six months that impact the course of the health reforms in short and mid term. The President's Annual Address to the Nation, the National Action Plan to implement the Annual Address and the Government Program for 2007-2009 create the strategic framework and context for further health reform developments. Key components of the health reforms are reflected in these national policy documents, including a single payer system, health care funding from the state budget, increased provider autonomy, a performance-based reward system for providers, and the implementation of a new per capita budget planning system that uses a geographic reallocation formula.

### Administrative Reform

The on-going Government administrative reforms aim to improve the efficiency of government services by reducing the size of the civil servants corps by 30%, and re-aligning national and local government functions as well as ministerial and departmental roles and responsibilities. A national inter-sectoral working group was created to determine the major goals of the administrative reform. Within the working group ZdravPlus has provided recommendations on strengthening the role of the MOH in determining strategies, policies, and methodological approaches in the health sector, delegating technical tasks to qualified entities, determining budget planning mechanisms and control of expenditures, and improving the management autonomy of oblast administrators and providers.

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

The design of a World Bank IRTT Project to implement institutional reform and transfer internationally proven technologies to the health sector is one of the most important activities of the last six months. Policy dialogue maintained during the course of negotiations on the design of the project allowed for the promotion of key health care reform issues among top-level decision makers and attracted the support of the Prime Minister's Administration. ZdravPlus actively contributed to the design of the IRTT Project, helping to define priorities, shape key tasks, develop a set of related technical documents, and develop operational plans. This considerable joint effort has resulted in the design of a project that is consistent with the SHCDP objectives that are promoted and supported by ZdravPlus.

### Health Care Code

The MOH has recently initiated the development of a "Health Care Code" (HCC) that would harmonize all health care system laws and regulations and define the roles and relationships shared among all entities participating in the health care system. According to the legal acts hierarchy, codes have the highest legal force. For this reason, ZdravPlus has paid a great deal of attention to the process leading to starting development of the HCC and has provided recommendations to the MOH on the overall structure and content of the document to ensure that the new Code appropriately recognizes and reinforces the key components of the reformed health care system. Specific changes to Treasury System regulations and budget planning procedures were recommended for inclusion in the HCC. ZdravPlus will continue providing support to the HCC development over 2007.

### Budget Formation

Despite a long history of implementing health financing reforms including pooling and new provider payment systems, the national budget formation process has yet to be changed – it is still rigid and based more on inputs than programs. Even given substantial effort of the World Bank and USAID fiscal reform programs over the last ten years, the full introduction of program budgeting has not yet occurred in Central Asia (although recent approval of a Government Decree on program budgeting for only the health sector in Kyrgyzstan may present an example and some experience for health in Kazakhstan). The MOH acknowledges the problem and shows intent to change the currently used budget planning approaches. The new approach would be built on two core principles: 1) acceptance of political decisions to determine the national health budget disconnected from physical capacities and infrastructure of the health care delivery system, and 2) its further reallocation across oblasts based on a per-capita principle and using a geographic reallocation formula. This approach would support re-investment mechanisms, improve pooling and equity in accessing health resources across regions, create favorable conditions for effective operation of the new provider payment systems, and encourage resource-saving treatment methods and approaches at all levels of the health care delivery system. Over the reporting period ZdravPlus in close collaboration with World Bank promoted these approaches to the MOH and Government by sharing international experiences and engaging in policy dialogue. Budget planning issues have been included in the World Bank IRTT Project design as priority.

### Single Payer

The oblast level single payer system is supported by a strong legal base and has been in the process of implementation nationally since 2005. Its implementation however encounters barriers including political opposition to pooling funds at the oblast level from some rayon governments and members of Parliament supporting these local government officials. For this reason, promoting the single payer structure and pooling with its advantages in relation to re-introduction of health insurance, medical

savings accounts or other mechanisms posing a threat to pooling of funds remained a ZdravPlus top priority over the past six months. While analytical documents and routine policy dialogue on these issues were provided to the MOH as requested and appropriate, four Regional Health Finance Workshops implemented over the past six months served as the major instrument contributing to the single payer strengthening and implementation (see Resource Use section of the report). The oblast single payer and pooling are high priorities of the World Bank Project and this is likely to be reflected in some type of project conditions.

#### State Procurement Order and Provider Payment

The State Procurement Order Law determines general procurement procedures using public funds. Intensive technical assistance by ZdravPlus in 2004 contributed to health services being excluded from this law because it conflicted with the new provider payment systems regulated by Government Decree. In 2007 the State Procurement Law was revised, and in June 2007 a new edition of the law was approved by Parliament.

#### Treasury System and Provider Payment

The extremely complicated financial and Treasury system procedures which regulate provider contracting processes are a key issue that must be closely addressed at the next stage of the health finance reforms. The rigid Treasury procedures also conflict with new provider payment systems which require adequate flexibility to be responsive to the health care needs. The MOH recognizes the problem and is advocating at the Government level to improve the system. To address the issue, the World Bank and ZdravPlus, at the request of the MOH, have conducted an analysis and developed a report to explore the problems and potential solutions for Treasury system issues. A final draft of the report will be submitted for the consideration of the Government, MOEBP, MOF and MOH over the next few months. Working meetings held with the Treasury system and MOEBP over the past six months have shown that Treasury system reform requires high-level consideration and support. As a result, a letter describing key Treasury reform needs was drafted and submitted to the Prime Minister and a meeting of World Bank representatives. The Prime Minister has expressed his understanding of the problem. ZdravPlus will continue contributing to the policy dialogue and technical work on Treasury system reform led by the World Bank.

#### Legal and Organizational Status of Health Care Providers

The management autonomy of health care providers – determined to a large extent by their legal and organizational status – has become a politicized issue over the past year due to the HIV/AIDS crisis in South Kazakhstan. In the understandable political fallout and blame game, an attempt was made to blame health provider status for the tragedy and health providers in South Kazakhstan were reestablished as institutions, a step backwards that doesn't solve the underlying problems. In general in Kazakhstan, health care providers have the legal status of either "institutions" or "enterprises," where enterprises are granted more autonomy and allowed to receive both public and private funding, while institutions are granted less autonomy and allowed to receive only public funds. There is growing understanding that the limited autonomy of health care providers is a serious impediment to the efficiency of the health care system, a problem that is recognized in the SHCDP. Increasing the autonomy of providers as well as the flexibility of the health purchaser are key conditions for the successful implementation of health finance reforms. Activities supporting improvements in provider autonomy have been prioritized for Year I of the World Bank IRTT Project.

#### Oblast Medical Information Centers (MIC)

The 16 OHD Medical Information Centers (MICs) responsible for supporting oblast-level health information systems continued to be developed over the reporting period. ZdravPlus provided technical support to improve the legal and regulative base for the new OHD MICs, including functional specifications, job descriptions, and founding regulations. MIC staff were provided with information on these new regulations and also a platform to discuss implementation issues through four health finance regional seminars supported by ZdravPlus.

#### National Integrated Health Information System (NIHIS)

The NIHIS continued to be developed and implemented through: 1) continuous support to the MOH and IT companies contracted by the MOH to implement specific components of the system; and 2) collaboration with the World Bank and MOH to provide input to the HIS component of the World

Bank IRTT Project. Significant work was been carried out through the joint working group of the MOH and the World Bank. A strategy for NHIS development within the World Bank project framework has been elaborated, and a specific document has been developed (a so called Road Map) which identifies issues and short-to long-term action plans, and also provides rationale for the involvement of international IT experts starting in 2007 (before the launch of the project). ZdravPlus provided technical assistance to the MOH in preparing national tenders for implementing specific components of the NHIS, and for planning for hardware procurement and human resource needs.

#### Outpatient Drug Benefits Package (ODBP)

An evaluation of the performance of the ODBP, completed by ZdravPlus and the Drug Information Center (DIC) at the end of 2006, revealed a series of issues, including: 1) high prices of some ODB drugs; 2) the inflexibility of ODBP funding allocation; 3) variations in the procurement price of ODBP drugs; 4) poor estimation of drug needs; and 5) inadequate ODBP management information systems. Over the reporting period ZdravPlus discussed these issues with the new leadership of the Pharmacy Committee under the MOH and promoted inclusion of improvements in the design of the World Bank IRTT Project.

#### EBM/CPGs and Quality Assurance

ZdravPlus and KAFP participated in the first meeting of the new Council on Standardization and Assessment of Medical Technologies under the MOH (created in December, 2006), which was dedicated to considering procedures for reevaluating old clinical protocols and developing new ones. A set of CAR EBM materials including conference resolutions, slides of presentations, conference programs, CPG development methodology, and training course materials on EBM teaching methodology were distributed to all participants of the meeting. The same set of materials were distributed to national research centers, all medical universities, academies and colleges, and to international organizations and NGOs. The purpose of this effort was to promote CAR EBM achievements and to inform stakeholders and broader audiences of EBM-related developments in CAR. Input has been provided to the new World Bank IRTT Project design to ensure that key issues related to EBM and contributing to the sustainability of EBM/CPG/CQI are reflected in the design and approved by the MOH.

#### KAFP: PHC and Family Medicine

KAFP pursued opportunities to promote and advocate for PHC and family medicine reforms among local policy makers and health professionals participating in MOH and other national meetings. As an example, in February, the Astana KAFP branch director made a presentation on PHC and family medicine at the MOH Colleagues' Meeting, eliciting a great deal of interest from both the new Minister of Health and Head of Astana City Health Department. Along with promoting family medicine to policy makers, KAFP continued promoting itself as an organization to PHC providers and recruiting new members. From January to June, the number of KAFP members increased from 955 to 1032. KAFP supported initiatives among family medicine practitioners to promote PHC services within their communities – an open house implemented by the Demeu FGP in Astana is a good example of such activities.

#### Internal Medicine/Arterial Hypertension (AH)

Over the past six months ZdravPlus continued implementing the Arterial Hypertension Integrated Improvement Project (IIP) in Karaganda, rolling out experiences nationally through KAFP and promoting successes on the national level through the Cardiology Institute. One important success of the Karaganda AH IIP is the fact that the national Methodological Recommendations on Improving AH Patient Adherence – developed by the Cardiology Institute during the reporting period – contain AH patient adherence aids and recommendations developed and piloted by ZdravPlus in Karaganda. The Karaganda AH IIP is approaching maturity, and during the past six months results from the Karaganda project were summarized and promoted globally through the Global Health Council's 34th Annual International Conference in Washington DC, and also the Republican Conference on "Primary Health Care System Reforms and General Practitioners' Training" held in Tashkent.

Development of a new AH CPG is one of the major areas of ZdravPlus collaboration with the leading national agencies involved in CPG development: the National Institute of Health Care Development and the Cardiology Institute. Over the past six months ZdravPlus has been communicating with the

Cardiology Institute encouraging their efforts and offering technical support through literature searches and presentation to CPG developers of the latest EBM literature on AH and discussion of the development process. The new AH CPG is expected to be developed by end of 2007.

#### Family Planning, Reproductive Health and Safe Motherhood

Through national- and oblast-level meetings, ZdravPlus supported policy dialogue and contributed to the content of policy and regulative frameworks on family planning, reproductive health and safe motherhood programs. Astana and Almaty Cities and Karaganda Oblast institutionalized ZdravPlus-designed standard reporting forms to monitor contraceptive methods and their distribution to end clients in ZdravPlus pilots and other health facilities.

The MCH Center – both a coordinating body and leader in the national implementation of the WHO PEPC program – developed strategies and next steps for PEPC national rollout with ZdravPlus technical assistance. Policy dialogue to revise SES regulations, clinical protocols, and medical programs in the area of MCH has been maintained with the MOH, MCH Center, and the State Medical University and Kazakhstan Medical Academy in Astana. Evidence-based clinical approaches to MCH have been further promoted on the national level to build understanding, acceptance and support. ZdravPlus supported the participation of national MCH leaders in an international conference in Russia (Omsk) and contributed to national MCH conferences implemented over the reporting period. In Karaganda Oblast and Astana, coordinating bodies responsible for the implementation of the Safe Motherhood program have been established and supported by ZdravPlus.

#### Tuberculosis (TB)

ZdravPlus continued providing technical assistance to the Government of Kazakhstan on TB issues through a technical working subgroup mechanism (TSWG). As a member of a Technical working group on TB under the National Council on Health, ZdravPlus contributed to a work plan for 2007 and to World TB Day activities, and also provided policy input and advocacy at regular meetings in collaboration with the TB National team and Project HOPE. Technical input was provided through a review of the final draft version of the MOH Decree on TB Control in Kazakhstan and a new version of the MOH Decree on MDR-TB Control. Future activities will include technical assistance to the development of the National Guidelines on Management of TB and MDR-TB. The impact of both new decrees and accompanying manuals will significantly improve TB Control efforts in Kazakhstan.

### **Institutional Structure, Roles and Relationships**

Over the past six months technical assistance has been provided to the MOH to further clarify functions, roles, responsibilities, and authority of the MOH in relation to oblast health departments, other national agencies, and non-government organizations in the areas of stewardship, health care financing, resource management, oblast medical information centers, monitoring and evaluation, CPG development and monitoring, provider attestation, accreditation, and quality assurance. Regulations on the division of functional responsibilities between national- and oblast-level authorities within the framework of ongoing national administrative reforms have been drafted. Recommendations on the organizational structure and short-to-mid term planning consistent with the SHCDP were provided to the new Health Care Development Strategy Department, which was established under the MOH in January 2007. Administrative reform and re-shuffling within the government and MOH continue in Kazakhstan, and over the past six months ZdravPlus has monitored the situation and provided support to the MOH to consolidate the health reform efforts and build capacities on policy, legal and technical issues. ZdravPlus policy dialogue and technical work has focused on promoting the single payer structure and its advantages over creating a multi-payer system such as both the MOH and an independent Health Insurance Fund purchasing health services, organizing and developing the medical information centers (MICs), and determining a tender list and technical specifications in relation to health financing and HIS for 2008.

#### Study tour to Boston University (BU) on Quality, Licensing and Accreditation Issues

ZdravPlus provided technical and organizational support for a Kazakhstan-funded study tour of the MOH to Boston University to learn about U.S. approaches and experiences in the licensing of health professionals and accreditation of health facilities. The tour contributed to promoting international approaches to licensing and accreditation. This study tour is an example of a growing trend of cost-

sharing with Kazakhstan funding program costs and ZdravPlus providing technical assistance to improve content.

## **Policy Marketing and Public Relations**

Over the past six months ZdravPlus has participated in national and international workshops, conferences and roundtables contributing to the promotion of specific health reform components such as health financing and health information systems, Safe Motherhood, family planning, EBM, and health promotion. Most of these events – such as Regional Health Finance Seminars and the Safe Motherhood Policy Meeting – are described in the respective sections of the report. Policy dialogue with the MOH and specifically with the Health Care Development Strategy Department to consider approaches to health reform promotion has been maintained. As a first step, a presentation on health reform promotion and marketing experiences in Kyrgyzstan was made by an experienced ZdravPlus consultant during a Regional Health Finance Workshop in Astana in early June. Marketing and promotion of key components of the health reforms such as budget formation and the single payer system have also been pursued in the context of the design of the World Bank IRTT Project, and ZdravPlus will support the World Bank in implementing these and other activities related to promotion and marketing of the reforms. Reports on health reform activities have been prepared for new staff at the MOH. KAFP, both nationally and through its oblast branches, continued advocating for PHC and family medicine. Karaganda, Astana, Akmola and Pavlodar KAFP branches were particularly active during the reporting period, collaborating with and promoting PHC and family medicine to local policy makers and patients.

## **Monitoring and Evaluation**

### PHC Monitoring System

Data from the Karaganda PHC monitoring system shows positive trends in PHC delivery system development over the last seven years and its impact on population health. A comparative analysis of 2006 data across three sites in Karaganda Oblast where the PHC monitoring system is currently operational (Karaganda City, Temirtau and Balkhash) was completed in January 2007 and presented at a working group meeting, along with a comparative analysis of seven years of Karaganda City data. The Karaganda data show improvements in preventive work (particularly for PHC-sensitive conditions), hospitalization patterns, and in MCH and family planning indicators (see other reports for specific results). The Semipalatinsk PHC monitoring system – replicated based on experiences in Karaganda – has now been operational for three years. It employs indicators and processes similar to those in Karaganda but adjusted to conditions specific to Semipalatinsk. The 2006 monitoring results summarized in January 2007 also show an overall positive trend in the development of PHC services, for example a decrease in referrals to narrow specialists (19.5% in 2004 vs. 16.8% in 2006).

### The Two-Component Capitated Rate

The two-component capitated rate consists of a base capitated rate received by all PHC practices and a second level, performance-based payment. The performance-based payment was designed based upon the experiences of the Karaganda PHC monitoring system. It employs a very similar set of PHC indicators to assess PHC performance results and determine financial bonuses for FGPs. The technical aspects of the two-component capitated rate and preliminary implementation experiences were discussed during the four regional health finance seminars held over the past six months.

### AH, FP/RH/SM Monitoring Systems

For AH, maternity and newborn services, and family planning, simple systems to monitor implementation progress linked to quality improvement processes at the provider level continued to be maintained in all pilots. The FP/RH/SM monitoring instruments have been promoted on the national level through the MCH Institute. During the two-week PEPC course, a special session was devoted to monitoring and evaluation and decisions were made to adapt the system for national implementation with MCH Center support. Policy dialogue with WHO was maintained to promote these instruments to the MOH.

## **Donor/Project Coordination**

As discussed previously, collaboration with the MOH and World Bank in all aspects of the design of the World Bank IRTT Project was an important ZdravPlus priority during the first half of 2007. The project includes a set of technical assistance inputs and trainings for policy leaders and implementers for each Project component. ZdravPlus provided input in defining the topics and audience for this technical assistance and trainings and will contribute operational planning as the design, development, and implementation of the Project moves forward.

Over the past six months ZdravPlus has also coordinated closely with:

- WHO and the World Bank regarding the single payer system and oblast pooling of funds;
- WHO, UNICEF, and UNFPA in the area of MCH to support and promote PEPC implementation efforts in pilots and on the national level through EBM, CPGs, medical education;
- Project HOPE, CAPACITY and CDC on TB, SES, and HIV/AIDS activities in connection to the ZdravPlus FP/RH/SM activities (as described in greater detail in other sections of this report).

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## **Resource Use**

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Over the past six months ZdravPlus continued working with the MOH, MOEBP, national entities (such as the Institute of Health Care Development and School of Public Health), and oblast-level implementers to support SHCDP implementation in the following specific areas: 1) health care delivery system restructuring; 2) health financing, including single payer and provider payment systems; 3) health information systems; and 4) health management. Close collaboration with the World Bank and MOH to include key resource use issues in the World Bank IRTT Project design was a priority. Specific elements prioritized for dialogue with the World Bank and MOH and inclusion in the design of the World Bank project are discussed below.

### **Health Care Delivery System Restructuring and Human Resources Planning**

Over the past six months ZdravPlus supported MOH efforts to continue restructuring the health care delivery system by developing and strengthening mixed polyclinics and family practices, restructuring the hospital sector and developing general hospitals, increasing health provider autonomy, determining the optimal legal status of health providers to increase management autonomy, and developing rural PHC facilities consistent with the health reform objectives. Specific activities and results are outlined in the sections below.

Through KAFP, ZdravPlus continued providing technical assistance to the MOH in the development of family group practices and mixed polyclinics as core elements of the PHC delivery structure. At the request of the MOH PHC Department, KAFP and ZdravPlus provided guidance on architectural layout, staff schedules and equipment lists for rural family group practices with rough budget estimates for construction costs.

Restructuring of the inpatient sector is one of the specific activities included in the National Action Plan. Inpatient sector reform and integration of vertical structures in the general health care delivery system is a very sensitive area due to the number of vested interests connected to the process. For this reason the intent to reform the hospital sector as reflected in the National Action Plan is a real health policy success, as it provides a solid foundation for related reform activities. ZdravPlus provided technical guidance to the MOH on the development of general versus specialty hospitals in the context of the Presidential and Government decision (through the National Action Plan) to construct 100 hospitals that meet international standards. The key principles guiding the construction of 100 hospitals in 2007-2009 have been approved. The restructuring of the hospital sector through standardization and merging of general and specialty hospitals will be accomplished with attention to international experiences, and the new hospitals will substitute existing, outdated hospitals (rather than add to the existing number) to prevent excessive increase of physical capacities and keep the hospital system economically efficient. Construction of the 100 new hospitals following these principles would

contribute to the rationalization and modernization of the hospital sector in line with the broad health reform goals.

## **Health Financing**

### Health Finance and Management Implementation Seminars

Four Regional Health Finance Workshops implemented over the past six months were approved by MOH Prikaz #152, which defined the purpose, agenda, geography, participants and major contributors for the workshops. The team of presenters included key health finance leaders and technical staff from the MOH, health reform pilot leaders, and ZdravPlus. The MOH and all oblasts including four host sites (Almaty, Aktau, Semipalatinsk and Astana) provided full organizational support and shared 70% of workshop costs – an important testimony to the institutionalization of these workshops as an effective mechanism to provide technical support to oblasts in implementing health financing reforms. Approximately 600 participants took part in the workshops, representing all regions of the country and including heads and deputy heads of oblast health departments and oblast finance departments, directors of medical information centers (MIC), and chief doctors of large hospitals.

The workshops focused on key health financing reform implementation issues, including: 1) preparing oblasts for implementation of the two-component capitated rate in 2007 and the phased introduction of partial fund-holding; 2) introducing the refinement of the case classification system in the case-based hospital payment system; 3) the role of the new oblast medical information centers in meeting oblast information and statistical needs in the framework of the national integrated health information system; and 4) the Outpatient Drug Benefit Package and plans for its improvement. The history of the Regional Health Finance Workshops – implemented in Kazakhstan with ZdravPlus support since 1999 – was summarized in the June 2007 Success Story prepared by ZdravPlus (available upon request). The workshops will continue over the next five years under the World Bank IRTT Project.

### Budget Planning and Formation

The issues around transitioning to budget planning and formation methods based on political decisions matching health resource allocation to health priorities versus input normatives have been addressed in close collaboration with the World Bank. At the request of the MOH, World Bank together with ZdravPlus have developed a set of principles for designing a geographic reallocation formula using appropriate country-specific adjustment coefficients. An electronic model has been created that allows the user to simulate calculations and consequences when certain adjustment coefficients are employed to estimate budgets, and the MOH Finance and Strategic Development Departments staff have been trained in using the program. The national sex and age coefficients for primary health care – designed and implemented previously by ZdravPlus – were used in designing the budget simulation model.

### Oblast Single-payer System

National implementation of the oblast-level single-payer system continues but it is still immature and fragile and technical and management problems have arisen related to: 1) the reorganization of oblast health departments and finance bodies to enable and be consistent with the single payer system; 2) the organization of new medical information centers; and 3) inadequate equipment levels and human resources capacity. The Regional Health Finance Workshops described above served as an important instrument for recent efforts to strengthen the single-payer system. Through these workshops oblast implementers were empowered with first-hand information on the regulative and technical base supporting single-payer and provider payment systems, the two-component capitated rate, case-based hospital payment, partial fund-holding, and health information systems. Workshop participants shared implementation experiences, successes and lessons learned. Obstacles to the successful implementation of the single-payer system have been summarized and general proposals to remove barriers have been submitted on the national level for consideration. The table below summarizes the main problems encountered in implementing the single-payer system and the proposals for correcting them developed directly by oblast implementers during the workshops. They were submitted to the MOH who is working with the Government and national level agencies to try to resolve them although it is difficult as the problems strike at the heart of the overall public finance management system.

<b>Single-payer System: Most Common Problems Identified by Oblast Implementers</b>	<b>General Proposals</b>
Rigid and cumbersome financial and Treasury system procedures impede effective reallocation of pooled health resources	Reform the Treasury system and simplify financial procedures
Insufficient health budget program consolidation reduces the efficiency of health purchaser in using health resources	Continue consolidating budget programs
Lack of functioning re-investment mechanisms discourages health managers from using health resources rationally and efficiently	Introduce re-investment mechanisms
Health provider reward system is inadequate and does not match competitive market relationships emerging in the health system and supported by new provider payment systems	Reform health worker reward system to reflect performance results and individual contributions
Strengthening of expenditures control performed in a narrow, punitive, and non-results oriented way. Continual control inspections hamper a normal implementation process, create tension and discourage initiative and oblast- and facility-specific management decisions. Controlling bodies are ignorant of health reforms in general and health finance reforms in particular.	Reduce inspections, involve health financing inspection staff in regional health finance and other workshops

### Treasury System

During recent years, Kazakhstan has accomplished a number of important reforms aimed at improving health care system efficiency. In particular, the single-payer system has been created, the national budget has been designated the main funding source for the Basic Benefits Package, and the SHCDP supporting the comprehensive strategy of reforms in the sector has been adopted. Treasury system restrictions, however, remain the biggest obstacle to implementation of the oblast single-payer and provider payment systems. As described in the sections above, ZdravPlus has addressed these issues in close collaboration with the World Bank – analyzing the current Treasury system problems and providing recommendations to the MOH on its reorganization. ZdravPlus will continue working on this issue in the framework of the new World Bank IRTT Project.

### Provider Payment System Refinement

Oblast-level pooling of funds and the recently approved Government Program supporting health reforms create positive conditions for further refinement and implementation of provider payment systems nationally. The MOH gives much attention to provider payment systems, and a preliminary decision has been made to organize, within the framework of the Government’s administrative reforms, a special Provider Payment Methodology Unit under the Health Care Strategic Department that would coordinate development and implementation. Both provider payment systems and the accompanying health information systems are a core element of World Bank IRTT Project and ZdravPlus will continue collaborating with the World Bank on these issues.

Government Prikaz #965, dated October 2006, is the updated version of former Prikaz #806 on Provider Reimbursement, and supports incentive-based provider payment systems, including the capitated payment for PHC, case-based payment for hospitals and fee schedule for outpatient specialty services. ZdravPlus in close collaboration with the Finance Department of the MOH, Institute of Health Care Development and School of Public Health worked to make further refinements to the provider payment systems over the reporting period. Specifically, technical and implementation aspects related to the two-component capitated rate, the revised case-based hospital payment system, and partial fund-holding were addressed as outlined in the paragraphs below. In addition to specific activities, we provided some background information for context as in general the provider payment system reforms are beginning to move to a new level under the single-payer system and SHCDP.

### PHC Capitated Rate Evolution: Two-Component Capitated Rate

The introduction of mandatory health insurance (MHI) in 1996 became a catalyst for health financing reforms and new provider payment methods. The original model of per capita financing for PHC was very simple: the per capita rate was calculated by dividing the amount allocated to primary health care by the population of the oblast, and primary health care providers were financed based on the number of people in the catchment area or enrolled in their practice. At the same time, there was an intention to introduce additional elements in later stages of implementation which would ensure equitable distribution of resources and provide incentives to increase the efficiency, scope and volume of

services provided at PHC level. These elements are age-sex adjustment coefficients, free choice of primary care provider, performance-based payment, and fund-holding. During ten years of health reforms the basic capitated rate has been introduced nationally. The sex and age adjustment coefficients – initially designed by ZdravPlus and implemented in the Semipalatinsk Oblast pilot site – have been used for developing national adjusters and have also been implemented nationally.

As the next step, the development and introduction of a “bonus” component to the base capitated rate was approved and included in the SHCDP and Implementation Plan. The two-component capitated rate was developed based on Karaganda pilot experiences in implementing the PHC monitoring system that employs a menu of indicators to assess the performance and results of PHC providers. The two-component capitated rate setting methodology approved by MOH Order #665, dated December 29, 2006 is one of the major recent achievements of ZdravPlus in the area of provider payment system reform. The implementation of the of the two-component capitated rate will encourage inflow of additional funding to the PHC sector and support improvements in the efficiency and quality of PHC services. It will also serve as a vehicle to disseminate the PHC monitoring system experiences piloted in Karaganda and replicated in Semipalatinsk. Beginning in 2007, the two-component capitated rate is being implemented nationally and ZdravPlus –through its four Regional Health Finance Seminars – supported oblasts in the very early stages of its implementation, explaining the design and purpose of it and the role and functioning of the supporting health information systems. Methodological recommendations on preparing oblast medical information centers for collecting data in support of the two-component capitated rate were developed.

#### Case-Based Hospital Payment

The case-based hospital care payment system was initially introduced in the country under the Mandatory Health Insurance Fund (MHIF) and mandatory health insurance system which operated from 1996-1999. It was based on the principle of paying for health services to the population as defined by cases discharged from the hospital rather than hospital infrastructure and inputs, The new system compared to the old soviet input-based payment system was revolutionary as it created incentives for health providers to improve the efficiency of health services and change hospital admission and clinical practice patterns. The supporting health information systems were also initiated and implemented nationally. With the cancellation of the MHIF, the imperfect but unified system began to fragment although it survived through a decade of health reforms by adapting to oblast-specific conditions. Zhezkazgan, Karaganda, East Kazakhstan, Pavlodar and Almaty cities, supported by operational HIS, were the most successful in implementing, maintaining and developing the case-based provider payment system. Approved and institutionalized by Government Decree #806 and its successor #965, the case-base hospital payment system and in particular the element that “grouped” cases in categories for payment or the case classification system, needed revision and “revival.” Its revision was included in the SHCDP Implementation Plan.

The Institute for Health Care Development (IHCD) was awarded a tender from the MOH to accomplish this task and over the last year, ZdravPlus has worked closely with the IHCD to accomplish this task. The process has included the following steps:

- Designation of hospitals to provide cost accounting data and collection of data from these hospitals;
- Performing cost accounting analysis;
- Attachment of cost data to the hospital clinical information database;
- Assessment of the old case-based hospital payment system case classification and recommendations of refinements.

It has been a difficult process as the amount of cost data is limited and the increased health budget and other sources of hospital revenue have resulted in a divergence of costs across hospitals. In addition, changes and expansion of basic hospital structure has made determining average cost per case across a group of hospitals difficult. In spite of these technical issues, analysis including recommendations has largely been completed and the resulting new case classification does not vary substantially from the old one, this stability is a positive sign. The methodology and results were presented at the 4 Regional Health Finance Workshops, the level of interest among both health authorities and health providers has been very high prompting requests for additional presentations.

### Partial Fund-Holding

A partial fund-holding model for PHC was initially designed and tested in the Zhezkeganz Oblast pilot from 1998 to 1999. Fund-holding is a payment system most widely known from experience in Britain. It encourages delivery of health services at the PHC by including costs for outpatient specialists (partial fund-holding) or hospitals (full fund-holding) in the PHC capitated rate with PHC practices reimbursing outpatient specialists or hospitals for referrals. Its purpose was to augment capitated payment incentives to increase cost-efficiency of health care services, redirect patient flow from specialty care to PHC, and improve prevention and treatment of PHC-sensitive conditions. The implementation of the fund-holding system in Zhezkeganz was halted together with the cancellation of MHI in 1999.. Conceptually, it is well-suited help develop PHC in the post-Soviet environment but it requires a strong PHC system such as general practitioners in Britain. It was promoted early in the Central Asian reform process but then dropped as an option due to lack of development of PHC – Kazakhstan has started to reopen dialogue and ZdravPlus is providing technical assistance including a cautionary tale and advocacy to start slowly.

The development and national implementation of fund-holding was included in the SHCDP and the key parameters of the system and the implementation process were approved by MOH Prikaz #563, dated November 23, 2006. The School of Public Health, as assigned by the MOH, took the lead in developing the fund-holding model. ZdravPlus contributed to its development, emphasizing the importance of a gradual approach given the technical complexity of the model. There are a number of preconditions to implementation including strengthened PHC practices, prepared and informed health managers, adequate health information systems, increased autonomy of health providers, adjusted hospital payment and outpatient fee schedule, and modernized treasury procedures. ZdravPlus's recommendation to postpone national implementation of fund-holding until 2009 and to focus instead on creating the required conditions in 2007 and 2008 has been accepted. Partial fund-holding has been included in the Regional Health Finance Workshops agenda and discussed with oblast implementers. The framework of the system has been developed and preliminary cost calculations have been carried out.

### Health Provider Autonomy

The appropriate level of autonomy of health care providers in resource management and decision-making remains a key item on the health reform agenda. The health budget program administrator, the Oblast Health Department (OHD), must be able to allocate resources in a flexible manner depending on the overall health sector priorities, clinical situation, patient's choice of health provider, quality improvement priorities and other oblast-specific factors. The health provider needs the autonomy to manage and allocate resources most efficiently and in line with the financial incentives of the provider payment systems. However, the existing regulatory framework – including the legal and organizational status of health care providers and cumbersome treasury system requirements – allows neither for the creation of these conditions, nor for an acceptable level of flexibility for either OHDs or health providers. In a joint study on the treasury system conducted over the reporting period, ZdravPlus and the World Bank analyzed the current legal and organizational status of health care providers and developed recommendations on converting facilities into enterprises with greater management autonomy. As the next step standard health provider regulations, methodological recommendations supporting transition of health care providers from institutions to enterprises will be developed.

### Outpatient Drug Benefits Package (ODBP)

The ODBP was designed and introduced nationally with ZdravPlus support in 2005. The first phase of the ODBP covered children under one year of age for the most common childhood illnesses. Today it covers children under five, some specific patient groups, diseases and conditions, and also includes a group of drugs offered to the adult population at a 50% discount. ZdravPlus has been actively involved in the development, refinement and implementation of the ODBP from its inception. At the end of 2006, ZdravPlus in collaboration with the Drug Information Center (DIC), a ZdravPlus grantee, conducted an evaluation of the performance of the ODBP. One major finding of the evaluation was that there is a considerable demand for ODBP drugs offered to the adult population at a 50% discount but that many of the drugs remain unaffordable even with the discount. This includes drugs for treating arterial hypertension, a key ZdravPlus intervention area. On average the cost of one course of drug therapy for the most common diseases exceeds the equivalent of two days of wages of the lowest

paid government worker, considered excessive in terms of the international consensus. Such is also the opinion of patients, only 35% of respondents regarded such treatment as affordable. Other ODBP problems identified in the study included the inflexibility in allocation of ODBP funding (for example the budget formation and Treasury system problems discussion in other sections), variations in ODBP drug procurement prices, poor estimation of drug needs, and an inadequate ODBP management information system.

ODBP evaluation results were presented by ZdravPlus to the Pharmacy Committee under the MOH over the reporting period. Also, at the invitation of ZdravPlus, the Deputy Director of the Health Insurance Fund of the Kyrgyz Republic shared Kyrgyzstan's experience with the Pharmacy Committee to support their effort to refine the ODBP. The strengthening of the ODPB is a priority component of the World Bank IRTT Project, scheduled to commence in 2008. In the meantime the MOH plans to form a working group to develop a methodology to set up national drug procurement prices for the ODBP. ZdravPlus will contribute to the work. The Drug Information Center has been continuously involved in all activities related to the ODBP and will continue their work in this area as a ZdravPlus grantee.

#### Health Sector Investment

As mentioned in the Summary section, health care expenditures in the country have tripled over the last three years. While this trend is in itself encouraging, it creates the need for new investment strategies and approaches. Over 50% of the Republican (federal) budget is transferred to oblasts for earmarked purposes, such as procurement of ODBP drugs and medical equipment. The MOH assumes responsibility for implementation of national tenders to procure expensive medical equipment, vaccines, diabetes drugs and other supplies. At the same time, procurement of TB drugs has been delegated to oblasts. There is a general lack of consistency and clarity in investment strategies, creating dissatisfaction on the part of oblast implementers and an inability to effectively accommodate the growing health budget. During the past six months ZdravPlus has advised the MOH on refining investment approaches, and the development of new investment strategies has been included in the World Bank IRTT Project, under which a master investment plan will be designed for each oblast. Within the Government's administrative reforms, the responsibilities of national authorities will be revised in order to improve national procurement systems. ZdravPlus will continue working with the MOH and the World Bank on these issues.

#### Specific Support for Service Delivery Programs

Through the AH and FP/RH/SM programs, ZdravPlus continued supporting oblast health departments and individual providers to improve their ability to utilize and allocate resources more appropriately. Activities included advising on investments in staff training; opening, maintaining, and improving individual birthing rooms in maternity hospitals; equipping and maintaining birth preparedness classes and AH Patient Schools; procuring equipment and supplies; changing treatment practices to meet EBM and WHO requirements; and improving the economic efficiency of clinical practices. Based on follow-up visits to FP/RH/SM pilot sites in Zhezkazgan, Satpaev, Karaganda, Temirtau, Almaty and Astana over the past six months, tailored recommendations were developed for each facility that were first discussed with the staff and then summarized and submitted to oblast and city health departments for consideration.

### **Health Information Systems**

#### Medical Information Centers (MICs)

The MICs were first established under the oblast health departments in 2006 with a MOH challenge to become operational starting from January 2007. To date, 16 MICs have been organized and exhibit varying levels of preparedness to implement their assigned functions, namely to support the oblast-level single-payer system (including the new provider payment systems and the two-component capitated rate), and collection of medical and ODBP data. Karaganda and EKO are the leaders followed by Almaty, Astana and Pavlodar. The Karaganda MIC organized a hotline providing technical support to other oblast MICs. Over the past six months Karaganda received over 100 calls related to MIC technical issues, regulations, and organizational structure. National and oblast representatives visited Karaganda to study Karaganda experiences.

At the end of 2006 ZdravPlus organized a national workshop focused on MIC organizational structure, regulations and functions. During the past six months MIC implementation issues were discussed within the agenda of the Regional Health Finance Workshops, where participants shared experiences and lessons learned and developed recommendations. All 16 MIC directors participated in the workshops.

ZdravPlus has worked closely with the World Bank and MOH to identify and include MIC development issues in the World Bank project, including the organization of a National MIC that would coordinate oblast centers. In coordination with the MOH and World Bank, data collection has commenced in 14 oblasts and Astana and Almaty, the analysis of which will help to clarify current MIC implementation status and to define further technical assistance needs.

ZdravPlus continued providing ongoing support to maintain HISs in Karaganda and East Kazakhstan Oblasts, which support health purchaser systems, population databases, PHC monitoring, the ODBP, and AH and FP/RH/SM quality improvement programs in Karaganda Oblast. The Zhezkazgan Health Information Center has been institutionalized through its reorganization as the Karaganda Oblast MIC branch. These advanced HISs continue to serve as pilot sites for the development and implementation of the national integrated HIS.

## **Health Management**

At the national level the staffs of the MOH and Republican organizations such as the Institute of Health Care Development have been advised on health management issues through roundtables, working group sessions, and individual meetings. A good example of such an event is the joint World Bank and ZdravPlus workshop organized for the Finance Department of the MOH in February 2007, where the ZdravPlus COP made a presentation on the “History, Next Steps and Issues in Health Care Financing and Management in Kazakhstan.” In the context of the turnover in MOH staff described earlier, a comprehensive presentation on health care reforms in Kazakhstan in the context of the SHCDP, including major short- to mid-term reform priorities, was prepared for the MOH staff. Two top representatives of the MOH were sponsored by ZdravPlus to participate in the World Bank Flagship Course in Bishkek, held in April 2007.

At the oblast level, health management issues were addressed within the Regional Health Finance Workshops. Health management issues related to health care purchasers and providers were discussed, and specific attention was given to the legal status of health care providers and their need for greater autonomy in the management of internal resources. The chief specialist in health management from the School of Public Health was invited to lecture during the workshops.

The MOH has given priority attention to health management issues with a challenging plan to train 5000 health managers to world-wide standards. For this reason, health management issues have been included in the World Bank IRTT Project, which outlines three main goals: 1) short on-job training for rank-and-file health managers; 2) intensive, short training courses for top-level managers in health care; and 3) long term health management training through institutionalization of health management programs in medical education. ZdravPlus will work both with the MOH and World Bank to develop these plans.

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## **Service Delivery**

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### **General Health Care System Functions**

#### Medical Education

Technical assistance has been provided to the MOH through KAFP, a ZdravPlus grantee, to further develop a regulative framework for broader accommodation of family medicine in primary health care. Over the reporting period, KAFP developed and submitted proposals to the MOH PHC Department on national procedures for health care provider certification tests, certification exams, and cadre attestation, an architectural layout for rural family group practices, staff schedules, and equipment lists.

KAFP discussed the issues of family medicine (FM) faculty clinical bases, training of FM trainers, and FM residency with the Head of the Educational and Research Department of the MOH to draw attention to these issues and provide recommendations. Several key documents drafted by KAFP were presented and discussed with the Head, including the “Statement of the Family Medicine/Primary Care Training Center,” by-laws of the Center, and a proposal and budget for a FM/GP TOT course. The “Statement of the Family Medicine/Primary Care Training Center” outlines the purpose, organizational structure, staffing and scope of work for each position of the training practice staff.

At the request of the MOH, the Almaty PGI Family Medicine Faculty and KAFP Headquarters have developed a first draft of the new three-year Family Medicine Residency Standard. The Standard sets requirements for teaching institutions, applicants, training clinics, residency schedule, general content, clinical disciplines and training components including EBM, FGP management, free enrollment campaigns, CQI, and IPC. The document is currently under review by all medical schools.

#### PGI-KAFP Family Medicine (FM) Faculty Clinical Base and Training Center

As a result of the Almaty PGI Family Medicine Faculty losing its clinical base in City Polyclinic #2 in the fall of 2007, the President of KAFP and the KAFP Almaty City Branch Director carried out extensive negotiations with the Almaty City Health Department over the past six months to arrange plans to open an alternative clinical base. While the issue has not yet been finalized, Training Center by-laws and budget estimates have been drafted and discussed with authorities, and negotiations to secure a new clinical base are ongoing.

#### Specific Training and Educational Activities

The president of KAFP and David Kuter, an American family doctor and ZdravPlus consultant, provided a series of lectures on Family Medicine for the participants of the PGI family medicine training course.

Within the Third Eurasia Lung Diseases Congress held in Astana in May, KAFP and the PGI FM Faculty organized and implemented presentations on respiratory problems and discussed integrated approaches to treating chronic respiratory diseases. Presentations on “Diagnosing Common Chronic Respiratory Disease in Family Medicine: (IPCRG) Guidelines” and “Family Physicians’ Role in Chronic Respiratory Diseases Management” were made by Dr. Kuter and a member of KAFP. Notably, KAFP Headquarters raised \$4,000 in support of the event.

In March and again in May, the KAFP EBM Center organized the demonstration of interactive online video lectures on “Problems of Internal Medicine,” provided by the Russian Internists’ Association in Moscow. Trainers from Almaty PGI and Medical University, internship and residency students from the University, KAFP members and Almaty City physicians participated in the sessions. Moscow specialists provided high quality lectures on a variety of clinical topics. Sessions were attended by Russian speaking doctors from all parts of Russia, the CIS, Baltic countries, USA, Germany, and Israel. KAFP received letters of the appreciation from Moscow specialists who led the demonstration and KAFP EBM Center photographs with the participating doctors were demonstrated to a wide international audience.

KAFP and the Almaty PGI FM Faculty also continued promoting EBM to health professionals during the first half of 2007, holding a two-week EBM course and five EBM lectures for 67 participants. Fulbright Scholar Irina Campbell and ZdravPlus Consultant David Kuter contributed to the events. EBM lectures at Almaty PGI Faculties will continue to be held on a regular basis.

#### EBM/CPG Development

Over the past six months ZdravPlus has been working with the Cardiology Institute, which has been contracted by the Institute of Health Care Development to develop a new AH CPG. The new CPG builds on the current AH CPG for PHC and is being updated according to the most current evidence-based medical evidence. The new CPG will also be expanded to encompass outpatient and hospital levels of care in order ensure continuity and consistency of care across the health care system. ZdravPlus is providing ongoing technical assistance and encourages the use of the standard EBM/CPG development methodology designed with ZdravPlus support in 2006 and approved by the MOH for national use.

#### Quality Assurance: PHC Provider Attestation

In March and May KAFP members and the KAFP President (in her capacity as Deputy Chair of the Highest Category on Family Medicine and Internal Medicine Attestation Commission) participated in quarterly meetings. The number PHC doctors applying for attestation has increased dramatically.

#### Drug Information Center

After relocating to Astana the DIC has continued providing health professionals with objective information on medicines and drug treatment options. Two new issues of the Drug Bulletin were published during the first half of 2007, advocating for evidence-based approaches in pharmacotherapy of fungal infections and STIs. Two seminars were implemented during the reporting period, including one on EBM (for family practitioners in Aktobe), and another on pharmacotherapy of outpatient pneumonia (for health practitioners from Astana City Hospital #1). The DIC's capacity to maintain a hot line to respond to patients' inquiries has been limited and the DIC is seeking ways to resume this function.

Over the last six months the DIC contributed to the design of the new World Bank IRTT Project, and may be involved in the implementation of the Project's pharmaceutical component by developing a DIC network and institutionalizing its functions.

Over the past two years the DIC has made efforts to secure its financial sustainability and maintain its programming after its ZdravPlus grant period ended. The Center was awarded a MOH grant to evaluate the performance of the KZ ODBP last year. This year the DIC made a successful bid for a MOH grant to develop a National Drug Reference book. The first national KZ drug reference book will list all the medicines that are on the National Essential Medicines List and will provide a brief description of indications, dosage regimens, common adverse affects, and contraindications for each medicine.

#### Physical Infrastructure

In the past, throughout Central Asia, the general role of ZdravPlus in physical infrastructure has been to provide technical assistance to specify appropriate equipment and renovation under World Bank projects and provide training on how to use new equipment. However, the rapidly increasing GDP and corresponding increases in health budgets in Kazakhstan are resulting in more investments in infrastructure and ZdravPlus is now providing technical assistance directly to Kazak partners. This technical assistance is not broad throughout the entire health system but targeted at PHC in general and AH and FP/RH/SM pilots in particular. At the provider level, ZdravPlus helped the AH and FP/RH/SM pilots assess their infrastructure needs through on-going monitoring and follow-up visits, and provided recommendations to the pilots as summarized in the paragraphs below. These recommendations were disseminated on the oblast and national level through working groups, meetings and other channels.

The AH Patient Schools organized in two mixed polyclinics in the Karaganda pilot are institutionalized and operate within the framework of the existing oblast health care delivery system. Fifty two patients attended AH classes over the past six months and the OHD has responded favorably to the results. However, the infrastructure to maintain the schools requires further development. As an example, while in one polyclinic the doctor assigned and trained to run AH Patient School classes is paid half time, in another polyclinic the classes are included in general scope of work of the doctor who leads them. ZdravPlus emphasized the need for additional funding for staff, materials, basic medical equipment, and teaching aids in the national Methodical Recommendations on Improving AH Patient Adherence prepared by the Cardiology Institute. To respond to the immediate needs of the Karaganda AH schools, ZdravPlus and the Cardiology Institute provided handouts for AH patients and teaching materials. These materials have also been shared with other policlinics which would like to open similar schools.

During follow up visits to Safe Motherhood pilot facilities in Almaty, Astana and Karaganda over the past six months, physical facilities, layout, equipment and supplies (including drugs), were assessed against the WHO checklist. Based on the assessments, detailed recommendations for continued infrastructure improvement were provided to health facilities and health departments. While all sites have organized individual wards for women in labor and their partners, some sites have made dramatic

changes in their facilities. Karaganda Maternity hospital #1 organized a newborn resuscitation unit with six beds, and Astana Maternity Hospital #3 has purchased all required equipment, including baby examination tables for newborns with heating, wall thermometers, wall clocks with second hands, and supplies for quality hand washing. These basic pieces of equipment and supply are essential in PEPC approaches. All three prenatal schools in Astana have been adequately equipped through the Global Development Alliance (GDA) IV “Healthy Motherhood – Future of Astana” Project and City Health Department funding. Most ZdravPlus Safe Motherhood sites have progressed in developing their infrastructure to meet WHO PEPC requirements, and the importance of adequate infrastructure and its impact on clinical practice and health outcomes was emphasized during the April MCH Center PEPC training and policy meeting.

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

### **Arterial Hypertension IIP**

#### National Dissemination

ZdravPlus continued collaborating with the Cardiology Institute to support the implementation of the AH CPG. In collaboration with the Cardiology Institute, ZdravPlus developed an AH Patient Reminder in Russian and Kazakh. Its structure and content reflect AH patient baseline survey findings in pilot sites, which showed that over 70% of patients miss doses of hypertension pills because they forget and that almost 50% of patients are not sure that they understand how to take drugs appropriately. The AH Patient Reminder includes a checklist of the medical and non-medical treatment methods that doctors can use to counsel and monitor patients and that can also be used by patients at home. The Reminder has been institutionalized and disseminated nationally through the national Methodological Recommendations on Improving AH Patient Adherence.

#### Karaganda AH IIP Pilots

ZdravPlus and KAFP continued supporting the AH pilot sites in Karaganda Oblast, including six FGPs and two mixed polyclinics. Activities over the past six months have included follow up visits to implementing facilities, meetings with the OHD, and support for provider-level quality improvement initiatives including data collection and analysis. Feedback on the treatment practices as they relate to AH CPG standards and health outcomes was also provided to implementing facilities. Chart reviews in all PHC facilities in Karaganda City revealed positive trends: the number of patients who were prescribed thiazides increased from 26.0% in 2005 to 40.5% in 2006 (from 26.2% to 51.5% in pilot sites, and from 25.6% to 28.8% in non-pilot sites), and prescriptions of beta-blockers increased from 15.1% in 2005 to 34.7% in 2006 (from 14.6% to 33.7% in pilot sites, and from 15.6% to 33.7% in non-pilot sites).

The Karaganda KAFP branch together with the six pilot facilities began a new cycle of CQI aimed at improving health providers’ compliance with the timely identification of risk factors such as overweight and obesity. As results of the abovementioned chart review showed that health providers do not adequately measure and record Body Mass Index (BMI), improving CPG adherence in this area was identified by KAFP and pilot facilities as a new CQI intervention area. The new CQI cycle encourages doctors in pilot facilities to measure and record BMI in the charts of patients with high blood pressure at least once per year.

Karaganda OHD continued providing political and organizational support for the implementation of the AH CPG through OHD-funded health worker trainings and promoting results thorough the local mass media channels. An Information Letter summarizing activities implemented in 2006 was prepared and distributed to all partners and stakeholders along with the 2007 AH CPG Implementation Plan.

#### Replication and Roll-out of AH IIP in Other Oblasts Through KAFP Branches

KAFP and the PGI supported implementation of the AH CPG through the AH CPG clinical module training with ZdravPlus support through trainers who were trained by the PGI at the earlier stages of the AH project.

### Total number of doctors trained on AH CPG from January-June 2007

#	Place	City	Who trained	Number of doctors trained
1	Almaty	Almaty	PGI	19
2	Karaganda Oblast	Karaganda	Karaganda State Medical Academy, Postgraduate level FM Department	50
3	Karaganda Oblast	Abai, Shakhtinsk	Karaganda Oblast Health Department	40
4	East Kazakhstan Oblast	Semipalatinsk	Semipalatinsk State Medical Academy, FM Department	15
	Total			124

In Karaganda Oblast KAFP members made two presentations to promote and disseminate the AH CPG implementation results and trends, including one presentation for the Therapeutic Board meeting for leading specialists and heads of internal medicine departments, and another for the Medical Board of the OHD.

Through joint efforts of Pactec and KAFP, the development of the Arterial Hypertension CBDE course progressed with significant improvements made to the Quality section of the course. The next steps are to test the draft course using experienced, practicing physicians and to develop strategies to implement, disseminate and promote the course.

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

#### Family Planning and Contraceptive Method Supply

In February, a team of family planning trainers participated in a conference on family planning and reproductive health issues in Moscow, organized and sponsored by Organon, and then provided two day follow-up trainings to health care providers from the Astana, Zhezkazgan and Satpaev pilot facilities. The participants of these follow-up training sessions received updated information on contraceptive methods with an emphasis on counseling pregnant, post-partum, pre-abortion and post-abortion women.

In March, the second batch of oral contraceptives donated by Organon was delivered to pilot health care providers in PHC facilities and maternity hospitals in Astana, Zhezkazgan and Satpaev cities. In Astana, Marvelon has been provided to 1331 women (1000 post abortion, 90 risk-group, 200 postpartum), and Exluton has been provided to 289 women (276 post-partum, 10-post-abortion, and 3 risk-group). In Karaganda Oblast, Marvelon has been provided to 635 women (546 post abortion, 89 risk-group), and Exluton has been provided to 389 women (376 post-partum and 13 risk group women) In Almaty, Marvelon has been provided to 350 women (all post abortion), and Exluton has been provided to 169 women (166 post-partum). Currently ZdravPlus and Organon are discussing the next shipment of contraceptives, tentatively scheduled for September 2007.

#### Safe Motherhood

Over the past six months, ZdravPlus provided support to the MCH Center as a coordinating body and leader in the national implementation of the WHO PEPC program approved by the MOH in August 2006 by Prikaz #335. Strategies for national PEPC rollout have been identified and a two-week intensive PEPC training course for four new Safe Motherhood pilot sites in Almaty, Semipalatinsk, Ust-Kamenogorsk and Pavlodar have been implemented. The training, which concluded with a policy meeting, enhanced the role and capacity of the MCH Center as a national PEPC implementation leader, providing methodological, implementation, and monitoring support to oblasts. The National MCH Center solidified its collaborative relationship with the Family Health Institute of Russia during the reporting period and also designed a PEPC master-class for South Kazakhstan, Pavlodar and Semipalatinsk maternity hospitals, to be implemented in the second half of 2007.

ZdravPlus continues to promote evidence-based clinical approaches to MCH on the national level. The Director of the Outpatient Department of the National Institute of Obstetrics and Gynecology and the

Head of the Chairs of Obstetrics and Gynecology of the of the State Medical University were sponsored by ZdravPlus to attend the June International Conference on Mother and Child Health issues in Omsk, Russia. Staff from ZdravPlus-supported Safe Motherhood sites in Almaty and Temirtau made presentations on their experiences implementing PEPC strategies at a national conference on “Acute Issues in Obstetrics and Gynecology” in June. ZdravPlus contributed to the same conference through a presentation on PEPC and Antenatal Care.

#### Safe Motherhood IIPs

In Karaganda Oblast and Astana City, Safe Motherhood implementation functions have been established with ZdravPlus technical support. The Karaganda Oblast PEPC Coordinator has been appointed to coordinate and rollout PEPC within the oblast including supervision, monitoring and quality improvement. In Astana, a City Coordination Committee has been established by decision of the City Health Department to support and monitor PEPC implementation within the city. ZdravPlus was involved in discussions resulting in these important decisions creating ownership of the Safe Motherhood Program.

ZdravPlus supports 11 Safe Motherhood pilots in Karaganda Oblast and Almaty and Astana Cities, including both maternity hospitals and referring PHC facilities. ZdravPlus provided ongoing assistance through follow-up mentoring visits by international and national consultants and ZdravPlus staff. The follow-up mentoring visits have been well received and staff are requesting continued support from ZdravPlus. Based on the follow-up visits, detailed recommendations have been developed, discussed with the staff and provided to chief doctors and health departments in a summary form for decision making. Positive changes in clinical practice and management have been observed at the pilot sites, including the discontinuation of routine shaving procedures, increased numbers of women delivering with partners present, increased use of local (versus full) anesthesia for cesarean sections, 24 hour rooming of mother and baby, and increased prevalence of early and exclusive breastfeeding.

Over the past six months, four additional pilot sites in Almaty, Semipalatinsk, Ust-Kamenogorsk and Pavlodar have been initiated by the MCH Center with ZdravPlus support. ZdravPlus coordinates with the MCH Institute to provide some support to the new sites.

Antenatal care follow up visits were made to three outpatient facilities in Astana City -- Women’s Consultations #1 and #2 (under the maternal hospitals implementing PEPC), and the Demeu Family Group Practice. The new training module on family-focused antenatal care and birth preparedness classes for PHC workers has also been prepared and tested. The training course introduces innovative approaches to combining antenatal care services and birth preparedness classes, and is expected to be finalized after a first cycle of pilot trainings in Tajikistan and Turkmenistan.

The SM monitoring process – which uses a standard set of indicators and tools – has been maintained in all SM sites.

#### Child Health

In April ZdravPlus participated in the WHO national meeting “Strategic Planning on Improving Quality of Care for Hospital Pediatric Services in the Republic of Kazakhstan.” The meeting followed a three-day hospital IMCI training course for national trainers. Implementation of continuous quality improvement tools at the hospital level was one of the issues discussed at the meeting, and ZdravPlus shared its experiences in using CQI for a variety of clinical areas.

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## **Population and Community Health**

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In the first half of 2007, Population and Community Health activities focused on 1) promoting and marketing health care reforms to MOH, oblast health reform implementers, and health professionals; and, 2) educating the population on select health topics related to AH, FP/RH/SM, and GDA IV activities. The Business Women’s Association of Kazakhstan (BWAK), the Kazakhstan Association of Family Practitioners (KAFFP), and the Drug Information Center (DIC) – all ZdravPlus grantees – continued to serve as the principle implementers of Population and Community Health activities.

### Promoting and Marketing the Health Reforms

The regional health finance workshops and quarterly PHC workshops in Karaganda and Semipalatinsk (described in the Stewardship and Resource Use sections of this report) provided opportunities to promote and market the reforms. Evidence-based approaches to clinical practice were promoted through national and oblast level working groups and meetings specifically in the areas of AH and FP/RH/SM. Promotion activities also included the dissemination of December 2007 CAR EBM Conference materials to a broad audience in Kazakhstan, the April Safe Motherhood Policy Meeting, and KAFP presentations on PHC and family planning development to the MOH and Astana City Health Department..

### FGP Open House

During an Open House held on May 19, ZdravPlus-trained obstetrician-gynecologists from the Demeu FGP acquainted visitors (including members of the catchment population, health providers and guests from other Astana outpatient facilities and Zhezkazgan FGPs) with its Birth Preparedness School, emphasizing the role of family practitioners. Couples who participated in the classes shared their experience in partnership labor and delivery. The Open House was video-taped, and the film can now be used to promote similar events in other FGPs and outpatient facilities. A similar event will be held in Karaganda before the end of 2007.

### Business Women's Association of Kazakhstan (BWAK)

BWAK continued providing family planning information to the population through the Red Apple Reproductive Health Hotline. Over the first half of 2007, BWAK also focused on improving the quality of counseling services and promoting and marketing the hotline to potential clients.

Over the past six months 11,571 calls were received in all Red Apple branches, including Almaty, Astana, Karaganda (which are supported by ZdravPlus), Uralsk, Shymkent and Aksai (which are supported through other BWAK funding sources). 9,836 calls were from women and 1,735 were from men. Recently, new operators have been hired – most of whom are experienced obstetrician-gynecologists – and today the Red Apple branches are completely staffed.

The Red Apple Grant Director and BWAK President appealed to the MOH with a letter explaining the importance of Red Apple Hotline services and expanding the network in the country. The MOH considered the letter and proposals and directed respective letters to heads of all oblast health departments, encouraging the maintenance of such hotlines in each oblast through the local budget.

Red Apple informational materials were disseminated among high school and college students in all Red Apple Hotline sites. In preparation for the summer holidays, all Red Apple branches implemented information sessions for high school and college students on the topics of family planning methods, STI prevention, drug use, and HIV/AIDS. Red Apple continued promoting its services through publications in popular newspapers and magazines.

### Kazakhstan Association of Family Physicians (KAFP)

KAFP continued its work with PHC providers and the population to strengthen links between primary providers and the community and to disseminate health promotion materials. Semipalatinsk, Astana, East Kazakhstan, Karaganda branches were particularly active. The Semipalatinsk Branch continued running its hotline providing family planning and reproductive health telephone counseling. The East Kazakhstan Oblast Branch continued its support of Youth Friendly Clinics and the Karaganda Branch continued to support Arterial Hypertension Patient Schools. KAFP promoted evidence-based approaches for the treatment of asthma and chronic obstructive pulmonary diseases (COPD), and in January and March provided one-day COPD and Asthma clinical module training courses for 72 and 120 KAFP members in Kostanai and Shymkent, respectively. The KAFP web-site was updated with recent WONCA news and other FM materials.

### Exxon Mobil-USAID Global Development Alliance (GDA)

As a result of GDA III activities implemented from February 2006 through February 2007, three birth preparedness schools in Astana received equipment and staff training. The Prenatal Schools' opening ceremony was celebrated on March 2 under the "Healthy Motherhood – Future of Astana" GDA Project, and included the signing of the next GDA MOU between USAID and ExxonMobil. The event

took place at the Astana Perinatal Center, with attendance of top-level authorities, honorary guests, health providers and patients.

The GDA IV project includes follow-up training for health care providers from both maternity hospitals and outpatient facilities which took part in the 2006 trainings under GDA III. KAFP/ZdravPlus will also introduce continuous quality improvement approaches to prenatal care into family group practices and will work on population-level health promotion by: 1) producing brochures and leaflets on safe motherhood and prenatal schools; 2) airing the prenatal school promotional video; and, 3) promoting new services to the population.

At the request of the Head Doctor of the Astana Prenatal Center, ZdravPlus and KAFP organized and cost-shared two interpersonal communication skills workshops for 24 physicians and 24 midwives. The course focused on building participants' skills in establishing strong patient-provider rapport in order to improve treatment adherence and health outcomes. Finally, negotiations with the "31<sup>st</sup>" TV channel and "Astana" radio station resulted in agreements on airing the Russian and Kazakh versions of the prenatal schools video from June 2007-March 2008.

#### FP/RH Youth Strategy

Meetings with the Pro-Rector of Astana Agrotechnical University, teachers, and the students' initiative group were held at the beginning of the year to outline opportunities and ideas for developing a youth strategy aimed at increasing access to quality family planning counseling and services for youth. A preliminary agreement was made with the Pro-Rector and teachers on conducting a brief survey to elicit more detailed information from students on the issue. The survey sought to identify problem areas and potential means for interventions and was conducted in April among 218 students from all six University faculties. Preliminary analysis of the data show that students express interest in meetings with, and lectures from, experienced health professionals on reproductive health issues. In May the University administration supported three such meetings in University dormitories where representatives of the Red Apple Hotline in Astana, the Family Planning Center, the Umay Youth Center, and ZdravPlus led participatory discussions of FP issues, answered questions and distributed health promotion brochures to more than 150 students. Final survey findings will be presented to the University in August, at which time stakeholders will also discuss activities to be implemented in the new study year. Discussions were also held with Population Services International (PSI), and a preliminary agreement was made whereby PSI will conduct a TOT for peer trainers from the University as well as meetings of students with representatives of the Red Apple Hot line, Family Planning Center, Umay Youth Center and other partners after the student summer holidays.

#### Family Planning/Safe Motherhood/Newborn Care

Black-and-white birth preparedness classes schedules (10000 copies in Russian and 4500 in Kazakh), a colored labor position poster (150 Russian and 150 Kazakh), and a Tiahr poster (500 Russian and 500 Kazakh) were printed to support FP/RH/SM pilots. Around 40% of all these information materials have been distributed to Almaty, Astana, Zhezkezhgan, Satpayev, Karaganda and Temirtau pilots. About 6000 copies of the brochure "Waiting for a Baby" were delivered to East Kazakhstan and Pavlodar maternities, Almaty Maternity #2, Kalkaman and the MCH Center following the April PEPC training in Almaty. A DVD on partnership delivery was been translated into Russian and delivered for use by the birth preparedness classes in Astana.

Nine family planning counseling brochures were revised over the reporting period. Following focus group discussions, back translation and discussions with specialists, the brochures have been delivered to the publishing company and are expected to be printed by the end of June. Translation of the brochures into Kazakh is also in progress. The brochures incorporate the most recent WHO family planning recommendations.

#### Arterial Hypertension (AH) IIP

A new draft version of the AH awareness pamphlet has been developed, translated and shared with experts for review. The pamphlet will be disseminated to the population during the course of a AH campaign in Karaganda to be held this fall. (Please also see the AH IIP section of this report for a description of the AH Patient Reminder tool – 4000 of which have been distributed to pilot sites in Karaganda.)

### Nurses

ZdravPlus provided Almaty Medical College for Nurses with RH e-materials, drug reference books by Vidal, FP brochures, and 80 copies of the “Nursing Care” book reprinted in Bishkek.

### Tuberculosis

In collaboration with the National TB Working Group under the MOH and Project HOPE, ZdravPlus contributed to World TB Day activities in Almaty Oblast by supporting a contest for the best article on TB written by PHC providers and published in Almaty Oblast media from 2006-2007. In addition, ZdravPlus in collaboration with Project HOPE provided technical assistance and financial support to the development and printing of 1000 copies of TB education materials for inmates of Almaty and Karaganda Oblast penitentiaries and detention centers.

## **UPCOMING EVENTS FOR JULY AND AUGUST**

July 3-10	ANC mentoring visits to PHC and Maternities, Almaty
July 9-21	KAFP AH Clinical training for family practitioners, Pavlodar
July 9	KAFP CQI and AH Chart review, Pavlodar and Kokshetau
July 11-23	ANC mentoring visits to PHC facilities and Maternities, Astana
July 26-27	“Hospital Care Efficiency” seminar under the Institute of Health Care Development, Almaty
July 27	USAID/ZdravPlus visits to Kalkaman Maternity Hospital and Red Apple Hotline, Almaty
August 12- 15	USAID/ZdravPlus visits to Karaganda and Astana pilots

## **KYRGYZSTAN**

### **Six-month Report**

### **January - June 2007**

Over the last six months, Kyrgyzstan continued to implement Manas Taalimi and the SWAp, further institutionalize existing reforms, and further develop next generation reforms. In the broad sense, two events characterized this time period – a new Minister of Health and the May Health Summit. A change in the Government led to the appointment of Dr. Abdraimov as new Minister of Health, the long-term impact on the health reforms is not yet clear although the transition has brought some lack of clarity and delays. The May Health Summit was critical as it was the first Health Summit completely focused on policy and technical issues (the May 2006 Health Summit was a kick-off of Manas Taalimi and the SWAp and the September 2006 Health Summit focused on 2007 budget and plan of work). A number of technical meetings within and across Manas Taalimi Component addressed critical policy and technical issues. Public health showed significant movement, issues in medical education (the last reform frontier) were discussed, and technical issues in a number of other components were addressed thus enabling continued progress in a number of program and technical areas following the Health Summit.

ZdravPlus has continued to provide support for the implementation of the Manas Taalimi National Health Reform Program (2006-2010) using the Sector Wide Approach (SWAp) mechanism and provided input on each of the eight components of the Manas Taalimi Program over the reporting period (i.e. Stewardship, Health Financing, Individual Health Services, EBM/CPGs, Priority Programs, Public Health, Human Resources, and Community Involvement). In May, ZdravPlus worked closely with the MOH and SWAp donors to organize and implement the Manas Taalimi Joint Annual Review (JAR) and semiannual Health Summit. The JAR and Health Summit provided donors, stakeholders, and the MOH an opportunity to assess the progress of reforms over the past year, review the national work plan, and discuss key issues related to implementation and institutionalization of reforms. Manas Taalimi implementation progress on all components continues to be on target, however human resources issues, particularly the continuing migration of qualified workers, have been a challenge to the reforms. ZdravPlus will continue to work closely with the MOH on this and other issues and in planning for the next Health Summit which is tentatively scheduled for September.

In Stewardship, ZdravPlus helped organize policy dialogue workshops for working groups and MOH department heads and supported continued development of Center for Health System Development (CHSD) capacity and functions including EBM, health management, and information technology. ZdravPlus's legal advisor provided significant input to the MOH in drafting and refining a number of laws, decrees, and orders, as well as providing presentations and health law-related trainings to health care providers. ZdravPlus continued to work closely with the MOH and Mandatory Health Insurance Fund (MHIF) on redefining roles and relationships and on the institutionalization of related reforms. The ZdravPlus-supported MOH Press Center comprehensively covered a number of mass media events and reported on population activities, key health issues, and health policy changes.

In Resource Use, policy dialogue and technical activities related to health delivery system structure continued. Ongoing data analysis, meetings, and a workshop addressing the critical issue of excess outpatient specialists in the context of both Family Medicine Centers and Hospital Outpatient Departments were conducted. In health financing, ZdravPlus continued to support improving budget formation including program budgeting; build MHIF capacity to purchase individual health services under the State Guaranteed Benefit Package (SGBP) and Additional Drug Package (ADP) for outpatient drugs including refining and expanding technical methodologies and operational/monitoring systems; and build MOH capacity to purchase public health and TB services and pay for nursing schools as they move from local budgets to the republican budget.

In Service Delivery, ZdravPlus, including partners STLI, CitiHope, Family Medicine Specialists Association (FMSA), Family Group Practice Association (FGPA), Hospital Association (HA), and Medical Accreditation Commission (MAC) continued to provide technical support in the areas of family medicine and family nursing development, continuing medical education (CME), computer-based continuing medical education, medical and resident education, safe motherhood and family

planning, EBM and CPG development, accreditation, quality assurance, continuous quality improvement (CQI), pharmaceutical care, infectious diseases (tuberculosis) and public health reform. ZdravPlus continues to work towards sustainability and institutionalization in each of these components.

Finally, ZdravPlus's work with the population continues through the Village Health Committee (VHC) and Healthy Schools programs. Over the reporting period, ZdravPlus-supported VHCs have continued conducting campaigns on iodized salt, nutrition, brucellosis, malaria, and sports in 309 villages in Jalalabat and Issyk-Kul Oblasts.

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## **Stewardship**

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### **Policy Dialogue and Content**

ZdravPlus continued to support policy dialogue activities within the framework of Manas Taalimi/SWAp including:

- Ongoing policy dialogue in working groups;
- Technical assistance and operational support in coordinating Manas Taalimi activities for MOH department heads, (particularly the clinical and finance departments), who have primary responsibility for these activities and are working towards institutionalization of these for long-term sustainability;
- Policy workshops for selected key policy issues such as the key issue of excess narrow specialists continuing to hamper the development of PHC, health financing, public health, and human resources;
- Ongoing support for the CHSD in the areas of health policy analysis, EBM/CPGs, health management, and information technology.

### **Legal Framework**

During the reporting period, ZdravPlus continued to provide technical assistance and ongoing support to the MOH and HIF, including:

- Law-related research, legal advice, drafting and amending legal/regulatory documents for Manas Taalimi program areas;
- Legal input on health financing regulations;
- A draft decree of the Kyrgyz Republic titled, "Funding the Health Sector on a Programmatic Basis";
- Suggestions for changing Article 34 of the Kyrgyzstani Constitution with the aim of complying with health sector reforms and prepared suggestions to the IRC of Kyrgyzstan regarding tax protocols of VAT payments for all health care entities;
- A draft agreement on cooperation between MOH and oblast health administrations;
- A draft labor contract for health care organizations and the MOH;
- An analysis of legislative data on the elections of health care scientific research leaders.
- Amendments to a draft governmental regulation on implementing the national law on health care facilities in the Kyrgyz Republic;
- A draft MOH regulation for tertiary level health care facilities;
- The MOH collegium on upgrading prenatal care services and also services of the Republican Forensic Medical Examination;
- The Republican Center of Mental Health (RCMH) on a draft regulation on mental health under the MOH of Kyrgyzstan, on a draft MOH order on the further defining of mental health services (e.g. adoption of norms for medical, pharmaceutical, and pedagogical personnel, psychologists, social

workers, kitchen staff, and mental hospital wards), and on a draft regulation on labor rehabilitation of mentally ill patients.

- The charter of the Kyrgyz Scientific Institute of Rehabilitation and Balneology on a budget agreement for department personnel and on an agreement for mutual cooperation with Kumtor Operating Company (gold mining company) on the provision of hospital rooms;
- A draft regulation of the Kyrgyz Republic titled, “The Development of Charity in Kyrgyzstan.”

For the Association of Family Physicians, ZdravPlus suggested amendments to their regulations and job descriptions for family doctors. Finally, ZdravPlus made the following presentations for leaders of health care facilities in Osh:

- State Control for Medical Organizations;
- Financial Aspects of Health Care Facilities’ Regulatory Base;
- Legal Aspects of the Health Care System;
- Changes in Organizational Legal Form ;
- Ethical and Legal Aspects for the Protection of Patients.

### **Institutional Structure, Roles and Relationships**

ZdravPlus believes that institutional structure, roles, and relationships are central to the implementation of the Manas Taalimi program activities, the institutionalization of functions and capacity, and to the long-term sustainability and structure of the health sector. In 2007, related activities have included:

- Initiating a strategic planning process for the Center for Health System Development (CHSD). The CHSD was established in March 2006 to institutionalize functions and capacity for long-term health system development. It is good timing to initiate longer-term strategic planning as the CHSD is settling into its new legal/organizational status after a difficult transition. Although donors and projects (SWAp, WHO, ZdravPlus, etc.) still provide significant financial support to the CHSD, the Center recognizes it is time to develop and implement financial sustainability plans as well as ensure coverage of administrative costs.
- Providing technical assistance to the EBM Center for the development of concepts and documentation concerning the roles of stakeholders in EBM and CPG development and implementation. The EBM Center has been getting pressure to perform all functions related to EBM/CPGs, but ZdravPlus believes that success will only come from involving all stakeholders – including professional associations, republican institutes, and health care providers/professionals – in the development and implementation of evidence-based CPGs.
- Defining and delegating functions from the MOH to professional associations (e.g. FGPA, HA, Specialty Associations) and other health sector entities continued as did work to clarify the relative roles and relationships between national- and oblast-level health entities.

### **Policy Marketing**

ZdravPlus continued to support the development of the MOH Press Center who’s purpose is both to inform about and market the health reforms and contribute to health promotion/education for a number of audiences including policy-makers, health professionals, and the population. During the reporting period, the Press Center organized television hotlines on Channel Five, covering issues related to emergency care, the State Benefits Program, and the Patients’ Bill of Rights. Also, the Press Center organized the participation of a number of officials from the MHIF and MOH on TV hotlines on Channel Five and on 21st Century Radio on issues related to health care services and the Manas Taalimi program. Through the hotlines, citizens of Kyrgyzstan had a chance for interactive communication with MOH and MHIF specialists on a wide range of issues.

In February, the MOH Press Center organized the visit of 14 journalists from three national television companies, (Mir, K+ and NBT), and three leading newspapers, (Kyrgyz Tuusu, Vecherniy Bishkek, and MSN), to observe the brucellosis campaign carried out by Village Health Committees (VHCs) in Issyk-Kul Oblast. The aim of the visit was to organize coverage of the brucellosis campaign activities and to show the progress of VHC activities in IKO and Jalalabat Oblasts. As a result of the visit, the MOH Press Center is developing a video presentation for the MOH on the progress of VHCs in IKO.

In March, the Press Center organized a visit of journalists to Karabalta to participate in the activities devoted to World TB Control Day, and as a result, the events were covered broadly by both the rayon-level and national mass media. Also in March, Press Center representatives participated in a workshop for media representatives organized by the Global Fund and made presentations based on its experience working and collaboration with journalists. In April, the Press Center made a presentation at the Workshop on TB Prevention in Tashkent on “How to organize work with mass media and communities on the prevention of infectious diseases as well as inform the population of reforms.” In addition, upon the request of the Kazakhstan MOH, the director of the Press Center made a presentation in Astana in June for Kazakhstani officials and leaders of Kazakhstan health care facilities on “How to organize activities with communities on promoting reforms and Patients’ Bill of Rights.”

By organizing and conducting an Internet conference on health insurance development in the Kyrgyz Republic, chaired by HIF Director Ainura Ibrahimova, at the Kabar State Information Agency, the Press Center began using this new medium to promote health system development. The MOH Press Center also provided comprehensive coverage of all events organized by the Bishkek Territorial Health Insurance Department related to the progress of health care reforms. In order to support reforms in nursing, the MOH Press Center ensured the event was well covered by mass media by inviting journalists to the MOH roundtable meeting titled “The Role of the Nurse in the Prevention of Social Diseases.”

The Press Center published articles about Flagship Courses in both the Vecherniy Bishkek and Kyrgyzstan Tuusu in order to provide comprehensive coverage on issues related to health reforms and the Patients’ Bill of Rights. An article by the HIF Deputy Director about the development of Health Insurance in Kyrgyzstan, titled Each Citizen in Kyrgyzstan has to be Socially Defended, was published in the popular newspaper Delo during the reporting period.

During the reporting period, the MOH Press Center also organized and conducted press conferences and provided coverage of events dedicated to World Kidney Day, World Health Day, World TB Control Day, World Antismoking Day, and New Technologies in Trauma and Orthopedics, and HIV/AIDS prevention.

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## **Resource Use**

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### **Health Delivery System Structure**

Policy dialogue and technical activities related to health delivery system structure continued. Ongoing data analysis, meetings, and a workshop addressing the critical issue of excess narrow outpatient specialists in the context of both Family Medicine Centers and Hospital Outpatient Departments were conducted for this priority issue. Work continued on the development of General Practice Centers in remote rural areas. The Hospital Association (HA), FGPA, and ZdravPlus/STLI/HR Specialists continued to develop and participate in the review of FAP facility data. Approximately 900 FAPs were assessed during the review period. The largest SWAp procurement is for FAP equipment, and work continued on procurement documentation.

ZdravPlus and the MOH Treatment and Prophylaxis Department conducted a workshop on further restructuring and optimization of the health sector at the oblast level. Thirty-two representatives from the MOH, MHIF, MIC, Head Doctors of Rayon Hospitals, Oblast Hospitals, FMCs, HA, and the FGPA participated in the meeting. Participants developed a regulation for oblast coordinators, defined criteria for opening new medical points (FAPs), selected appropriate locations for emergency care points, and defined the number of narrow specialists to work at FMCs.

ZdravPlus and the MOH Treatment and Prophylaxis Department also conducted a working meeting on the review of the normative-legal base and activity optimization of FMCs and hospital outpatient departments particularly in relation to narrow specialists in Issyk-Kul on April 2-6. Twenty-two participants from the MOH, MHIF, MIC, HA, FGPA, Territorial Hospitals, FMCs, and FGPs participated.

The Hospital Association and ZdravPlus's HR Specialist provided consultative assistance to oblast coordinators in Naryn and Issyk-Kul oblasts on the development of plans to further restructure and optimize health services on a regional level in accordance with criteria developed at a March working meeting.

### **Human Resources**

In conjunction with CitiHope, the FGPA, KSMIRCE and representatives from the MOH, ZdravPlus/STLI have continued to analyze and summarize the results of a time-motion study conducted in 2006. This study was organized to assess objectively the percentage of time FGP doctors and nurses are spending on direct patient care vs. administrative and reporting activities. One major complaint from FGP medical workers has been an increasing amount of paperwork throughout the period of health care reform in Kyrgyzstan. Some of these reporting requirements are dictated by the MOH, while others are due to the implementation of various vertical health programs by donor organizations, each of which has its own reporting/documentation demands. Statistical analysis was completed in late April, and a draft report was written in May.

ZdravPlus/STLI consultants in family medicine, emergency care, and nursing have participated in health reform strategy meetings to advocate for the inclusion of continuing medical education expenses in the national budget (including FM trainer salaries and participant expenses). This will be a key step in ensuring the sustainability of the revised CME program for practicing doctors, feldshers, and nurses.

In accordance with the Manas Taalimi plan to further refine the national database on human resources, the ZdravPlus HR Specialist and the Hospital Association completed the development of a database module on both the oblast and national level. The module was tested and demonstrated for MOH HR Department staff in January and February. Work to develop and institutionalize the human resources database has been ongoing for the last few years as it is a large undertaking. The database will contribute to the development of options for mitigating the rural human resources crisis, human resources planning, and health facility management. ZdravPlus conducted a workshop in March for Bishkek and all oblasts' MIC specialists using the HR database. The aim of the workshop was to teach participants data processing and data collection on the oblast level and information dissemination on the national level.

### **Health Financing, Health Management, Health Information Systems**

Work continued on three broad health financing areas:

- Macro-level issues and budget formation
- Mandatory Health Insurance Fund as health purchaser for two program budgets – State Guaranteed Benefit Package (SGBP) and Additional Drug Package (ADP) for outpatient drugs
- MOH as health purchaser for three program budgets – public health, high-technology fund/capital, and other including vertical systems, medical education, and administration.

In late 2006 and early 2007, ZdravPlus/Socium Consult provided extensive technical assistance to the MOH and MHIF on 2007 health sector budget formation. In addition, ZdravPlus/Socium Consult provided technical assistance to the MOH Finance Department in developing a draft Government Decree on program-based methodology for the formation of the health sector budget. This Government Decree was approved after the Health Summit. Work continued to improve the minimum standards underlying SGBP determination, budget proposals, and equalizing resource allocation across oblasts.

ZdravPlus continued to build capacity and provide operational support to the MHIF to improve purchasing of individual health services under the SGBP and ADP including refining and expanding technical methodologies and operational/monitoring systems. Specific priorities over the last six months included implementing improvements to PHC capitated rate payment including the rural coefficient, engaging in dialogue on the next refinements to the case-based hospital payment system, ZdravPlus/Boston University technical assistance in refinements to the ADP, and supporting ongoing monitoring of oblast, rayon, and facility level implementation of new provider payment systems.

Reform of financing and payment systems for public health (largely SES but other public health entities as well) continued and included drafting of a MOH Decree specifying methodology. This MOH Decree would regulate procedures for the formation and execution of the state budget for public health organizations and schedule their transition to per capita budget formation and global budget payment systems moving toward chapterless financing. The MOH Decree depends on the Government Decree on Program Budgeting as a legal base and following approval of the Government Decree it is expected that the MOH Decree on changes in public health financing will move forward soon although the new minister is reviewing it. Largely the same strategy is being used for formation and execution of TB facilities budgets and this analysis is in process.

ZdravPlus/Socium Consult participated in the work of the specially formed Working Group in Osh City on developing a program for optimizing the structures and networks of Osh health organizations. Based on the recommendations of the working group, a draft order of the MOH was developed. The order will form the basis for Osh health organizations' plan of work and the optimization of Osh health entities.

Lastly, ZdravPlus organized a trip for representatives from rayon hospitals, the MOF, and MOH in Tajikistan to the Issyk-Ata rayon hospital for a meeting with its Director and finance department personnel in order to learn about their work in executing the single-payer system including pooling funds, new payment systems, SGBP and formal co-payment.

ZdravPlus technical assistance and operational support for health information systems and health management activities continued. The CHSD is our partner for health management training and ZdravPlus continued to support travel costs of health management training participants. The MOH Health Information Center (HIC) and a limited number of oblast-level entities and health providers are our partners in health information systems. Specific activities included support for the MOH HIC in overall improvement of health information systems and support for the MHIF in refining their health information systems and operational processes for the new provider payment systems.

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## **Service Delivery**

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### **Continuing Medical Education (CME)**

#### MCH

ZdravPlus/STLI provided assistance to FM trainers from the KSMIRCE to develop a five-day CME course to train practicing family doctors to provide evidence-based prenatal care. The course was based on materials used by WHO trainers working in the European region. PowerPoint presentations and trainer notes were made for each section.

As part of the Making Pregnancy Safer quality improvement projects, ZdravPlus provided consultative input on plans for integration of antenatal training into the national CME program for family physicians and on the adaptation of antenatal care training materials for use in the national CME program.

#### FM Physicians

Oblast FM trainers conducted retraining courses on Family Medicine for 46 FGP doctors in Jalalabat, Chui, and Bishkek. FGP doctors were trained on therapeutic, pediatric, obstetrician-gynecological, and surgical profiles.

Regional CME trainings on WHO's Practical Approach to Lung Health (PAL) were held for 257 FGP doctors in the cities of Osh and Bishkek, and in, Issyk-Kul, Jalalabat and Chui Oblasts. Two-day

follow-up site visits (one day on PAL monitoring and one day on clinical pharmacology) were conducted for 295 doctors. Regional workshops for 298 doctors and two site visits for 70 doctors were completed on practical skills of family medicine in Talas, Naryn, Batken, Issyk-Kul, Osh, and Jalalabat Oblasts. Finally, trainings on Integrated Management of Childhood Illnesses (IMCI), covering 14 FGP doctors in Issyk-Kul Oblast, were completed during the reporting period, in addition to follow-up visits for 43 FGP doctors in IKO.

#### FM Nurses

ZdravPlus/STLI conducted seminars for the introduction and training of the Medical-Surgical Nursing book. One-day seminars were conducted in the following regions: Osh (45 participants); Jalalabat (49 participants); Naryn (28 participants); Chui (60 participants) and Bishkek (20 participants),

In April and May, FGPA conducted workshops on the implementation of clinical protocols for nurse practitioners and specialists from maternity wards and specialists from FGPs in Batken, Talas Oblast, and in Bishkek. The seminar's aim was to improve the provision of medical aid to the population, increase the role of the family nurse, and introduce clinical protocols into the everyday practice of FGP nurses.

#### Feldshers

Feldsher training continues to be a Manas Taalimi program activity consistent with prioritizing rural, FAP-level health care. STLI consultants have continued to assist with the development of an Emergency Care Training Center (ECTC) at the KSMIRCE. The mission of the ECTC is to take a leading role in the development of CME courses for ambulance feldshers and to provide high quality training in emergency care to a wide variety of constituents, from lay personnel to trauma specialists. Three trainers have been hired, and along with master trainers from the Osh ECTC, trained in Advanced Trauma Life Support, Advanced Pediatric Life Support, and project management.

STLI continues to work with local trainers to develop curricula for both ambulance feldshers and FAP feldshers. A basic emergency care curriculum has been developed for FAP feldshers in early 2007.

In Osh, Talas, Issyk-Kul, Naryn, Jalalabat, and Batken Oblasts, 179 feldshers were trained on Emergency Care Principles. The participants reported that the courses were organized very well, were useful, that ample time for practice was provided, and that the methods of training were interesting. Feldshers learned about how to identify and classify asthma etiology, clinical presentations of asthma, methods of diagnosis, and methods of asthma treatment.

### **Computer-Based Continuing Medical Education by Distance (CBCMED)**

CBCMED will very likely play an important role in the future of CME in Kyrgyzstan and the other countries of Central Asia because of the availability of technology, simplicity of course distribution, time flexibility, and the savings in transportation costs for participants. To this end, STLI continues to support the training of FM trainers (doctors and nurses) in course development and construction as well as providing input into general strategy for the use of computer based CME courses.

The first web-based CME course for physicians to be developed—diagnosis and management of ear infections—was completed in April and tested in May. FM trainers based in Bishkek, as well as some practicing physicians and medical translators, took the course which was facilitated by an STLI consultant. Based on course evaluations, the trainers' satisfaction with the course was very favorable and most felt like the learning objectives were met (average rating 4 on a Lichert scale of 1-5). Pre and post-course testing showed an improvement in knowledge (72% and 90%, respectively).

ZdravPlus/STLI continued the ongoing development process and editing of a CME course on congestive heart failure, including writing the appendix materials for the course. The editing process for the lower back pain course was completed, and the previously-developed otitis course was transferred into the Moodle (open source course management) format. The handout materials for patients and performance improvement tools (e.g. lists of standards/indicators, data collection tools with instructions, run charts) for the congestive heart failure and lower back pain courses were completed.

ZdravPlus/STLI consultants have also facilitated a partnership with the International Research and Exchanges Board (IREX) in assisting with the training of practicing physicians and nurses using the CBCMED courses. Over the past several months, a proposal was written and approved for a pilot study to compare learning outcomes and learner satisfaction between groups taking a traditional CME course (lectures and workshops) with those taking a web-based CME course with the same content. IREX provided access to computers and the Internet along with a three-day basic computer skill course. This study will include a baseline skills assessment, pre- and post-course written exams, and a post-course skills assessment as well as a learner satisfaction survey. Web-based courses on ear infections and lower back pain will be used for physicians; courses on asthma and physical assessment will be used for nurses.

In May, training was provided to the Bishkek FM and Nursing Trainers on how to facilitate web-based courses. This was a four-day course led by ZdravPlus partner Partners in Technology, International (Pactec).

In June, the CBCMED course on otitis was provided for 24 doctors in Bishkek and Karakol. Work continues on the following courses: lower back pain, congestive heart failure; well-child care; and the syndromic approach to sexually transmitted infections. The role of STLI consultants has been to review course content and structure and to work with local faculty to ensure that the material is evidence-based and presented appropriately. STLI consultants have also played key roles in developing additional material for each course, including patient education handouts and CQI indicators and instruments.

STLI nursing consultants have provided assistance with the development of web-based courses for nurses on asthma and nursing physical assessment. Nurse trainers are also conducting a pilot study to compare educational outcomes of web-based courses versus traditional seminars (see above, under CBCMED for physicians).

### **Medical and Resident Education**

STLI consultants continue to provide ongoing clinical education for eight of the family medicine residents in Bishkek, averaging five clinics per week.

A bi-weekly evidence-based medicine “journal club” for FM residents was continued throughout the second half of the 2006-2007 academic year for 1st and 2nd year residents. Basic concepts of evidence based medicine were covered, including study design, levels of evidence, and basic medical statistics. In the final sessions for the year, two second-year and one first-year resident presented studies to the group. They were required to formulate a clinical question, perform an Internet search, select an appropriate study to answer their question, and critically review an article for the group.

In June, an STLI consultant worked with consultants from Morehouse School of Medicine to review the Family Medicine curriculum for 6th-year medical students at the Kyrgyz State Medical Academy. There is a need to improve the quality of this rotation in order to attract more students into primary care.

During the last half-year, ZdravPlus worked with the KSMA on fulfilling their role in the Regional Medical Education Accreditation Working Group and the introduction of EBM into the educational process. ZdravPlus supported participants from the KSMA and Kyrgyz-Russian Slavic University in the Regional Medical Education Accreditation Working Group meeting which took place in Dushanbe, Tajikistan, during June 20-22. The main outcome of the meeting was that participants had a clearer understanding of internationally accepted accreditation standards and the need for an internationally accepted accreditation process. It was agreed to develop the next steps required for the development and establishment of the accreditation standards in medical education. Concrete steps required for establishing the accreditation process based on WFME standards and for sharing of information between educational institutions will be discussed at the next meeting.

ZdravPlus continues to provide limited technical assistance to the KSMA and Medical Faculty of the Kyrgyz-Slavic University on developing an EBM vision, as well as incorporating EBM into medical education. Thus far, the progress has been slow as it takes time for the faculty to understand the links

between EBM and education. One potential issue is a lack of progressive faculties that can drive activities towards incorporating EBM into education.

## **Safe Motherhood and Family Planning**

### MPC/PEPC Program Implementation

ZdravPlus/USAID, together with Kyrgyz policymakers and health workers in hospital maternities and primary care facilities, are scaling up the introduction of effective perinatal care (PEPC) strategies in accordance with WHO standards. This is achieving impressive results, bringing about measurable improvements in maternal and newborn health.

In each facility supported by ZdravPlus, implementation strategies employed over the past six months to improve quality of care have included:

- Competency-based clinical training;
- Systems for performance monitoring and quality improvement;
- Education and counseling to increase utilization of services; and
- Policy support to facilitate replication and institutionalization.

Training of health workers has focused on improving case management and counseling during pregnancy, labor, delivery, and the postpartum period. Both primary care and hospital providers are trained in the same content in order to increase consistency in the continuum of care. Furthermore, they are trained in multidisciplinary teams comprised of an obstetrician, a midwife, a neonatologist, and a newborn nurse, allowing roles to be redefined between team members in order to optimize care to each woman and newborn. Training is competency-based and includes extensive hours of clinical practice.

A MPS/PEPC (Making Pregnancy Safer/Promoting Effective Perinatal Care) training workshop with policy makers, trainers, and national leaders was conducted in Issyk-Kul from April 2-6, 2007. The workshop was facilitated by WHO consultant Professor Stelian Hodorocea and by National PEPC trainer professor Natalya Kerimova. Participants included national policymakers, professors, and key providers of obstetric services, the Director of National Human Reproductive Health Center, Oblast Reproductive Health Coordinators, Heads of pilot maternity wards, National PEPC trainers, Educational Institutions (Medical Academy, Postgraduate Institute, Medical School) the Health Insurance Fund, and SES.

The workshop increased understanding and orientation at the national level to evidence based technologies and approaches promoted by WHO to improve maternal and newborn care and survival. Three specific objectives of this meeting were:

- To build national capacity to do MPS/PEPC training, mentoring, and policy development;
- To facilitate the review of WHO MPS/PEPC recommendations to the recently revised clinical protocols and guidelines and to make note of revisions required before the replication of training; and
- To finalize with participants the plans and specific schedules for follow-up trainings and lectures and for the preparation for co-training and follow up mentoring of all sites.

At the end of the training, participants were able to repeat the theoretical training with other providers within and outside their facility and provide on-going mentoring and monitoring support to others. The workshop also resulted in the correction of the following national protocols based on accepted EBM principles: antenatal care; pre-eclampsia and eclampsia; artificial rupture of membranes; postpartum hemorrhages; normal delivery; preterm labor; induction; infections during pregnancy; and sepsis. Lastly, each participant provided a specific plan of where, when, and with which audience to do follow up training or re-training following this event.

At the key MPC/PEPC sites in Kyrgyzstan, ZdravPlus is working closely with counterparts to establish a sustainable model of care at both the PHC and hospital levels for the entire continuum of

maternity and newborn care. The PEPC approach will promote evidence-based practices, which are integrated into primary health care using improvement techniques that empower the population to play an active role in MPC through information and behavior change interventions. ANC training was conducted in Bishkek from February 5-10 for 19 obstetrician-gynecologists from Bishkek FMCs, which are part of the catchment area of Bishkek Safe Motherhood pilot sites. Pre- and post-course testing showed an improvement in knowledge (46.4% and 88.4%, respectively).

A six-day combined antenatal care and birth preparation class was conducted in Bishkek from March 12-17 for fourteen obstetrician-gynecologists from Bishkek FMCs, two family medicine trainers from the Medical Academy, two trainers from FMTC and one HIF staff. (All FMCs of Bishkek City fall within the catchment area of the ZdravPlus Safe Motherhood pilot sites in Bishkek). Pre and post-course testing showed an improvement in knowledge (48% and 89%, respectively).

From May 28 to June 8, an intensive training course on MPS/PEPC was conducted in Naryn Oblast to initiate roll-out to this Naryn. The two week training, led by international and local experts, covered 38 hospital-level health care providers from four rayons in Naryn Oblast (Kochkor, Atbashy, Aktalaa and Jungal rayons). Twelve obstetrician-gynecologists, seven neonatologists, seven neonatology nurses, eleven midwives and one trainer from the Naryn Medical College were trained in evidence-based Safe Motherhood practices. The training included a week of practice to allow trainees to put the new WHO methodologies to work. Pre- and post-course testing showed a significant increase in knowledge for both Ob/Gyns and midwives (36% and 70%, respectively) and neonatologists (46% and 89%, respectively).

From June 10 until July 15, a WHO consultant started revision training and on-the-job mentoring in nine maternities in three oblasts for nine sites in Kyrgyzstan where MPS/PEPC has been implemented. This is an integral part of the MPC/PEPC training as the training must be followed by performance monitoring and clinical mentoring every six months. The consultant will provide a report by the end of July.

#### Postpartum/post-abortion Family Planning Program

The postpartum/post abortion family planning program is a significant part of the MCH program implemented by ZdravPlus. Over the reporting period, postpartum contraceptive counseling was initiated, which stresses exclusive breastfeeding and the correct use of the lactational amenorrhea method (LAM) to optimize health benefits for the newborn and contraceptive protection for the mother. This strategy is also aimed at reducing unplanned pregnancy and abortion soon after childbirth. Safe contraceptive options during lactation were discussed, and supplies were made available to interested couples.

ZdravPlus continued supporting efforts to improve access to family planning and IUD services by training medical practitioners in Bishkek. From January 23-27, family planning training, with an emphasis on postpartum and post-abortion family planning services, was conducted for providers at Bishkek Maternity Hospital #1. Thirteen obstetrician-gynecologists and four midwives were trained on modern contraceptive technologies as well as postpartum and post-abortion services. The training was highly successful, with trainees' pre-test knowledge measured at 43.6% as compared 82% at post-test. From January 30-February 3, a similar training was provided for twelve obstetrician-gynecologists and nine midwives at Bishkek Prenatal Center #1. For this training, pre-test knowledge was measured at 56% as compared to 88% at post-test. All sites where ZdravPlus conducted postpartum and post-abortion family planning trainings were supplied with four kinds of contraceptives: condoms, IUDs, DMPAs, and progestin-only pills.

To ensure effective implementation of new approaches in MCH care, ZdravPlus is supporting the implementation of a continuous quality improvement (CQI) project in a number of pilot maternities throughout Kyrgyzstan. CQI trainings for 45 medical practitioners from three new pilot facilities in Jalalabat Oblast (Jalalabat Oblast Maternity, Aksy Rayon Maternity, and Bazar-Korgon Rayon Maternity) were conducted by FMTC specialists from January 24 to February 1. The CQI project provides pilot maternities with tools – such as self assessments and patient questionnaires – which they can use to evaluate their facility and quality of care. This self-monitoring encourages the

providers to regularly assess their own work and improves the provision of medical care with patients as the primary focus.

## **EBM and CPG Development**

### EBM

In preparation for the national healthcare summit on May 24, ZdravPlus interviewed the MOH's Curative Department, CHSD, FGPA, HA, PMA, and the postgraduate institute to get input for the development of a paper and chart which describes the roles and relationships of different stakeholders in CPG development and implementation. At the summit, there was a technical review session on this topic and the MOH representative presented a brief summary of the paper. The general conclusion is that the Center for Health System Development (CHSD) EBM Unit has a leading role to play in coordinating CPG development but CPG implementation requires broader participation, can be largely decentralized to professional associations and health providers, and quality improvement techniques are very appropriate for CPG implementation. It was agreed with all stakeholders to determine a final strategy on the roles and relationships on CPG development and implementation before September and the next health summit.

ZdravPlus held meetings over the reporting period with the MOH Curative Department and the CHSD EBM Unit which resulted in agreement to continue close collaboration on:

- Clarifying and determining the roles and relationships of all stakeholders in health system involved in the processes of developing and implementing CPGs;
- Working with the educational institutions on introducing EBM into medical education, specifically focusing on clinical disciplines;
- The continued implementation of the CPGs in pilot sites;
- Supporting the development and operation of a CAR EBM Network.

Dialogue across countries continued on formation of the CAR EBM Network NGO headquartered in Kyrgyzstan as discussed at the December Regional EBM Conference in Bishkek. There are some issues across countries with membership and activities in an NGO established in another country. In addition, there is a lack of leadership among health sector decision makers within each country to support activities on disseminating EBM principles. Taking this into account and recognizing that this is a slow and evolving process, ZdravPlus decided to initially establish the CAR EBM Network virtually with the initial primary objective of electronic distribution of EBM/CPG information and ZdravPlus began working with partners to develop an EBM website which will freely provide evidence based approaches to healthcare practice, science, and policy to EBM specialists and other practitioners throughout the region. The nature and process of distributing and accessing information will inform the next step in establishing the CAR EBM Network.

### Evidence Based Nursing

STLI consultants, along with trainers from the Center for Family Nursing, completed the Medical-Surgical Nursing textbook and organized the publication of 2000 copies. Throughout March and April, trips were made to each oblast to announce the publication of the book and train key personnel on how best to use the text. This is the first comprehensive nursing guide to appear in Kyrgyzstan for decades and is eagerly awaited by the nursing schools throughout the country. The Center for Family Nursing started to distribute the text to other Central Asian countries: Tajikistan (500 copies) and Kazakhstan (50 copies).

### CPG Development

From December 2006 to April 2007, ZdravPlus coordinated the activities on the preparation of the package of materials for completing development of the CPG on Acute Asthma in Children. The CPG was reviewed jointly by the Pediatrics Association and STLI and was finalized.

ZdravPlus/STLI participated in a conference in April to review key national clinical protocols related to obstetric care. Because many of the current protocols are outdated and not consistent with WHO and current evidence-based recommendations, there is an urgent need to revise these protocols so that

doctors trained through the Making Pregnancy Safer/Promoting Effective Perinatal Care program can make the recommended changes in practice. Reviewed protocols include: physiologic pregnancy; preterm labor; multiple gestation; premature prelabor rupture of membranes; asymptomatic bacteriuria and pyelonephritis; arrested labor; mild preeclampsia; and postpartum hemorrhage. Also, an algorithm was developed for the treatment of preterm labor.

### **Quality Assurance- Medical Accreditation Committee (MAC)**

Over the reporting period, MAC conducted three workshops on the theme “Certification of Medical Services in Health Care Facilities” for representatives of health care facilities and for volunteer experts from MAC. A draft decree on “Accreditation of health care organizations’ laboratories” was developed and approved in January and a number of standards on accreditation of health care organizations which were also approved by MOH decree. Additionally, by the end of June 2007, MAC had accredited 227 health care facilities, including 94 hospitals, 83 FMCs, 36 independent FGPs, five sanatoriums, five dental clinics, and two centers of general practice.

### **Continuous Quality Improvement (CQI) – Hypertension and Asthma**

CQI activities on hypertension continue at the primary health care level throughout the country. In the first half of 2007, ZdravPlus/STLI continued to provide ongoing support to the FGPA in analyzing CQI results. In addition to the ongoing internal audits, each oblast-level branch of the FGPA conducted an external audit of thirty selected clinics involved in the hypertension CQI project. This was to compare blood pressure levels of patients before and after the CQI initiative. The results were encouraging, with an average reduction of systolic and diastolic blood pressures of 23.3 and 8.3, respectively, over the CQI project period.

In April, ZdravPlus/STLI worked with the FGPA to organize a working group for the development of CQI standards and indicators for the management of asthma/COPD, which will be the next CQI topic (following hypertension). The working group included CQI experts, FM trainers, practicing internists and pediatricians (retrained in FM), nurses, personnel from the EBM center, and a representative from the Finnish Lung Project. STLI helped to facilitate working group discussions to identify barriers to optimal asthma/COPD care and to outline processes currently in place. A presentation was given on quality indicators used for asthma in other countries and on how to develop high quality indicators. Assistance was then provided to the FGPA’s CQI director to narrow down the list of indicators identified by the working group and to develop instruments for conduction of the CQI rounds on asthma/COPD. In addition, the CHSD EBM Unit, Pediatrics Association, and other stakeholders started implementation of the CPG on Acute Asthma in Children in Aravan Rayon (Osh Oblast).

### **Pharmaceuticals**

In January and February, CitiHope International made deliveries of humanitarian drugs to 20 pilot FGPs in Bishkek and Panfilov and Sokuluk Rayons in Chui Oblast. The delivery included three types of medicine amounting to \$201,774. These medicines support the implementation of clinical protocols on diabetes mellitus (Gilburid/Metformin tablets), hypertension which is linked to CQI activities (Lisinopril, Fosinopril, USP), and peptic ulcer (Ranitidine, Claritromycin, USP). 1,755 patients received access to these free and GMP-standard quality medicines through local FGPs over the reporting period. Additionally, instructions for providers and patients were translated for both Fosinopril and Lisinopril (hypertension management), and 160 doctor and 160 patient instruction pamphlets were printed for the medicines received. Lastly, ZdravPlus/CitiHope International continued work on translating into Russian two pharmaceutical care books, *Social and Behavioral Aspects of Pharmaceutical Care* and *Developing Pharmacy Practice: A Focus on Patient Care*.

In March and April, 20 PCP pilot FGPs in Bishkek, Panfilov and Sokuluk rayons in Chui Oblast received donations of medicines valued at \$171,334.95. The delivery included the following three pharmaceuticals:

- Rocephin (ceftriaxone sodium) for injection, 500mg single use vials for IM or IV use, for treating 200 patients with gonorrhea;

- Fosinopril Sodium 40mg, for treatment of 500 patients with arterial hypertension;
- Omeprazole delayed release capsules, 10 mg (30 caps per bottle) for treatment of 500 patients with gastric ulcers.

1,200 patients received access to these free and GMP standard quality medicines.

ZdravPlus/CitiHope conducted a conference on “The Problems of Antibiotic Resistance in Kyrgyz Republic”. The conference was dedicated to the development of public policy on the rational use of antibiotics, a specific activity contained in Manas Taalimi. Representatives of the MOH, MHIF, KSMA, KSMIRCME, USAID, professional associations, and the Scientific Research Institute of Antimicrobial Chemotherapy at the Smolensk State Medical Academy took part in the conference. Working groups focused on public policy, strategy, and regulative rules, the rational use of antibiotics in hospitals, the rational use of antibiotics in outpatient care, the development of microbiological services, and the role of education in controlling increases in antibiotic resistance.

The ability to obtain, read, and understand medical texts in English is of vital importance in pharmaceutical care. Thus, selection and distribution of medical textbooks in English to the Drug Information Center is helping medical professionals read and understand drug information from reliable, easy-to-understand sources. The following donations were made over the reporting period:

- Merck Manual, 18th Edition – 10 books
- Drug Facts and Comparisons – 10 books
- Goodman & Gilman's The Pharmacological Basis of Therapeutics – 1 book
- Principles of Clinical Pharmacology, 2nd edition – 1 book
- United States Pharmacopeia: National Formulary 2006 – 1 book and supplemental material

### **Infectious Diseases: Tuberculosis (TB)**

ZdravPlus continued to provide technical assistance at the national level and participated in a series of meetings of the thematic working groups (TWG) on TB in prisons, MDR-TB, and TB Education. In particular, ZdravPlus, in collaboration with Project HOPE, contributed to the discussion of the problems of managing patients with poliresistant tuberculosis (PDR). The National TB Program agreed to improve drug resistance surveillance in both the prison and civilian sectors and develop a unified national strategy on MDR-TB and PDR-TB for Kyrgyzstan. Because of the joint work with the national TB Program and Project HOPE within the TWG on TB in Prisons, ZdravPlus engaged in policy dialogue with the office of the Prime Minister of Kyrgyzstan on approving a new governmental decree on improving interdepartmental and inter-sector collaboration between prison and civilian health and social services. The status of the decree is in progress at the time of this report.

ZdravPlus, in collaboration with Project HOPE, initiated operational research on DOTS institutionalization into medical education in Kyrgyzstan. The purpose of the study was to improve the existing DOTS training programs at the undergraduate and postgraduate levels for future and current health providers participating in both TB and PHC, especially for those directly providing TB care. ZdravPlus and Project Hope completed the review of training programs from the Kyrgyz State Medical Academy, the Kyrgyz-Russian Slavic University, and the Kyrgyz Postgraduate Medical Institute. Suggestions were made on improving the training curricula.

Changes and suggestions included drug resistant tuberculosis, TB-HIV co-infection, and DOTS organizational issues, such as role of PHC and collaboration between prison and civilian TB services. Preliminary results of the study were presented jointly with Project HOPE at a meeting of the TWG on TB Education. As of June 2007, the suggestions for training curricula were accepted by KSMA and KRSU for the 2007-2008 academic year. Similar suggestions for KPGMI are in progress.

ZdravPlus, in collaboration with Project HOPE, conducted a series of activities dedicated to World TB Day in March. In Zhail Rayon a roundtable was conducted for the heads of the village-level

administrative offices, rayon police, rayon migration services, rayon SES, and health services, (including PHC and TB services). The activities were designed to:

- Raise awareness of TB-related issues at the rayon level;
- Improve collaboration between health services (PHC and TB) and rayon police in tracking former prisoners who require continued post-release treatment;
- Improve social support for rural TB patients who receive DOTS treatment;
- Increase commitment to TB and PHC issues from the rayon administration.

ZdravPlus support for the pilot on integrating TB/DOTS into PHC in Zhail Rayon continued. The main purpose of the pilot is to identify barriers to integrating TB/DOTS follow-up treatment and find solutions for them. ZdravPlus plans to provide technical assistance in designing a joint agreement for Zhail Rayon health authorities to improve DOTS strategy implementation on the rayon level.

Finally, a TB conference was held in Kara-Balta for rayon-level PHC doctors and nurses and social workers on problem areas in TB treatment. The conference focused on drug resistant TB, patient adherence to treatment, DOTS treatment at the rayon level, and collaboration between rayon, oblast, and national health care providers.

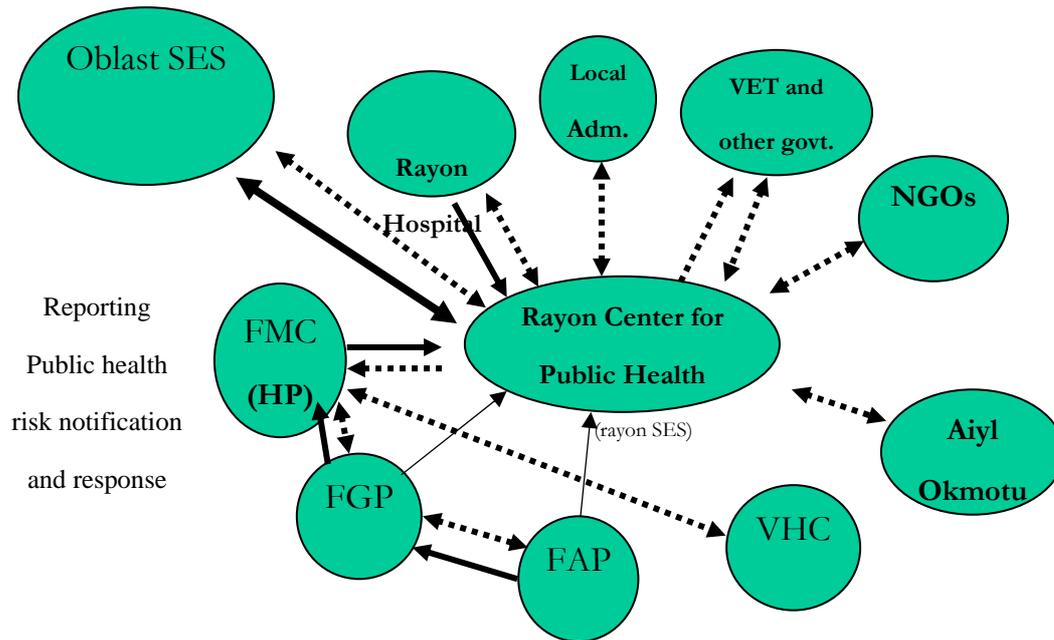
### **Public Health (SES)**

Over the last six months, work on the Manas Taalimi next generation priority of reforming and improving public health services, in particular, SES, accelerated. ZdravPlus is supporting 4 activities with the SES as follows:

- Broad Public Health System Structure and Financing -- conceptual development, institutional structure, roles, and relationships, and public health financing
- Bottom-up Approach – support implementation of a rayon-level pilot in Ton Rayon whose broad objectives are to restructure and realign public health services at the rayon level, show stakeholders that the SES can be a coordinator not a punitive controller, move analysis of data to the rayon level (as compared to just collecting and passing information up), and improve the public health response or action in specific areas.
- Connecting Public Health and Population and Community Involvement – connecting the rayon-level SES reform/improvement and Village Health Committee activities.
- Specific Service Delivery Activities – in collaboration with CDC and other donors/projects, periodically provide support for activities. Examples include supporting ongoing development of legal and regulatory base related to WTO accession, a working group working on revising undergraduate education, and a mapping of all laboratory facilities connected to laboratory procurement under the SWAp.

During the Manas Taalimi technical review in May, ZdravPlus and the Ton Rayon public health team presented a proposal for establishing an integrated public health service in the rayons. This model, illustrated in the chart below, proposes designating the rayon SES as the coordinator for public health information and response. ZdravPlus is currently working with the MOH Department of Public Health to determine the legal requirements for implementing this change.

### Proposed approach for an integrated rayon public health service\*



\* For priority health problems and risk factors.

Two seminars on public health were conducted in Ton Rayon in March and April. Participants at these seminars represented the oblast and rayon SES, FMC, FGPs, FAPs; oblast and rayon Health Promotion; the rayon Veterinary Department; local administration; the MOH Department of Public Health, and Republican SES. Participants were introduced to concepts of public health, the essentials of public health epidemiology, and risk factor analysis methods and tools. Participants also defined their individual roles and responsibilities for public health in the rayon. To initiate a coordinated planning process for better prevention and control of public health problems, the participants were assigned the task of preparing their own action plans for presentation at the next seminar. As a learning tool, brucellosis was chosen as the first public health issue to confront in a coordinated approach in the rayon. The rayon SES epidemiology unit was also assigned the task of better defining the risk factors and risk groups for brucellosis in the rayon. These actions will allow for a more targeted approach for both disease control and health promotion.

In subsequent seminars held in May, participants conceptualized an action plan for better controlling brucellosis in the rayon. This action plan was later endorsed by the local rayon administration. The integrated action plan is being monitored during periodic visits by ZdravPlus and the national, oblast, and rayon pilot project team. In July, participants will present the actions they have carried out. Based on this experience, the Ton Rayon public health team will be able to carry out an integrated approach for other public health problems in the rayon, such as: maternal anemia, iodine deficiency, hypertension, nutrition, hepatitis, and clean water and sanitation. The Ton Rayon integrated public health action plan will be expanded in September to include iodine deficiency and clean water. Both of these activities are closely linked with the VHCs, and thus will help better link the rayon SES and VHCs on public health issues.

To further strengthen disease surveillance in the rayon, ZdravPlus provided two computers to the Ton rayon SES. In addition, the project assisted with establishing Internet connection for the rayon so that they can now report electronically to the Oblast SES. ZdravPlus is also providing on-the-job computer training for SES staff through a local consultant, who is also a member of the oblast health promotion team. ZdravPlus is working directly with the National SES to provide training and to improve use of the SES computerized surveillance program.

Since February 2007, rayon SES and Health Promotion Units (HPUs) have been making joint visits to health facilities and to Village Health Committees (VHCs) in Ton Rayon, Issyk-Kul Oblast, (the pilot area for ZdravPlus work in SES reform and public health). This is the first time that SES and Health Promotion staff have worked together at the rayon level. In addition, it is the first time that SES and VHC volunteers have engaged in activities together. As SES lacks funding and transport, this sharing of resources provides SES with the opportunity to do field work and to supervise health facilities. During these joint visits, the SES, Health Promotion, and Village Health Committee representatives have enthusiastically expressed interest in working together to improve health in the community.

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## **Population and Community Health**

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The overall ZdravPlus strategy for Population and Community Health is contributing to further development and expansion of Village Health Committees, recognized by Manas Taalimi as the primary model for community-level health actions. In collaboration with the Swiss-funded project who developed the model with Kyrgyz partners, ZdravPlus is rolling-out the Village Health Committee model to Issyk-Kul and Jalal-Abad Oblasts. Full support for roll-out to Jalal-Abad is jeopardized by budget reductions and we're engaging in dialogue with the Swiss Project and other donors/projects on how to address this budget shortfall in Jalal-Abad Oblast.

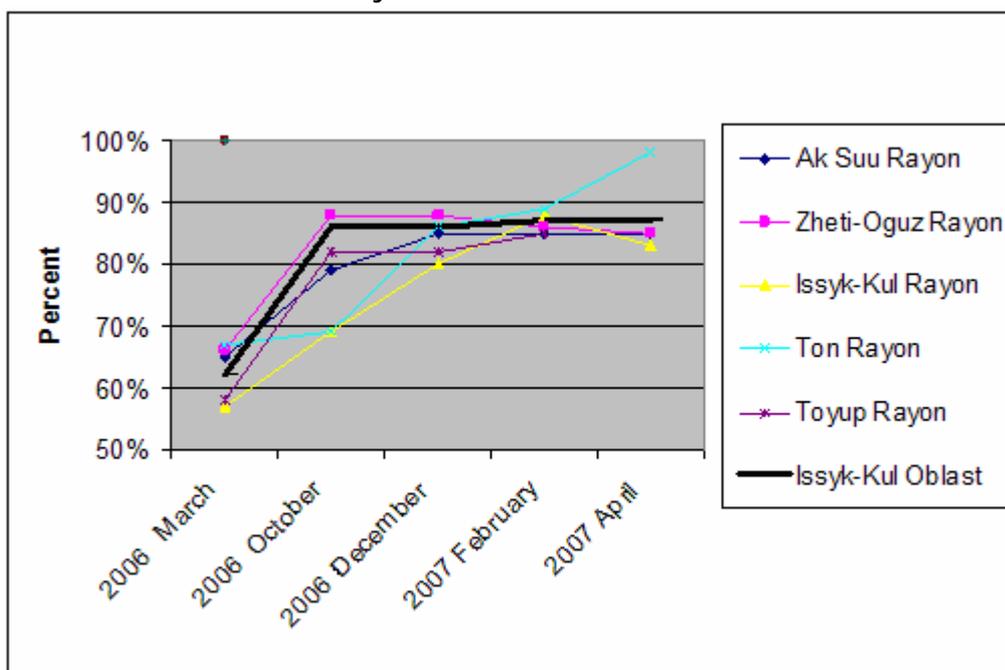
### **Village Health Committees (VHC)**

#### Issyk-Kul Oblast

In January and February, a VHC anti-smoking campaign in Issyk-Kul Oblast began. TOTs for the campaign were conducted for FGP/FAP trainers and operational research on tobacco use in the oblast undertaken. Monitoring of the ongoing brucellosis campaign was also carried out over the reporting period by collecting data on the use of separate disinfected areas for lambing, the use of gloves, and the digging of pits for disposal of placenta.

In March and April, two seminars were conducted at the oblast and village level in IKO: a seminar for the second iodized salt campaign and seminars on VHC self assessment. The iodized salt seminar focused on comparing iodized salt consumption data with the previous year's data, comparing data on the quantity of non-iodized salt in shops, and on planning measures for eliminating non-iodized salt from shops. From March 5 to 29, Health Promotion Units' (HPU) specialists visited VHCs to monitor the Salt Campaign activity. The iodized salt campaign has thus far been highly successful in increasing the use of iodized salt and increasing the availability of iodized salt in shops (60% availability in March 2006 as compared to 87% in April 2007).

### Availability of Iodized Salt in Stores in IKO



VHCs and Health promotion specialists have also been collecting data on the brands of non-iodized salt found in shops in IKO. Ongoing discussion with rayon and oblast SES continues on how to better monitor iodized salt in the oblast.

In March, five Rayon Health Committees (RHCs) were established in IKO. RHCs are comprised of elected VHC board members who serve as chairman, deputy, secretary and accountant, among others. RHCs will coordinate health activities on the rayon level and help VHCs collaborate and share experience. RHCs will eventually be registered as NGOs, which can work with the Republican Health Promotion Center (RHPC) and Oblast Health Promotion Center (OHPC) on national and local health actions.

In February-May, development of two new activities to strengthen VHC work began: a VHC emblem competition and a new sports component for youth. Both of these activities were completed by May. The VHC emblem competition allowed VHCs to create and submit an emblem in order to win a small financial prize to be used for their organization's development. The youth sports component comprised a series of sport days – complete with relevant health messages – which were organized for villages with highly active VHCs. The goal of the latter component was to increase interest in sports in the oblast and to increase IKO communities' interest in the activities of VHCs. Participants were informed of the VHC's activity, the previous year's results, and were called to join this activity for health in the community.

In April and May, ZdravPlus and active VHCs implemented the sport days among youth in Jety-Oguz, Ton, Tyup, Issyk-Kul, and Ak-Suu rayons. Youth from different villages were given the opportunity to compete against each other in football, basketball, and volleyball. Key health lessons, posters, and brochures were given at halftime. All participating teams were awarded balls and nets. The villages in which sports days were held were chosen based on past participation levels in the VHC program. Many VHCs which were not chosen have expressed a desire to host a game day in the future. The sport days proved to be a positive motivating factor for VHC work and a way to publicize VHC activities among the population. ZdravPlus and the VHCs are currently exploring ways to develop a sustainable regional sports program.

Beginning in June, the ZdravPlus and the Global Fund began implementing a malaria campaign throughout the oblast. The campaign is focusing on: training and informing the population on the prevention and control of malaria vectors; planning and taking measures at the village level in collaboration with local authorities; and creating action groups in each village which will lead ongoing malaria campaigns in the villages.

### Jalalabat Oblast

During January and February, ZdravPlus continued to establish the VHC model in Jalalabat Oblast. Fifty one VHCs in Bazar-Korgon and 93 VHCs in Nooken were successfully established, and 1,883 participatory rural appraisal (PRA) sessions were completed. PRA sessions revealed the following top ten diseases and health determinants as the top concerns in the Bazar-Korgon and Nooken rayons (listed below in the terminology and order of frequency as selected by villages).

**Top Ten Diseases and Health Determinants as Identified by  
Bazar-Korgon Rayon and Nooken Rayon PRA Sessions**

Diseases	Health Determinants
Hypertension	Clean water
Goiter and Iodine deficiency	Quality health care
Anemia	Information
Kidney-related diseases	Medicines
Women's diseases	Proper nutrition
Flu	Cleanliness
Arthritis	Family planning
Heart-related issues	Banya
Intestinal diseases & diarrhea	Heating
Brucellosis	Telephone services

In February, ZdravPlus began the iodized salt campaign in Jalalabat Oblast to address iodine deficiency. ZdravPlus provided TOT on conducting the iodine salt campaign through the VHC model for eight HPU specialists and three oblast-level VHC trainers. This was followed closely by a TOT for FGP/FAP trainers and finally VHC board members.

In March, the first round of data collection for the iodized salt campaign was completed in Bazar-Korgon and Nooken Rayons and compiled and sent to Bishkek for analysis. The population was also trained on the importance of using iodized salt, how to store it, and how to use the test kits at the shops and in their homes.

Also in March, ZdravPlus, in collaboration with the Global Fund, began a malaria campaign in Jalalabat Oblast, which is being implemented through the VHC program. As irrigation and rice production is high in Jalalabat and rice fields serve as efficient breeding places for malaria vectors, malaria continued to be a health concern in the oblast. The campaign is focused on educating the population on the importance of using screens over the windows, mosquito nets over their beds and on the importance of eliminating puddles and other areas where water collects on their property. In May, HPUs reported that although knowledge about the malaria among the population is low, villages are very eager to learn about prevention measures. Campaign data will be analyzed over the summer.

On June 12 2007, HPUs received nutrition training in preparation for the nutrition campaign in the oblast. HPUs will train VHCs in household nutrition analysis with results of the training expected in July or August.

HPUs have also begun submitting articles on their work to local papers: *Jalalabat Tongi* and *Arslanbob tongi* released two articles on iodine salt and malaria. Also, local radio has agreed to broadcast discussions on iodine deficiency, tuberculosis, smoking, drugs, malaria, and eating well.

### National

ZdravPlus and the Swiss Red Cross continue to work closely on the national monitoring and evaluation database. Training of trainers has begun throughout the country, as has a review of the proper monitoring techniques. The database will eventually be housed and managed by the RHPC (Figure 4) and will include a reporting feature which will allow stakeholders to generate reports on any health actions being undertaken in each oblast.

Lastly, ZdravPlus/STLI consultants continued to work closely with Swiss Red Cross consultants to coordinate the FGP and FAP CQI efforts with the VHC initiatives.

### **Healthy Schools**

In March and April, presentations and a working meeting at School #70 were provided on the implementation of the Healthy Schools Program in Kyrgyzstan. Achievements and problems of the Project were discussed. WHO/Euro representatives visited Computer Gymnasium #5 where they were acquainted with the administration and teachers. They attended a class on health culture for the third grade as well as a health lesson for the fifth grade .

On March 1-2, 2007, an international workshop on “The Strategy in the Health Care Sector and Children’s Health” was held in Bishkek at the Golden Dragon Hotel, arranged by WHO/Euro. ZdravPlus made a presentation on the implementation of Healthy Schools Program in Kyrgyzstan. The workshop participants were very interested in the program.

March 27-30, 2007 health culture teachers participated in a workshop on “Course Development on Dealing with Wrong Health Behavior of School Students,” which was arranged by the Ministry of Education.

In April, a training program on health and physical education was completed for tenth grade students.

### **UPCOMING EVENTS FOR JULY AND AUGUST**

July 4-7	Conduct the third workshop on public health in Ton Rayon
July 19-20	Working visit to Ton Rayon by ZdravPlus and the MOH SES team to monitor implementation of rayon public health action plan
June 1- July 15	Conduct mentoring visits in PEPC sites
July 8-14	Workshop on HR database in Batken Oblast
July-August TBD	Conduct practical workshops for public health and TB organizations in Osh, Jalalabat and Batken oblasts.
August 1-12	Workshops on HR in Naryn and Issyk-Kul Oblasts
August 20	Family planning training, Ton Rayon

## **TAJIKISTAN**

### **Six-month Report**

### **January - June 2007**

The overall program strategy of national level or top-down stewardship, resource use, and some service delivery activities creating synergies with facility-level or bottom up development of Centers of Excellence to serve as service delivery models, build capacity and ownerships, and provide results to demonstrate reforms and trigger roll-out continues to produce results. This strategy was developed specifically for the Tajikistan environment which is characterized by an extremely low health budget, low capacity, political maneuvering, difficulty in donor/project collaboration and minimal implementation experience largely due to the civil war. It is largely consistent with the ZdravPlus regional health reform model, the main difference being that pilots are at the facility level not the oblast or rayon level. Implementing activities in Tajikistan continues to be challenging due to low implementation capacity and an often difficult operational environment. During the reporting period the new minister replaced many of the department heads and key position holders. Despite this difficult transition, ZdravPlus contributed to a number of significant gains in the health reform process during the first half of 2007.

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

In the Service Delivery Component, training of family medicine trainers, retraining and CME for family doctors and nurses, development of a new hypertension CPG informed by quality improvement processes, and implementation of a number of rational drug use activities continued. The ZdravPlus Center of Excellence Model was replicated by SDC-funded Project Sino in pilot rayons and ZdravPlus is providing assistance to the Aga Khan Foundation to enable them to establish a similar facility in Khorog. ZdravPlus continued implementation of safe motherhood in pilot faculties in Dushanbe City and Yavan Rayon in Khatlon Oblast, working with providers to monitor integration of WHO Promoting Effective Perinatal Care (PEPC) protocols and to evaluate their effect on improving health outcomes in women and newborns. In addition, 42 health care providers were trained on Family-Oriented Antenatal Care and Prenatal Classes in June. In the Population and Community Health Component, activities focused on assistance in development of Basic Benefit Package promotion material, promoting family medicine, development of the Family Medicine Associations, and health promotion focused on service delivery priorities.

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### **Stewardship**

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Two regulatory documents developed by ZdravPlus/Socium Consult in collaboration with the MOH and MOF were approved by joint decree of the MOH and MOF in March 2007. These documents were developed in the framework of the "Strategy of Health Care Financing in the Republic of Tajikistan for the period 2005-2015." The decree creates a legal base for implementation of a PHC per capita financing system in six pilot rayons, including Kulob and Dangara in Khatlon Oblast, Asht and Spitamen in Sogd Oblast, and Rasht and Varzob in the Rayons of Republican Subordination (RRS). The two documents define per capita calculation methodology and budget formation and allocation for PHC. The per capita calculation methodology includes a simple capitated rate plus an age/sex adjustor for three priority groups: children, women of reproductive age, and the elderly. The budget formation and allocation document mandates the separation of the PHC budget from the overall health care budget, the creation of a separate smeta (budget plan) for PHC, and the formulation and allocation of the PHC budget on a per capita basis.

In 2005, under pressure from the Tajikistan Government, the MOH introduced a new Basic Benefit Package (BBP) including formal population copayments. It was premature as health financing

reforms had not yet enabled a connection between provider payment and benefits or entitlements and there were only minimal changes in service delivery. The formal copayments were cancelled and the MOH was directed to develop a new BBP copayment plan. ZdravPlus engaged in intense policy dialogue resulting in agreement with Tajik stakeholders that the reintroduction of the BBP with formal copayments would be linked to the introduction of health financing reform and initiated in pilot rayons as compared to national implementation.

ZdravPlus participated in a BBP working group (WG) and initially the process went fairly well with the WG deciding on 7 copayment categories and ZdravPlus providing preliminary calculations of copayment amounts. However, a change in minister and other political maneuvering led to a last minute change and the MOH submission of a BBP copayment structure to the Government consisting of 200 copayment categories. The 200 categories was not a good health policy decision as it would be difficult or impossible for the population to be educated on all these categories. In addition, by definition they would be retrospectively determined based on diagnosis, removing one of the major advantages of formal copayments – increased transparency as the population would know what they needed to pay before entering the hospital. The World Bank and USAID as well as other donors collaborated very well to engage in policy dialogue and submit a letter to the MOH outlining the disadvantages of the 200 categories. Eventually, a decree for a new BBP including 8 copayment categories was approved by the Government in March 2007. BBP and formal copayment reintroduction will still be an uphill battle, but this policy dialogue process and ultimate decision significantly increases the chances of success and USAID involvement was critical to the outcome.

Other stewardship activities include:

- Ongoing policy dialogue on a number of issues
- Support to working groups
- Development of legal and regulatory framework
- Institutional structure, roles, and relationships including establishing a health purchaser, the status of the EBM Center and Drug Information Center, and rayon PHC structure
- Collaboration with World Bank and Kyrgyzstan Center for Health System Development on establishing policy analysis and monitoring and evaluation functions.

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## Resource Use

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### Health Care Financing

During the World Bank mission in February, ZdravPlus and the World Bank discussed and agreed on next steps to introducing health financing reforms. Additionally, ZdravPlus and the WB PIU developed, agreed and have started implementing a detailed step-by-step joint implementation plan to initiate implementation of health finance reforms in pilot rayons, including per capita financing for PHC. According to the ZdravPlus/Socium Consult and World Bank PIU joint implementation plan for the legal framework discussed in the Stewardship section, the ZdravPlus/Socium Consult team and WB PIU republican- and oblast-level teams conducted introductory workshops on per capita financing in Spitamen and Kulob rayons. At the same time, the group performed all calculations and developed rayon-level regulatory documents to prepare for changing funds flow for PHC facilities starting from the third quarter of the year. Oblast Health Department representatives and the Project Sino Health Finance Specialist also participated in the workshops. In addition, ZdravPlus/Socium Consult, in collaboration with the ADB PMU, conducted similar activities in Kulob Rayon.

In addition, ZdravPlus specialists assisted MOH to develop and calculate copayment categories, copayment regulations, and instructions related to implementing the BBP. The structure of the copayment categories follow the recommendations and structure suggested by ZdravPlus in agreement with PIU WB, PMU ADB and other key stakeholders. BBP implementation started on June 1, 2007. Finally, dialogue on next steps including pooling of funds at the oblast level and a case-based hospital payment system was initiated.

## Health Information Systems and Cost Accounting

ZdravPlus, in collaboration with the MOH Medical Statistics Department, continued working on the creation and implementation of improved health information systems to support a new provider payment system for inpatient care as well as improved management at the facility level. This implementation of a new automated hospital clinical database improves routine health statistics, prepares for implementation of a new case-based hospital payment system, and improves internal hospital management by enabling the hospital to have day-by-day information on the number of patients seen by clinical departments, the number of free and occupied beds, and patient movement within the hospital. Pilot hospitals have continued collecting clinical data (see table below). To date, more than 354,000 clinical cases have been entered into the hospital clinical database.

**Pilot Health Facility Number of Cases**

Pilot Health Facility	Number of cases
Dyakov's Republican Clinical Hospital	91,190
Kurgan-Tube Oblast Hospital	40,933
Khujand Oblast Hospital	43,364
Leninsky (Rudaki) CRH	26,566
Khuroson CRH	9,812
Vaksh CRH	14,425
Kolkhozabad CRH	21,231
Bokhtar CRH	11,348
Kurgantube city hospital	12,454
Jomi CRH	11,677
Yovon CRH	25,222
Kumsangir CRH	13,621
Jilikul CRH	10,312
Kabodiyon CRH	10,371
Shahrituz CRH	12,320
<b>Total</b>	<b>354,846</b>

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## Service Delivery

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### Medical Education

#### Undergraduate and Graduate Medical Education

During the reporting period, ZdravPlus supported the MOH in reviewing the Medical and Pharmaceutical Education Concept, developed in 2004 (Prikaz #423), with the aim of restructuring the Tajik State Medical University (TSMU) to enable it to produce better quality medical personnel. A ZdravPlus team of local and international consultants, including representatives from the Morehouse School of Medicine undertook an assessment of TSMU in June. The team assessed the current structure of undergraduate medical education (length to graduation, curriculums, clinical bases, education resources, Internet accesses, etc.) and also the relationship between undergraduate and graduate medical education. A full report of the assessment will be available in July.

#### Postgraduate Medical Education/Family Medicine Trainers

ZdravPlus continued ongoing faculty development activities for both FM doctor and nurse trainers in all education structures focusing on improving clinical knowledge in key areas as well as trainers' teaching skills. ZdravPlus conducted two roundtables on "Teaching Methods: How to Give Good Lectures" (one in Dushanbe on March 10 and another in Khujand on April 18), which benefited from the involvement of ZdravPlus international consultants and PGMI FM trainers. Trainers' feedback indicated that roundtables are an effective tool for improving trainers' skills, as unfortunately not all FM trainers have passed the TOT course.

## **Family Medicine Physician and Nurse Development**

### Training of FM Trainers at Dushanbe CHC #1

The current training of trainers (TOT) course finished in May. TOT trainees are now very confident with their new role as trainers; however they have expressed concern that once they leave the PGMI, they may find themselves in an environment that is not as suitable for teaching as the one they became accustomed to at CHC #1. The most problematic issue is that adequate patient flow, which is essential to enabling trainees' practical sessions with patients, is not always available in many training centers. In an attempt to resolve this issue, ZdravPlus initiated a series of meetings with the MOH Reform Unit specialist and the head of PGMI FM faculty to express concerns regarding completing the assignment of 15,000 patients to the Sugd Oblast Training Center.

### Family Medicine Specialist Retraining Konibodom

On March 27, a graduation ceremony was held for the first group of eight family doctors of Konibodom CHC #1 completing the six-month retraining course. Course participants and supervisors highlighted the fact that the training had prepared the graduates to provide high quality medical services and to promote the concept of family medicine to the population of Konibodom. Two family doctors from this first group will now undertake the 11-month Family Medicine TOT course in Dushanbe, which will further ensure the sustainability of the six-month retraining program as well as continuing medical education in Konibodom and nearby districts.

The second six-month FM retraining course in Konibodom commenced in April and includes seven doctors from CHC #1 and five doctors from CHC #2 in Konibodom. The practical training component for this second group is being conducted at the second FM Department of Konibodom's CHC #1, which was recently renovated and reorganized by the Center's management using local funds and limited amount of ZdravPlus-financed furniture and medical equipment.

### Physician and Nurse CME Conferences

Over the past six months, ZdravPlus continued to support monthly CME conferences for family doctors as well as other PHC workers and current FM trainees in Dushanbe and Sugd Oblast. Six topics included bronchial asthma, depression, diabetes, urinary tract infection, TB for PHC providers, and "Current approaches to treating irritable/crying infants, including prenatal encephalopathy (PEP) and infant colic." These conferences were presented by ZdravPlus International consultants and local PGMI trainers from Dushanbe and Sugd Oblast.

The topic of PEP was extremely important given the over diagnosis of this illness and the resulting over treatment which often does greater harm to children. The presentation aimed to encourage FDs to treat children for the symptoms observed at the time of consultation and only refer for further consultation when needed. Feedback received from participants was very positive. FDs commented that they now have new information and feel more confident in their ability to manage patients and justify their diagnoses to specialist colleagues. One neurologist who participated in the conference commented that the presentation had a great impact on his understanding of PEP and that the presentation should also be presented for neurologists – especially those who work on the hospital level.

ZdravPlus also supported monthly CME conferences for nurses during the first half of the year. Conferences on risk factors for early hypotrophy, "diabetes and nursing care," nutrition for pregnant women and children, and measles were conducted in Dushanbe by trainers from PGMI and the Republican Nursing School with organizational support from City FM Center and Dushanbe Family Medicine Association. Nurse participants continue to comment on the importance of CME as the conferences are one of the only ongoing opportunities they have to improve their knowledge and skills.

### Other Nursing Activities

ZdravPlus continues to support Republican Nursing Center and over the reporting period funded Internet access for the Center, which allows staff to communicate with regional centers with much greater ease. ZdravPlus also provided Republican Nursing Center with a limited donation of office furniture.

In May and June three interpersonal communicational skills (IPCS) training sessions were provided to 39 family doctors and family nurses working in City Health Centers. The aim of the training was to increase the capacity of health workers to engage patients and the population, which in turn enables them to better implement other national programs that require solid IPC skills, such as IMCI and TB. In particular the training will support UNICEF activities implementing third-component IMCI strategies that focus on working with population.

In May, a nine-day IMCI training for 20 doctors from Dushanbe City Health Centers and the City IMCI Center was conducted with joint funding from UNICEF. This was the first IMCI training provided for Dushanbe health workers and made a significant impact on strengthening the skills of Dushanbe IMCI Center staff, and the capacity of the Center as an institution. Following the training, participants conducted mini-trainings of their own for family doctors and other Health Center workers with a focus on diarrhea. In addition, ZdravPlus supported the provision of information material (the "Leaflet for Mothers"), which was delivered to all City Health Centers.

### **Centers of Excellence (COE)**

The Centers of Excellence model introduced by ZdravPlus in Dushanbe and Konibodom continued to create interest with other donors over the first half of the year. Both the SDC-funded Project Sino and AKF have familiarized themselves with COE model. Project Sino is working to replicate the model in Tursunzade using PGMI trainers and AKF plan to introduce a similar activity in GBAO soon. ZdravPlus experts have agreed to provide advice and technical background to the two organizations as they move forward. This collaborative roll-out is further evidence that the implementation strategy adopted by ZdravPlus to fit the unique and difficult Tajikistan environment appears to be working although it is still at an early stage.

#### Dushanbe City Health Center #1 (CHC#1)

Best practices introduced at the PGMI FMTC and the two family medicine departments of CHC #1 continue to be transferred to the other four family medicine departments located at the same facility. This has resulted not only in structural changes but also improved clinical and management practices among staff. In addition, CHC #1 has initiated a system of analysis of the main health and service indicators over the last three years. The process has already highlighted a number of important steps that must be taken in order to continue improving service delivery at the Center.

#### Konibodom City Health Center #1 (CHC #1)

The first Family Medicine retraining program at CHC #1 in Konibodom was completed in March. There are, however, some areas that need to be improved upon and which require ongoing, systematic monitoring and evaluation. One issue that has arisen is the need for closer collaboration between family doctors and specialists. Steps are now being taken to ensure that specialists are included in meetings to discuss methods for improving clinical practices, referral patterns, preventive services, and collaboration among different specialists.

### **Quality Improvement and Hypertension**

In the first half of 2007 ZdravPlus continued to render technical assistance to QI teams in Konibodom and Dushanbe PHC facilities. During this period health care providers introduced interventions to improve the quality of services and monitor clinical effectiveness against selected indicators on hypertension management.

Dushanbe CHC #1 implemented activities to improve patients' adherence to AH treatment through the use of patient's diaries. The diary encourages patients to take an active role in controlling their condition – both in terms of pharmaceutical therapy and lifestyle recommendations about diet and exercise. The results have shown an increase in the rate in patient's life style modification: recorded physical activity was 71.3% in March vs. 9% in November. In March 65% of patients took their medicine as prescribed vs. 50% in November. In addition, the QI team at the Dushanbe City Family Medicine Center continued to observe blood glucose test prescription rates among patients newly diagnosed with AH. The intervention identified in the last QI training included informing regularly health staff of the Dushanbe Central Polyclinic on lab tests needed for AH patients. The rate of blood

sugar tests has greatly increased since the last observation (-98.5% in March 2007 vs. 76.6% in November 2006).

Two QI teams in Konibodom monitored two indicators on a monthly basis: AH screening coverage in adults over 18 years of age and providers' compliance to the blood pressure measurement guidelines. Providers also analyzed the causes of a short-term decrease AH screening figures (60.1% in March and 38.7% in April) which was determined to be caused by a lack of necessary equipment in the screening room and some degree of inadequate compliance with procedures on the part of nurses. Measures were taken to correct these problems.

After being informed of the results of the AH baseline assessment conducted by AH working group members with ZdravPlus support, the QI teams drafted "patient pathway" sheets for their facilities. This tool is intended to be shown and explained to patients to describe the care they are entitled to receive at their health center. It helps patients to predict and prepare for the process of complying with AH treatment and monitoring and also serves as a reminder for health providers.

In late May, ZdravPlus supported Dushanbe City Health Administration in conducting an "Introduction to Quality Improvement Session" for Head Doctors of PHC facilities located in the city. Participants were introduced to continuous quality improvement and associated tools and concepts. Three QI teams based in Dushanbe shared their experience in implementing pilot QI projects focused on AH.

A ZdravPlus regional QI specialist conducted QI trainings for providers at the family medicine pilot facilities in Dushanbe and Konibodom, lending support to their initiation of quality improvement projects for arterial hypertension (AH). As a result, at least three facilities in Tajikistan are currently monitoring different aspects of AH patient care. Indicators include: the proportion of patients screened for AH; the proportion of patients that have learned self-help skills; and the proportion of pregnant women screened for proteinuria.

In collaboration with the Tajikistan EBM Center, ZdravPlus conducted an assessment on quality of care for patients with AH in two facilities. A comprehensive assessment tool based on the AH CPG was developed and tested during two assessments. These assessments have proved the validity of the tool so that it can be used both for internal and external monitoring of quality of care for patients with AH. Results so far are promising, but a number of changes were needed in order to raise the standard of the QI practices being implemented. ZdravPlus will continue to provide support and advice to the three sites, and expects to see positive results – not only in terms of the indicators, but also in terms of improved staff organization and understanding of EBM and CPG concepts.

## **MCH**

Following the Effective Perinatal Care Training held in 2006, ZdravPlus organized follow-up visits to Safe Motherhood (SM) pilot maternities, including the Maternity Ward of the Dushanbe CMC, National Septic-Observational Maternity, Maternity House #3 and the Maternity Ward of Yavan Central Rayon Hospital in Khatlon. The aim of the visits was to observe progress achieved by the teams in implementing WHO Effective Perinatal Care recommendations. The monitoring visits were made possible in part through the expertise provided by an associate professor of the Ob/Gyn Department of Tajik State Medical University who had also served as national PEPC co-facilitator. During the visits, the monitoring team and health care providers explored the extent to which PEPC trainees had implemented activities according to action plans developed during the initial training. In accordance with the action plans, former trainees share information with their colleagues on filling in partographs, the demedicalization of deliveries, preventing hospital infections, newborn care including thermal control and warm chain, resuscitation, etc. As a result of this exchange of experiences, the teams provided recommendations on developing more efficient approaches to management at the maternity houses and improving the clinical practices of Ob/Gyns, midwives, and neonatologists. An initiative group from a set of PEPC trainees is to be established to monitor the implementation process and share experience and best practices.

Most of PEPC health providers understand the role of PHC role in delivering antenatal care that is consistent with care delivered on the hospital level in order that pregnant women and their partners are prepared to give birth under convenient and safe circumstances. As such, as a next step in Making Pregnancy Safer (MPS) activities, ZP provided technical assistance to the Dushanbe City Health Administration in conducting a June, 2007 course on “Family-Oriented Antenatal Care and Prenatal Classes.” Within two six-day trainings a total of 42 PHC health providers from Dushanbe including Ob/Gyns, midwives and family doctors were trained on WHO-recommended prenatal exams and tests, antenatal pathology conditions and infections, rational drug use in pregnancy, patient counseling and education in the antenatal and postnatal period, and contraception issues. The practical component of the training included sessions on relaxation, birth positions and movement during labor and delivery and pain management. By the end of the training, every health facility presented an action plan to organize prenatal classes for pregnant women and couples in their facilities.

## **Tuberculosis (TB)**

### DOTS training

In February, ZdravPlus and Project Hope in collaboration with the Republican TB Center organized and conducted two three-day DOTS trainings for 22 Dushanbe CHC #1 family doctors. A Project Hope TB specialist provided technical assistance in monitoring the training and providing feedback to Republican TB Center trainers. The intensive training included modules on: 1) the epidemiology of TB and the DOTS strategy; 2) TB diagnostic methods; 3) the principals of TB treatment; 4) doctors’ responsibility for patients’ adherence to treatment; 5) reporting forms; 6) the role of family doctors in TB diagnosis and treatment; and 7) prevention of TB. Pre-test knowledge results for the first training group and second training group were 33.6% and 31.0%, respectively, as compared to 92.8% and 91.4% at post-test.

### Interpersonal Communication Skills (IPCS) training

In order to increase the IPCS training skills of TB trainers, in March ZdravPlus conducted a five-day IPCS TOT – funded jointly by ZdravPlus and Project Hope – for TB/DOTS trainers, TB doctors, and trainers from partner organizations (Project Sino, Project HOPE, American Red Cross, International Federation of the Red Cross and Red Crescent Societies, Republican Healthy Lifestyle Center, and the Republican Nursing Center). Twenty-four participants took part in the training, including representatives from the Republican TB Center and the regional TB Centers of Sugd and Khatlon Oblasts. The training included the following modules: 1) introduction to IPC; 2) basic concepts and techniques; 3) the communication process; 4) adult learning and training; 5) the characteristics of a good trainer; and 6) participatory training methodologies. On the fourth and fifth days of the training, trainees practiced applying their new skills under normal conditions with seven doctors and nurses from Dushanbe City health centers.

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

### Hypertension CPG

From January to June 2007, ZdravPlus continued to provide technical assistance to the Arterial Hypertension (AH) CPG working group. Five meetings were conducted to finalize guidelines developed for AH in adults, which benefited from comments provided by two ZdravPlus international family medicine consultants and local health specialists in obstetrics/gynecology and endocrinology. The guideline developers made final amendments regarding diagnostic tests, pharmacologic treatment, management of emergency hypertensive care, and hypertensive disorders in pregnancy. In addition, the group developed plans for: 1) CPG design; 2) supporting materials, including reference cards and stickers for PHC doctors and nurses; 3) health education booklets for patients and the population; 4) educational outreach for pilot facilities, including one-day seminars for PHC health providers; and 5) IPC trainings for nurses. The final version of the CPG was submitted to the MOH for approval in June.

Draft national methodology on CPG development was designed to guide CPG developers and ensure the application of EBM principles in the development process. Members of the AH WG along with EBM Center specialists commented on and contributed to the methodology. After submission of the final draft, the Ministry of Health initiated a roundtable to discuss the methodology. Heads and leading specialists of MOH Departments (Service Delivery, Health Reform Coordination and Planning,

Pharmacy, and MCH) as well as the Chair of AH CPG Working Group, EBM Center Coordinator, and ZdravPlus representatives participated at the meeting. Participants shared their views regarding methodology document and CPG development and implementation process. The methodology is being considered for approval by Ministry of Health.

Several steps have been made in preparation for CPG implementation in two ZdravPlus pilot facilities. ZdravPlus identified a total of 23 standards and quality indicators (fourteen for AH in adults and nine for gestational hypertension) for AH diagnosis, management and prevention. Based on consensus reached by WG members, nine key indicators (seven for AH in adults and two for gestational hypertension) were chosen for monitoring. In collaboration with EBM Center specialists and the ZdravPlus Regional QI Manager, working group members designed three types of assessment instruments to be used to measure the baseline level of care provided to hypertensive patients at pilot facilities. The baseline assessment was conducted with the involvement of QI teams based in the health centers.

#### EBM Center

Following the CAR EBM Conference held in Bishkek, Kyrgyzstan, in December 2006, ZdravPlus assisted in disseminating the EBM Conference Resolution and other conference materials to a variety of stakeholders throughout Tajikistan, including the MOH, Academy of Science, medical educational establishments, research institutes, PHC facilities, professional medical associations and international organizations.

To support the introduction and promotion of evidence-based medicine (EBM) among students, teachers, and researchers, ZdravPlus continued to assist the EBM Center. Within their regular activities, EBM Center staff visited three departments of the Tajik State Medical University and conducted a survey of 47 faculty members and medical students to assess respondents understanding of key EBM principles. Over 150 users – including medical undergraduate, masters and doctoral students and TSMU faculty members – attended the Center to search scientific data from the Internet and Cochrane Library database. A number of health researchers were assisted in searching databases to complete their dissertations.

The EBM Center has contributed extensively to the CPG Development Methodology, working in close collaboration with AH guidelines developers and providing useful recommendations at the roundtable held at the MOH. In addition, Center staff are now working introductory EBM course to be delivered to PHC providers within the framework of the AH CPG implementation process.

The following activities also benefited from EBM Center expertise:

- AH baseline assessment in the Konibodom and Dushanbe COEs
- Revision of the National Formulary of Tajikistan
- Family-oriented Antenatal Care and Prenatal Classes Training held in June

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

Month	Name of Event and Key Partner	No. of Participants	Topics Covered/Discussed
February March	EBM introductory workshop – with TSMU Health Research Unit	33 Health Researchers	<ul style="list-style-type: none"> <li>• EBM principals</li> <li>• Critical appraisal of medical literature</li> </ul>
March	Health Research and Evidence-Based Medicine Roundtable	26 Heads of TSMU Departments and Associate Professors	<ul style="list-style-type: none"> <li>• EBM principals</li> <li>• Health research ethics</li> <li>• Using ineffective treatment strategies</li> <li>• Journal club establishment</li> <li>• Needs for a compulsory course for doctoral students including search and critical appraisal of information, design</li> </ul>

			of clinical trials and statistics
April	Evidence-based medicine and Rational Drug Use in Obstetric and Gynecological Care Roundtable – with Dushanbe Septic-Observational Maternity, TSMU OBGYN Department and Drug Information Center	30 Ob/Gyns	<ul style="list-style-type: none"> <li>• EBM in obstetric practice</li> <li>• WHO recommendations based on EBM</li> <li>• WHO-endorsed literature in obstetrics</li> <li>• Critical appraisal of medical literature</li> <li>• Rational drug use</li> </ul>
April	Using EBM technologies in doctor’s clinical decision workshop – with TSMU Public Health Department in support of OSI-Tajikistan	22 Masters students	<ul style="list-style-type: none"> <li>• Key EBM principals</li> <li>• Search and critical appraisal of medical literature (with the practical assignment)</li> <li>• Making clinical question and clinical trials design</li> </ul>
May	EBM and Rational Drug Use in Internal Diseases Care Conference – with TSMU Internal Disease Department and DIC	120 Medical Students and teachers	<ul style="list-style-type: none"> <li>• Introduction to EBM</li> <li>• Search and critical appraisal of medical literature</li> <li>• Rational use of antibiotics</li> </ul>
May	Introduction to EBM session – with Konibodom CRH and City Health Center	50 health providers	<ul style="list-style-type: none"> <li>• EBM principals</li> <li>• Critical appraisal of medical literature</li> </ul>
May	Seminar on “EBM and clinical decision making” – with Konibodom City Health Center	18 family doctors	<ul style="list-style-type: none"> <li>• EBM principals</li> <li>• Search and critical appraisal of medical literature (with the practical assignment)</li> <li>• Making clinical question and clinical trials design</li> </ul>
June	Seminar on “Use of EBM in Developing and Conducting Clinical Research”	10 Health Researchers	<ul style="list-style-type: none"> <li>• Planning of clinical trials</li> <li>• Diagnostics tests</li> <li>• Ethics in biomedical research</li> <li>• Database essentials (practical assignment in MS Excel)</li> </ul>

All the materials and products of the TSMU EBM Center are regularly posted on the CAR EBM Centers Network website at [www.carebmc.net](http://www.carebmc.net).

## Drug and Pharmaceutical Issues

### Drug Information Center (DIC)

The DIC continued working with students and health professionals at medical education institutions to provide independent, objective and evidence-based information promoting RDU in Tajikistan. The DIC prepared and printed a number of RDU-related medicine information flyers to continue educating both health professionals and the general public and printed 200 copies of the first Tajikistan National Medicine Formulary. The formulary provides readers with detailed information on all medicines in the Essential Medicine List (EML) and has been presented and disseminated among PHC specialists at Dushanbe and Konibodom COEs.

The MOH Drug Expertise Center and the DIC prepared and issued a newsletter which includes the list of counterfeit medicines discovered in the market. The DIC prepared and printed a Drug Bulletin on Medicine Compatibility, and a number of new medicine information flyers to continue educating both health professionals and the general public. Additionally, the DIC developed information materials on rational antibiotic use designed for family medicine trainers and trainees. The materials cover antibiotic use PHC-sensitive conditions, including respiratory infections and diarrhea.

Over the reporting period, the DIC disseminated 5276 copies of these new and previously developed materials in all regions of the country (see table below).

### Information Materials Disseminated by DIC from January-February 2007

Categories	Information Flyers	Drug Bulletins	Other RDU related materials
Policy makers	190	200	284
Medical Students	1430	1140	225
Health Professionals/ Family doctors	450	410	217
Population	540	130	60
Subtotal	2610	1880	786
<b>Total</b>			<b>5276</b>

The DIC is facilitating revision of the Essential Medicine List (EML) in close collaboration with the MOH. In June, the DIC initiated and conducted the first meeting of the EML working group at the DIC. The DIC will provide information to the WG to ensure informed decision making on inclusion or exclusion of medicines into the revised EML. The EML is a list of priority medicines and is revised every two years.

The DIC conducted a seminar on the principles of rational drug use for masters-level medical students at TSMU. Particular focus was given to evidence-based medicine information and rational prescribing practices.

In collaboration with Tajikistan Association of Pharmacists, the DIC began developing a series of informational materials to educate the population on medicine use. The first brochure of the series will deal with purchasing medicines, and medicines storage and use. In addition, the Association of Pharmacists will disseminate DIC-developed informational materials through their channels. Finally, on the occasion of World Health Day, the DIC organized an information campaign at the TSMU and disseminated more than 300 copies of drug information materials.

#### **Pharmaceutical Care Program**

Following trainings on rational antibiotic use by the Smolensk Antimicrobial Institute, ZdravPlus/CitiHope International and the DIC developed informational materials for PHC practitioners on rational antibiotic prescriptions and use. These materials were presented and disseminated at pilot facilities in Dushanbe and Konibodom in March and April.

Guidelines for family doctors on “Providing Information on Medicines to Patients” developed jointly by DIC and CitiHope International have been printed and disseminated at pilot facilities in Dushanbe and Konibodom. The guidelines include information for patients on all medicines included in the approved national CPGs and also feature detailed attachments on vitamin and antibiotic use.

## **Population and Community Health**

### **Promoting Family Medicine**

In February, a five-day Open House event for Republican College students was conducted in collaboration with Dushanbe City Health Department, Republican College and the Dushanbe FM Association. The goal of event was to encourage nursing students graduating from the Medical College to work in Health Centers providing PHC. Students were able to observe working conditions in Health Centers and understand the role of nurses in Health Centers. In addition students were able to highlight problems which discouraged nurses from working in Health Centers and developed recommendations for resolving those problems.

In March, ZdravPlus supported the FM Association of Khujand in organizing a round table with chief specialists, heads of health centers and hospitals, and lead specialists from Khujand hospitals to discuss referral procedures for hospital-level care. Although the Khujand Oblast Health Department

has issued a prikaz restricting patient hospitalization without referral from a PHC practitioner, in practice many patients still present directly to hospitals without referral, and often for conditions that can be treated on the PHC level. In addition, some hospital specialists have voiced their concern that PHC-level doctors do not possess sufficient knowledge to correctly diagnose some medical conditions. Specialists from both hospital and PHC levels agreed to work together to increase health workers knowledge, and it was recommended that specialists take an active role sharing knowledge and organizing trainings for their PHC-level counterparts. The roundtable also resulted in an agreement to create a model Health Center in Khujand based on the achievements at the Center of Excellence in Konibodom COE.

On March 9, a ceremony to mark International Women's Day was held at CHC #1 in Dushanbe. The U.S. Ambassador and the Minister of Health of Tajikistan presented certificates of appreciation to ten women health sector leaders, doctors and nurses who have made valuable contributions to improving primary health care services in Tajikistan.

A roundtable for members of the media was organized in April in collaboration with the Khujand FM Association, and 12 representatives from radio, television, and print attended the event. Participants received comprehensive information on family medicine and progress to date on FM implementation in Tajikistan. At the beginning of the roundtable participants agreed that media representatives lack access to up-to-date, accurate information on family medicine, and that this in turn can lead to negative messages that dissuade the population from seeking the care of family doctors and nurses. The ZdravPlus international FM consultant provided information on global trends in family medicine, and participants were given an opportunity to ask questions about the role of family medicine in Tajikistan.

#### Family Medicine Associations (FMA)

The new structure of National Family Medicine Association was approved by a board meeting held in March.

In May a new law on Public Associations was proclaimed which requires all NGOs to be re-registered by December 31 2007. With ZdravPlus support, all charters of the regional Associations are being reviewed in anticipation of re-registration. A new Charter for the National FMA has been developed and is ready to be submitted for registration to Ministry of Justice.

It was decided to start publication of a magazine for family medicine specialists. The Family Medicine Association will be responsible for its content, and Project Sino have agreed to provide financial support for printing. The magazine will be issued quarterly and it will also assist in dissemination of CME information to health workers.

#### Dushanbe FMA

The Dushanbe FMA assisted in conducting CME conferences in Dushanbe, described in the Service Delivery section of this report.

#### Sugd Oblast FMA

The Sugd Oblast FMA assisted in conducting two CME conferences in Khujand and initiated roundtable meetings with heads of health centers and other health system leaders, as described above.

In addition, the Sugd Oblast FMA organized training for PHC workers on the proper use of ECG. The PHC workers had requested the training as they had difficulties in reading differences between normal ECG and abnormal. This was due to poor knowledge and infrequent practice. The training duration was conducted over six half days and involved 10 participants. While the end of the training revealed an increase in knowledge, it is difficult to improve skills on ECG with just one training session. After this training participants will be given more opportunities to make and read ECG. The FMA plans further follow up evaluation.

### **Health Promotion**

ZdravPlus in collaboration with Project HOPE and other donors participated in celebrating World TB Day in Tajikistan. Activities included meetings with patients in health facilities as well as a concert for

youth. Small contests were conducted for patients in all TB hospitals and also in health facilities for the “Best Health Corner.”

ZdravPlus provided technical assistance to WB PIU to design information materials to inform and raise population awareness of the BBP and copayments. The information will be distributed to World Bank pilot sites of Spitamen and Asht.

In March, ZdravPlus initiated and conducted a meeting with Mahalla Leaders in collaboration with health centers. The goal of meeting was to stress the importance of community support in improving health outcomes. The meeting was attended by mahalla leaders, directors of schools and kindergartens, SES representatives, heads of health centers, representatives from Khukumat, City Healthy Life Center Directors, the Dushanbe FM Association, family doctors, and TB doctors. The audience received summary information on community health statistics and a SES representative provided information on the importance of community support in identifying ill people, using potable water, and proper use garbage containers. Mahalla leaders expressed their preparedness to assist in holding meetings in each mahalla.

In April, ZdravPlus assisted Tajik State Medical University in conducting World Health Day activities. Volunteers organized meetings with students in all three state universities and provided lectures on healthy lifestyle choices.

In June the first meeting of patients with diabetes took place in CHC #1. The meeting was run by three doctors from the health center and representatives of the Republican Endocrinology Center. Doctors checked patients’ weight and height (to calculate BMI), and blood pressure. During the meeting information on diabetes was provided which focused on the lifestyle changes diabetics can make to help control their blood sugar levels. The Endocrinologists evaluated the family doctors’ presentations as well prepared and expressed their willingness to share experience and to support the conduct of such meetings in future.

## UPCOMING EVENTS FOR JULY AND AUGUST

Mid July	AH CPG trainings for PHC providers in Konibodom and Dushanbe
July 16	CME conference for doctors, STI, Isfarshan
July 17	CME conference for doctors, STI, Konibodom
July 18	CME conference for doctors, STI, Khujand
July 19, 24, 25	CME conference for doctors, STI, Dushanbe
July 18	CME conference for nurses, Nutrition for pregnant women and children, Konibodom
July 20	CME conference for nurses, allergies, Dushanbe
July to Aug	IPS training for Family Doctors and Nurses, City Health Centers, Dushanbe
July-August	Health financing follow-up visits to pilot Rayons
August 6	CME conferences for doctors, antenatal care, Isfarshan
August 7	CME conferences for doctors, antenatal care, Konibodom
August 8	CME conferences for doctors, antenatal care, Khujand
August 8	CME conference for nurses, prenatal counseling and education, Khujand
August 9	CME conference for nurses, prenatal counseling and education, Dushanbe
August 9, 10, 11	CME conferences for doctors, antenatal care, Dushanbe
August 10	Contest for best health care providers
August TBD	Rational antibiotic use training
Late August	Follow-up visits to SM pilot maternities
August TBD	Presentation of the Tajik Formulary in new pilot facilities

## **TURKMENISTAN**

### **Six-month Report**

### **January - June 2007**

The political environment in Turkmenistan remained challenging over the past six months. The transition after the death of the President and the election of former Minister of Health Berdymukhammedov as President included the replacement of long-time Deputy MOH and then Acting MOH Sopiyeu, our long-standing partner. The appointment of a new Minister and Deputy Minister of Health after a nearly three-month transition period created uncertainties and halted some program activities. Approval of the PHC/laboratory, physician IMCI, hospital IMCI, health information, healthy lifestyles, and Safe Motherhood and antenatal care activities were expected in early January, 2007 but were not approved until late March. Nevertheless, ZdravPlus continued work in the area of MCH. In close collaboration with the Healthy Family Project, Nurse IMCI training courses (approved by the MOHMI in November 2006) continued to be implemented, and ZdravPlus provided technical assistance to medical educational institutions in strengthening IMCI curricula in pre-service and post-graduate programs. ZdravPlus also contributed to national preparations for implementing the Safe Motherhood Program, approved by the MOHMI in December 2006. Following MOHMI approval of program activities in March, ZdravPlus began implementing Safe Motherhood, physician IMCI trainings, PHC/laboratory trainings, and KCH campaigns. ZdravPlus also worked to gradually expand its activities into new program areas, such as EBM.

Implementation of health information system (HIS) program activities started in 2006 with introduction of an automated hospital information system and database in three hospital-level pilots. The program has been positively accepted by both the MOHMI and pilot hospital staff, who view it as a valuable tool for improving management and understand the role that HIS will play in future health financing reforms. Implementation continued and expanded over the last six months. In limited but ongoing policy dialogue with the MOHMI on health financing and health insurance, it has been agreed that new types of provider payment systems are necessary. It is expected that dialogue on health financing reform will continue in collaboration with the World Bank and WHO.

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## **Stewardship**

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### **Legal and Policy**

ZdravPlus financed the participation of two specialists from the MOHMI in the Flagship Course on Health System Development for countries of Central Asia, the Caucasus and Moldova, held from April 2-13 in Bishkek, Kyrgyzstan. The course offers professional development opportunities for decision makers, health policy makers and senior health services managers and aims to provide participants with a systematic approach to assessing health system performance. The course also facilitates the exchange of experiences between experts from across the region and fostered the development of a common professional language among health system decision makers.

### **Monitoring and Evaluation**

#### IMCI Monitoring

In March and June, ZdravPlus provided logistical support to the IMCI Institute and Healthy Family Project in their efforts to monitor IMCI-trained health workers in Balkan, Mary and Dashoguz Velayats. A team of national- and velayat-level IMCI trainers, led by the IMCI Course Director, visited Makhtymkuly and Serdar pilot etraps in Balkan Velayat and Gubadag and Sakarchaga pilot etraps in Dashoguz and Mary velayats, and supervised the practice of IMCI-trained family physicians and feldshers. These activities will be summarized in an M&E Report that will be submitted to the Healthy Family Project and the MOHMI by the end of September. According to preliminary analyses, 87%, 80%, 76% and 56% of doctors in Serdar, Makhtymkuly, Gubadag and Sakarchaga Etraps, respectively, are working in accordance with WHO IMCI protocols.

### Healthy Lifestyles Monitoring

A Healthy Lifestyles (HLS) Training Program Chief Trainer visited ZdravPlus HLS pilot sites to conduct follow-up monitoring from December, 2006 to January, 2007. Approximately 150 doctors from the five velayats of Turkmenistan who attended Healthy Lifestyles training courses were interviewed. The Chief Trainer found that:

- Teenagers and students remain the most vulnerable population group and benefit from targeted healthy lifestyles information and training. ZdravPlus-trained family physicians are a reliable and sustainable source for improving teenagers' HLS skills;
- Overweight is a predominant concern in Ashgabat and Balkan and Lebap Velayats;
- Alcohol abuse is a predominant concern in Mary and Ahal Velayats;
- Improper nutrition is a predominant concern in Dashoguz Velayat;
- 3294 individuals were trained by HLS trainers between March 2005 and November 2006;
- Ashgabat and Balkan Velayat require more intensive HLS trainings.

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## **Resource Use**

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### **Health Financing**

In limited but ongoing policy dialogue with the MOHMI on health financing and health insurance, it has been agreed that new types of provider payment systems are necessary. It is expected that dialogue on health financing reform will continue in collaboration with the World Bank and WHO.

### **Health Information Systems**

During the first half of 2007, ZdravPlus focused heavily on supporting the MOHMI's introduction of an automated hospital information system and database in pilot hospitals. The database computerizes and increases the technical efficiency of the MOHMI hospital information system by automating the hospital discharge form (Form #66) and aggregate hospital report (Form #14).

ZdravPlus continued to support the expansion of the health information system (HIS) in Turkmenistan and initiated a new strategy for further development of the system. The refined structure of the HIS program activity supports the coverage of more target hospitals. In accordance with MOHMI Prikaz #16 (dated March 28, 2007), ZdravPlus organized three HIS training courses for Turkmen statisticians at the Turkmen State Medical Institute (TSMI) Health Management Training Center, founded by the USAID AIHA Project in 2005. The Health Management Training Center is equipped with a network of 10 computers that facilitates the effective execution of the trainings.

From April 23 to 25, ZdravPlus Turkmenistan along with the ZdravPlus Regional HIS Specialist conducted an HIS TOT for 15 participants, including the Head of the MOHMI Statistics and Information Department, four statisticians from the MOHMI, four teachers from the TSMI Public Health Organization and Information Center, and six trainees from the TSMI Department of World Practice Analysis. The TOT highlighted new opportunities for participants and the potential for new areas of HIS expansion for the MOHMI, such as integrating inpatient facility reporting forms #16 and #7 into the system. Two HIS rollout trainings were conducted by ZdravPlus in May and June for statisticians from Ahal and Lebap Velayats through the TSMI Health Management Training Center. Twenty eight statisticians participated, representing every etrap and every etrap hospital in the two velayats.

ZdravPlus also agreed to cooperate with the TSMI Health Management Training Center on HIS implementation and including the forms (their description, purpose, and use) in the curriculum of the Statistics Department of the Turkmen State Medical Institute.

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## Service Delivery

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### EBM

In collaboration with the MOHMI, ZdravPlus organized an EBM roundtable entitled “EBM Promotion in Central Asia, Challenges and Possible Solutions” for 40 Turkmen health facility specialists and representatives from velayat health departments. The roundtable was held on June 9 in Ashgabat, and allowed participants to discuss the challenges of supporting both short term improvements in clinical practice and the long-term institutionalization of EBM approaches and methodology. Participants were updated on the topics discussed during the First Central Asian Forum on EBM held in Bishkek last November, including issues related to the development and implementation of clinical practice guidelines, the promotion of EBM in education, and the role of EBM in rational drug use. The roundtable highlighted participating institutions’ interest in building capacity in the area of EBM using a gradual, stepwise approach.

### Physician IMCI

ZdravPlus completed planning and implementation of the transition of physician IMCI activities from Health Family to ZdravPlus. A new MOHMI Prikaz on WHO IMCI training program expansion was issued on March 28, 2007 approving Etrek and Gasankuly Etraps (Balkan Velayat) as two new pilot IMCI etraps. A total of 65 family physicians are to be trained in these new pilots from October to December 2007. The Prikaz also authorized two additional IMCI training courses that were organized in April and May in order to finalize training of family physicians in Kunayurgench Etrap, Dashoguz Velayat.

Over the past six months IMCI activities continued to move forward with MOHMI support and were organized primarily through the National MCH Institute. Two 12-day IMCI training courses – which now include a one-day community IMCI (IMCI’s third component) component – were held for 40 family physicians from Kunayurgench Etrap. Four velayat IMCI trainers conducted the course with the support of national-level trainers. The training courses included both theoretical and clinical practice components and were 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. 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. A Final IMCI Course Director’s Report will be available by the end of December, 2007 following the completion of the second round of IMCI courses for Kunayurgench Etrap and covering the results of the training in the two new IMCI pilot etraps.

### Nurse IMCI

Nurse IMCI trainings in Turkmenistan have been successful due to effective coordination between ZdravPlus, the MOHMI, the Healthy Family project, WHO and UNICEF on policy issues and the provision of IMCI drugs. Over the past six months, Healthy Family and ZdravPlus continued to support the implementation of the Nurse IMCI training program, approved by MOHMI Prikaz #115/g (dated October 17, 2006). During this time, two hundred family nurses were trained in Gubadag Etrap, Dashoguz Velayat; Serdar and Makhtymkuly Etraps, Balkan Velayat; and Sayat and Serdarabat Etraps, Lebap Velayat. According to the results of pre- and post-testing, nurse trainees’ knowledge on key IMCI topics increased on average by 33%. Participants were impressed with the interactive methods used during the training and especially liked the interpersonal communication skills component of the WHO Nurse IMCI module. Each training session included clinical practice which empowered participants and increased their confidence in working with patients in their routine work. Planning a transition of nurse IMCI activities from Healthy Family to ZdravPlus was initiated.

### Hospital IMCI

Due to the time constraints posed by preparing for the WHO/UNICEF IMCI evaluation activities planned for July, the adaptation and translation of the WHO H-IMCI module to be used in the H-IMCI

training course, as well as implementation of the H-IMCI training course itself, have been postponed until September.

### **Pre-Service IMCI Training**

Over the past six months ZdravPlus together with the Healthy Family Project continued to support the integration of IMCI courses in the curricula of the Turkmen State Medical Institute and medical schools, including the integration of IMCI courses in training of post-graduate family physicians. Specific efforts were made to strengthen the relationship between the MCH institute and the post-graduate institute concerning long-term medical education. ZdravPlus staff participated in four meetings with a IMCI National Trainer and TSMI teachers, during which the new WHO recommendations regarding the use of zinc in treating children were discussed.

ZdravPlus also worked to strengthen linkages between undergraduate and post-graduate education on IMCI, including the integration of IMCI into the family medicine curricula. The Project continued to collaborate with the TSMI Family Medicine and Pediatrics Departments regarding the final arrangements on printing a text book on Pediatrics written by Turkmen specialists, which includes a chapter on IMCI that required updating. The new WHO standards on zinc use were also incorporated into the text book through the joint efforts of ZdravPlus, the national IMCI team, and TSMI teachers. Access to this text book will support the sustainability of the WHO IMCI strategy in Turkmenistan as health workers will acquire IMCI knowledge and skills during pre-service training and will be able to use IMCI protocols immediately following graduation from TSMI. A special Ministry of Education Committee approved the contents of this textbook, which is expected to be printed this summer.

### **PHC/Laboratory Training**

In accordance with the ZdravPlus work plan for 2007, the Project will provide logistic and financial support for five roll-out PHC/laboratory hematology training courses that are planned to begin in August. The roll-out training courses will be organized in each velayat of the country based on initial trainings in 2006 that covered 100 family physicians and 100 laboratory workers and resulted in significant improvements in clinical diagnosis and treatment. These trainings are supported by MOHMI Prikaz #19 (dated March 28, 2007). These courses aim to strengthen linkages and improve referral patterns between PHC and laboratory services and to improve the ability of Turkmen health workers to correctly diagnose diseases. The trainings will take place from August to December 2007 and will cover 50 laboratory workers and 50 PHC doctors.

### **Safe Motherhood Program Initiation**

On April 9, 2007 a coordination meeting was organized by the MOHIT and UNICEF to launch the Safe Motherhood Program implementation in Turkmenistan for the period of 2007-2011. Meeting participants included representatives of the MOHMI, Ministry of Education, Ministry of Economy and Finance, Ministry of Communication, Ministry of Civil Engineering and Construction Materials, National Customs Service, MCH Institute, velayat health authorities, velayat hakimliks, the National Trade Union Center, Gurbansoltaneje Women's Union of Turkmenistan, the Turkmen State Medical Institute, National Red Crescent Society, Turkmen Youth Organization, UNICEF, UNFPA, WHO, ZdravPlus, and Healthy Family. The senior obstetrician-gynecologist specialist of the MOHMI informed participants about the National Plan for Safe Motherhood implementation and the Deputy Director of the MCH Institute made a presentation on the MCH improvement activities supported and implemented by the MCH Institute. Finally, conference participants shared their Safe Motherhood Program implementation plans.

### **Making Pregnancy Safer/Promoting Effective Perinatal Care Training for Health Workers**

From June 11-22, 2007 the ZdravPlus and Healthy Family Projects in collaboration with WHO, MOHMI, Velayat Health Departments and the MCH Institute conducted a two week intensive MPS/PEPC Training. The MOHMI, in coordination with the ZdravPlus and Healthy Family Projects, selected and approved the pilot institutions from which training participants were selected. These pilot institutions included the MCH Institute (the leading institution for Safe Motherhood Program

implementation and the main MCH clinical center), the Mary Velayat maternity hospital and two etrap-level hospitals. Thirty two health care practitioners participated in the training and were trained to work together in functional teams. Training topics included: EBM approaches in MCH, strategies to reduce antenatal and neonatal mortality, improving antenatal care, management of delivery, premature delivery, infection and infection control, neonatal resuscitation, hypertension during pregnancy and delivery, hemorrhage in obstetrics, postpartum care, breastfeeding, and counseling. International WHO-certified trainers and national experts facilitated the training for obstetricians/gynecologists, neonatologists, midwives, nurses and two MCH hospital specialists.

The MPS/PEPC training was concluded on June 22 with a policy meeting where 78 participants discussed international and local experiences in effective perinatal technologies and their implementation in Turkmenistan. As a result of the training, a plan of action to implement Safe Motherhood in the pilot etraps was drafted with attention to the importance of improving perinatal care services and ensuring standardized approaches at hospital and PHC levels. A representative of the MOHMI Epidemiological Department presented a Draft Prikaz on Infection Control in Maternity Hospitals, which was of particular benefit to the 12 epidemiologists from all five velayats who were among the participants of the summit. The MOHMI expressed its overall support of the WHO SM protocols. MPS/PEPC training pre-test and post-test results were also announced at the meeting, and course participants were determined to have increased their knowledge of key MPS/PEPC topics by 37% on average.

### **Public Health/Tuberculosis**

On February 7, 2007, ZdravPlus participated in a World TB Day Coordination Meeting organized by the MOHMI Health Center. The objective of the meeting was to discuss activities dedicated to the World TB Day held on March 24. Representatives from WHO, Project Hope, Red Crescent, the TSMI TB Faculty, AIDS Center, and MOHMI Health Center participated in this discussion.

In accordance with the agreements reached at the meeting, ZdravPlus jointly with Project HOPE supported a Students' TB Scientific Conference and World TB Day Roundtable. The conference and the TB Round table were organized with the MOHMI and TSMI TB faculty with the support of the WHO, Red Crescent, AIDS Center, ZdravPlus, and Project HOPE. Students made presentations on such topics as the epidemiology of the DOTS program, TB and pregnancy, and TB and diabetes.

The TSMI TB faculty finalized work to adapt the WHO DOTS modules and included topics from IPC modules developed by ZdravPlus. TSMI Central Methodology Committee has approved this training material, which will be used primarily for post-graduate DOTS training for family physicians. It is also expected that these materials will be included in the pre-service training curriculum for Turkmen medical students, subject to approval by the MOHMI Scientific Committee.

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## **Population and Community Health Component**

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### **Keeping Children Healthy**

Keeping Children Healthy (KCH) campaigns were initiated by Balkan, Lebap and Dashoguz Velayat health authorities during the first half of 2007. Approximately 80 family nurses participated actively in these two-month KCH campaigns and were responsible for disseminating information on nutrition and acute respiratory infection (ARI) to the populations of Kunyaurgench Etrap, Dashoguz Velayat and Magtymguly Etrap, Balkan Velayat.

A KCH award ceremony was conducted on February 2 in Kunyaurgench Etrap, Dashoguz Velayat. U.S. State Department and USAID officials participated in this event, presenting prizes and congratulating the award winners and guests of the ceremony. The event was preceded by two months of intensive work by 49 Kunyaurgench Etrap family nurses who conducted a campaign on ARI, which is especially prevalent during the winter season. All mothers with children under the age of five received colorful informational materials with important information about ARI, such as danger signs, rational use of antibiotics, suggestions for when to visit a doctor, and appropriate preventive measures.

The first KCH campaign in a Magtymguly Etrap, Balkan Velayat was initiated on April 30. The campaign was dedicated to the topic of a proper nutrition, and all family nurses from all districts attended the campaign's launch, which was opened by the Deputy Director of the Magtymguly Etrap Hospital. ZdravPlus and MCH IMCI specialists informed participants on the process and terms of the campaign. The IMCI National Trainer came to the site to provide a short training for family nurses on the topics of proper nutrition for pregnant and breastfeeding women and children under five. The campaign lasted for over two months, during which family nurses visited their sites and arranged discussion groups to educate the target audience on key IMCI messages and disseminate educational materials. The campaign also included a cooking contest promoting nutritious food that was conducted in the etrap hospital one day before the end of the campaign on June 29, 2007. The USAID Country Representative and Health Projects Manager in Turkmenistan participated in the two-day closing event.

### **Healthy Lifestyles**

Over the past six months ZdravPlus conducted two six-day healthy lifestyles roll-out trainings for family physicians from pilot etraps. A total of 39 family physicians from Mary and Dashoguz Velayats were trained on such topics as new approaches to addressing alcohol, tobacco and addiction, healthy practices for pregnant and breastfeeding women, as well as health issues related to water and sanitation. During the training participants' IPC skills have been significantly improved, with pre- and post-tests showing a 26% increase in participants' knowledge and skills in working with the population. Trained family physicians are now in a position to share their new knowledge and expand their practices beyond treatment to health promotion/education. These thirty nine family physicians now join the corps of 420 family physicians trained in HLS from 2004-2005.

### **Population Education materials**

In collaboration with ZdravPlus Kazakhstan and the MCH Institute, ZdravPlus Turkmenistan contributed to the development and revision of ARI, child nutrition, and breastfeeding and antibiotics health promotion brochures in order to ensure that they meet the most current WHO standards. The material is now ready for translation into Turkmen and printing in the near future.

### **Other Activities**

Over the reporting period ZdravPlus Turkmenistan provided limited assistance to and participated in a number of events related to the MCH, TB and healthy lifestyles activities implemented by WHO, UNICEF, and Project HOPE in collaboration with the MOHMI in order to build collaboration and harmonization across projects. The major events are summarized below.

#### Immunization Committee Coordination Meeting

On January 16, ZdravPlus specialists participated in a review meeting of the MOHMI Coordination Committee on Immunization that was organized by the State Sanitation and Epidemiological Services of the MOHMI. SES representatives, the MOHMI Epidemiological Department, and members of international organizations participated in the meeting. The main objectives of the meeting were to review 2006 immunization activities and to discuss the SOW for 2007. The plan for 2007 includes the provision of measles and rubella vaccines. Four schedules of immunization were suggested to cover children from 7 to 15 years of age and women from 16 to 40 years of age with measles and rubella vaccines. The government of Turkmenistan will finance approximately 40% of the total funds needed to purchase the vaccines.

#### World Health Day

On April 7, ZdravPlus representatives participated in the World Health Day conference that was organized with the support of the MOHMI, WHO, and other governmental and international organizations. World Health Day 2007 was dedicated to international health security. During the conference, participants were presented the WHO Director Dr. Chen's messages on incorporating efforts to reach Millennium Development Goal targets. Representatives from the MOHMI, WHO, AIDS Center, TB Institute, and Sanitary and Epidemiological Department presented their ideas

regarding the prevention of diseases, reinforcement of epidemiological and sanitation control, and healthy lifestyles promotion.

#### UN Global Road Safety Week

On April 23, ZdravPlus representatives participated in a conference dedicated to the First UN Global Road Safety Week. Celebrated worldwide, Road Safety Week aims to address the growing prevalence of road traffic injuries and their direct impact on governments, communities, families, and accident victims. The conference was organized by the WHO, UN, MOHMI, and other governmental organizations. Participants were presented with a message from WHO Secretary-General Ban Ki-moon who underscored the importance of the event, which was dedicated to young road users. Representatives from the MOHMI, Ministry of Defense, Ministry of Education, Ministry of Transportation, Ashgabat Hakimlik and National Red Crescent Society of Turkmenistan expressed their awareness of the impact of road traffic injuries and discussed the actions they were taking to prevent them.

#### National Malaria Elimination Campaign

On May 31, 2007 WHO organized a meeting to launch the national malaria elimination campaign in Turkmenistan. More than 60 participants from the MOHMI, velayat health authorities, SES departments, and international organizations took part in the conference. This meeting took place one year after the endorsement of the Tashkent Declaration “The Move from Malaria Control to Elimination” by all malaria-affected countries of WHO European Region. The main purpose of the meeting was to discuss the results achieved and to consider joint activities to be undertaken in order to eliminate plasmodium vivax malaria in Turkmenistan by 2010. The development of a joint national plan of action for the elimination plasmodium vivax malaria in Turkmenistan was also considered. Presentations were made by Dr. A. Kochi, WHO headquarters; Dr. M. Ejov, WHO Regional Office for Europe; Dr. R. Kurdova-Mintcheva; and representatives of MOHMI.

#### World Antismoking Day Action

On May 31 the Healthy Lifestyles Center conducted a World No Tobacco Day action for Turkmen youth in Ashgabat. Over 300 students and pupils, 45 medical workers from Houses of Health, and others participated in the event, which was also aired on Turkmen television. The purpose of the event was to update participants with knowledge on the health effects of tobacco use. Interactive activities included art contests, role plays, quiz games, and dancing. Participants also received healthy lifestyles information booklets.

## **UPCOMING EVENTS FOR JULY AND AUGUST**

July 2-7	Antenatal Care Training, Balkan Velayat
July 4	Keeping Children Healthy Campaign Closing Ceremony, Sayat Etrap, Lebap Velayat
July 9-11	HIS automated hospital database training, Mary Velayat
July 9-14	Antenatal Care Training, Ahal Velayat
July 9-14	Nurse IMCI training, Kunyaurgench Etrap, Dashoguz Velayat
July 16 -21	Nurse IMCI training, Kunyaurgench Etrap, Dashoguz Velayat
July 16-21	Antenatal Care Training, Lebap Velayat
July 17	Keeping Children Healthy Campaign Opening Ceremony, Gokdepe Etrap, Ahal Velayat
July 23-28	Antenatal Care Training, Mary Velayat
July TBD	Keeping Children Healthy Campaign Opening Ceremony, Serdarabat Etrap, Lebap velayat (Pending Approval)
July TBD	Keeping Children Healthy Campaign Opening Ceremony, Gokdepe Etrap, Ahal Velayat (Pending Approval)
August 6-8	HIS automated hospital database training, Balkan Velayat

August 6-11	Nurse IMCI Training, Ruhabat Etrap, Ahal Velayat
August 13-15	Hematology/Lab Training, Lebap Velayat
August 13-18	Nurse IMCI Training, Ruhabat Etrap, Ahal Velayat
August 20-25	Nurse IMCI Training, Yoloten Etrap, Mary Velayat
August 27-29	Laboratory Training, Mary Velayat
Aug 27-Sept 1	Nurse IMCI Training, Yoloten Etrap, Mary Velayat

## UZBEKISTAN

### Six-month Report

### January - June 2007

Over the last six months, ZdravPlus continued our overall strategy of collaborating with the World Bank and ADB to implement and roll-out and deepen health system reforms. There have been a number of significant achievements in Uzbekistan over the past six months, including ongoing roll-out of finance and management reforms and organizing and participating in the successful national conference on PHC which showcased many of the health reform improvements that have been at the core of the project in Uzbekistan. Uzbekistan made significant progress in continued national rollout of rural PHC per-capita payment system reforms and in the expansion of new urban PHC reform pilots. The ZdravPlus-designed GP training curriculum was incorporated into the pre-service medical education curriculum and trainings for health leaders in quality improvement, pioneered by ZdravPlus, were also funded by the MOH in six oblasts through the ADB WCHD project. The first module of a nationwide cascade training program for future nurse teachers was completed with support from ZdravPlus.

The Project has also experienced one significant low point, however, with the semi-official announcement that the accreditation of Abt Associates Inc. in the country was cancelled by the Ministry of Foreign Economic Relations on April 27, 2007. Abt Associates is looking at ways to resolve this, and is receiving tangible support from the national partners such as Joint Project Implementation Bureau (JPIB) and Ministry of Health (MOH), as well as other international partners including the World Bank. Despite this setback, the project has actively maintained its strong collaborative relationships with counterparts, including the JPIB, the MOH, and the Health II and WCHD projects.

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## Stewardship

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### Policy, Legal and Regulatory Framework

As an essential component of its efforts to reform the health financing system of the country, ZdravPlus continued to provide assistance in formulating and revising a number of prikazes, including two that are of particular import to the health financing reforms. One prikaz authorizes the formation of the National Working Group for overseeing the urban PHC reform pilots and the other approves field-testing of the revised hospital information form in support of the planned pilots on the case-based hospital payment system.

At the request of the JPIB, the project disseminated the ZdravPlus Regional Manual “*Case-Based Hospital Payment Systems: A Step-by-Step Guide for Design and Implementation in Low-and Middle-Income Countries*” which was made available for distribution to the JPIB and to MOH decision makers and specialists. This manual will help to address the relevant policy, legal, and technical aspects of the case-based pilots in Uzbekistan.

In addition, ZdravPlus completed the first draft of two manuals – one on business planning and one on budget formation – both of which outline the key issues concerning per-capita budget development for the reformed rural PHC facilities. These manuals will contribute to the further institutionalization of technical capacity related to implementation of local-level per-capita F&M reforms, and will be reviewed by lead JPIB and MOH specialists before they are published and disseminated.

ZdravPlus’s has worked to standardize and formalize the ten-month GP curriculum and the Tashkent Pediatric Medical Institute indicated that it will incorporate this curriculum into the seventh year of its course. This, together with some other changes, could be sufficient to support the development of a unified undergraduate GP training program as a condition of the WB Health II loan agreement.

ZdravPlus also provided technical assistance to the WB Health II and ADB WCHD projects in the development of quality improvement (QI) proposal for the years 2007-2009. The proposal encompasses activities including EBM promotion, QI training for health managers, and strengthening the quality monitoring system.

In collaboration with the Healthy Family Project, ZdravPlus contributed to a roundtable on adoption of the Ministry of Health's Evidence-Based Medicine Strategy. This was the last roundtable before final approval and responsibility for strategy implementation is given to the Department of Curative Medicine of the MOH. During the meeting, a leading EBM Center specialist described the ZdravPlus-sponsored regional EBM conference that took place in Bishkek in December 2006, and discussed progress achieved in strengthening regional collaboration through a network of EBM centers.

### **Donor/Project Coordination**

ZdravPlus continued to coordinate and collaborate extremely closely with the WB and ADB JPIB in design, development, implementation, and dissemination of a wide-range of technical activities encompassing many health reform elements. ZdravPlus technical staff also served as team members during the April/May WB and ADB joint mission, providing technical support in the areas of clinical medicine and the health financing reforms. ZdravPlus was invited to participate in UN Health Theme Group meetings, providing coordination in the sphere of MCH between the UN agencies and the WB and ADB health projects.

Quality improvement efforts are now spreading nationally. To further support this movement, ZdravPlus worked with Project HOPE Child Survival Project to conduct five QI seminars for health managers from five districts with the involvement of GP trainers and local QI trainers. In addition, ZdravPlus worked with staff from both the Navoi Oblast Health Department and the Child Survival Project to assess earlier QI initiatives implemented at 12 SVPs. The results were very encouraging, indicating that a number of the sites are now conducting QI projects and are beginning to document their results. Next steps will involve providing assistance in the establishment of a monitoring system and external evaluation. With support from ZdravPlus, both the WB Health II and ADB WCHD projects developed strategy documents and detailed Terms of Reference for QI training throughout the country. These have been accepted by the Banks for funding.

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### **Resource Use**

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#### **Roll-out of Rural PHC Finance and Management Reforms**

A key focus of ZdravPlus in Uzbekistan has been to work closely with the Bank projects in assisting the Uzbek government to reform the rural PHC sector through the establishment of first-level primary outpatient clinics or SVPs (Russian acronym for *Selskie Vrachiebnieye Punkti*, or Rural Physician/Medical Points). These have been outfitted with basic modern diagnostic and treatment equipment, and are run by general practice physicians working on the principles of family medicine and modern clinical practices. The SVPs function using a per-capita financing approach.

The Rural PHC Per-Capita Finance and Management (F&M) Reform Model includes the following key elements: a) establishment of SVPs as independent legal entities with their own budgets and bank accounts; b) pooling of rayon/rural PHC funds at the oblast level; c) allocation of the pooled funds among the reformed (legally independent) rural PHC facilities on the basis of a unified capitation rate set by each oblast and adjusted for sex-age and the size of the populations served by each PHC facility; and d) increased management and financial autonomy of the reformed PHC rural facilities, including planning/using their individual budgets within a per-capita ceiling and retaining/reinvesting the savings for facility and service development.

Various World Bank assessments have shown that per-capita F&M reforms helped attain:

- A more equitable distribution of rural PHC resources across rayons in the three initial project oblasts (in Ferghana, Sirdaryo and Navoiy), using a standard capitation rate determined for each oblast, and an increase in per-capita allocations to primary care facilities/SVPs. This was achieved by pooling of rayon funds for rural PHC at the oblast level. For example, the share of funding allotted to rural PHC facilities in rayon budgets rose from 16.3% in 1999 to 24.1% in 2005 in Ferghana, and from 15.6% and 21.8% in 2001 to 24.2% and 29.0% in 2005 in Sirdaryo and Navoiy oblasts, respectively.

- Increased motivation and accountability on the part of rural PHC providers to use available resources to better address community health needs and increased utilization of PHC services on the part of rural people.
- Efficiency gains, including reductions in hospital admissions (by 20%, on average, in the three initial pilot oblasts) and increased use of outpatient PHC services (by 25%, on average, in the three initial pilot oblasts).
- Improved resource use, including an increase in the proportion of funding allocated for direct patient care expenditures such as pharmaceuticals and supplies and a decrease in per-capita fixed costs (5-15% depending upon pilot oblasts).
- Increased availability of resources and higher quality of services at the PHC facilities in the pilot oblasts versus those in non-pilot oblasts.

These proven gains prompted the quick transition of the per-capita financing and management model from an experimental pilot phase to national rollout and replication. Over the reporting period, ZdravPlus continued to play a pivotal role in the nationwide rollout program of the rural PHC F&M reforms (Please see Table 1).

**Table 1: Coverage of the rural PHC per-capita finance and management reforms in Uzbekistan (as of June 2007)**

Coverage of the rural PHC per-capita F&M reforms	Experimental phase (ZdravReform/ ZdravPlus I)		Expanded pilots (ZdravPlus I)			Limited roll-out* (ZdravPlus I/ZdravPlus II)		Nationwide roll-out** (ZdravPlus II)	
	1999	2000	2001	2002	2003	2004	2005	2006	2007
# of oblasts/regions (cumulative)	1	1	3	3	3	5	5	9	12
# of rayons/districts (cumulative)	3	3	9	12	35	43	46	77	142
# of reformed rural PHC facilities (cumulative)	45	45	110	175	504	637	697	1406	2702

\* Roll-out of the rural PHC per-capita F&M reforms completed throughout the three initial project sites (Ferghana, Sirdaryo and Navoiy Oblasts) and initiated in two additional regions (Khorezm and Karakalpakstan).

\*\* Roll-out of the rural PHC per-capita F&M reforms to be completed nationwide (in all 13 regions of Uzbekistan) in 2008.

From January-June 2007, extensive technical assistance was extended to 1296 SVPs in 65 rayons of three new oblasts (Samarkand, Tashkent and Kashkadaryo Oblasts) initiating per-capita F&M reforms. Also, in response to specific requests, limited technical assistance was provided to the earlier pilot oblasts that had already implemented the per-capita finance systems in the past year. Additionally, preparatory activities were completed in the last remaining oblast (Jizzak), where roll-out will be initiated beginning in July, 2007. Thus, the nationwide coverage of the Rural PHC Per-Capita F&M Reform Model will be completed in 2008. Given the difficult political environment in Uzbekistan, this is indeed a very significant accomplishment.

To support the implementation of national rollout with special emphasis on capacity-building and institutionalization of associated technical skills at the local (oblast) levels, ZdravPlus organized eight hands-on technical seminars in roll-out sites jointly with the JPIB during the reporting period to help local specialists finalize the per-capita rates and budgets of the reformed rural PHC facilities for 2007, with needed adjustments for sex, age and size of catchment populations. Oblasts benefiting from the seminars included Andijon, Namangan, Tashkent, Jizzak, Samarkand, Kashkadaryo and Surkhandaryo. A total of 38 Oblast Health Department (OHD), Oblast Finance Department (OFD) and Oblast PIB specialists were trained during these seminars.

Working in close collaboration with the JPIB and MOH, ZdravPlus also worked on a number of other key activities over the past six months, including:

- Developing monitoring systems and indicators for the F&M reforms for the national roll-out of the rural PHC reforms and the urban PHC pilots;
- Performing periodic analyses of resource-use by the reformed PHC facilities;
- Suggesting a methodological tool for the analysis of actual budgetary allocations made to, and optimal budgetary allocations required for, Chapter 4 items (non-salary recurrent expenditures) of the reformed PHC facilities;
- Finalizing the Provider Participation Plan for 2007 for the national roll-out of rural PHC per-capita F&M reforms, and the new urban PHC and hospital payment system reforms pilots;
- Developing and submitting to the MOH – for publication and circulation – a practical manual on calculation of the per-capita rate and budgets for the reformed PHC facilities.

### Urban PHC Reform Pilots

The design and implementation of new, urban PHC reform pilots – analogous to the rural PHC reform model – is the logical next step in widening and deepening the health reforms, and is of primary importance to ZdravPlus and its international partners. The urban PHC reform pilots are also aimed at introducing general practice and per-capita payment systems to urban PHC polyclinics. ZdravPlus has supported the design of the urban PHC reform model, including new financing mechanisms. Equipment, financed by the WB Health II Project, is starting to arrive at the pilot polyclinics, and ZdravPlus has been active in providing recommendations on technical specifications for the equipment.

Beginning initially in 11 pilot polyclinics in two urban sites last year (Marghilan City in Ferghana Oblast and Yakkasarai Rayon in Tashkent City), per-capita F&M reforms were introduced over the past six months to 13 additional pilot polyclinics in Samarkand and Guliston Cities in Sirdaryo Oblast and two more rayons in Tashkent City. Thus, per-capita F&M reforms were expanded to all of the 24 polyclinics within the urban PHC pilots (Table 2).

**Table 2: Implementation status of per-capita F&M systems within the urban PHC reform pilots**

Pilot sites	2006	2007
Tashkent City (9 polyclinics in 3 pilot rayons)	Introduced in all 4 polyclinics in Yakkasarai rayon	Yakkasarai continued; additionally introduced in all 4 polyclinics in Uchtipin Rayon, and in 1 select pilot polyclinic in Yunusabad Rayon
Marghilan City in Ferghana Oblast (all 7 polyclinics in the city)	Introduced in all 7 polyclinics	Continued
Guliston City in Sirdaryo Oblast (all 4 polyclinics in the city)	–	Introduced in all 4 pilot polyclinics
Samarkand City (4 select polyclinics of the city)	–	Introduced in 4 select pilot polyclinics

To assist in the implementation of the above pilots, four technical seminars were organized jointly with the MOH and JPIB in the urban PHC pilot sites of Tashkent, Marghilan, Samarkand and Guliston during the reporting period. These training seminars helped local administrators finalize the sex, age and size (catchment population)-adjusted per-capita rates and budgets of the reformed PHC polyclinics for 2007. A total of 41 OHD, OFD and City PIB specialists attended these seminars.

With the objective of strengthening the financial and organizational management skills of the head doctors and financial managers of the pilot PHC polyclinics, ZdravPlus specialists completed the design of two three-day training modules in April – one on Basic Management for head doctors and financial managers, and a second on Financial Management and Accounting for the financial managers. These training modules were approved by the MOH and conducted in cooperation with the JPIB and MOH in all four urban PHC reform pilot cities. 37 urban PHC managers attended the trainings.

## **Case-based Hospital Payment System (HPS) Reform Pilots**

The HPS reform pilots are meant to extend reform initiatives to the inpatient sector. ZdravPlus worked with the National Technical Group to develop the framework technical specifications of the case-based pilots and completed an analysis of the conventional normative-based hospital budgeting system for the MOH.

The case-based HPS pilots are awaiting government approval to begin, initially in Ferghana Central Rayon Hospitals in January next year, with subsequent scale-up planned for Karakalpakstan. Meanwhile, working with specialists from the Institute of Health (formerly the Republican Information and Analytical Center), ZdravPlus developed an automated hospital information system and devised a modified version of the hospital clinical form (Form #66) which is capable of supporting the case-based HPS pilots. Field-testing of the modified Form #66 will begin in selected HPS pilot hospitals in Ferghana Oblast beginning in July. In addition, preliminary analyses of case-load and case-mix in the Ferghana pilot hospitals were completed during the reporting period in order to ascertain historical trends in the utilization of inpatient care.

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## **Service Delivery**

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### **Individual Health Services**

#### **General Practice**

A foundation for the health reforms in Uzbekistan is the development/training of doctors who are able to work as generalists (GPs). ZdravPlus has actively supported this process in numerous ways, and over the past six months the project has seen progress on a number of fronts.

Funded through the WB Health II project by the MOH of Uzbekistan, and in collaboration with a number of international organizations, the national conference on “PHC Reforms and Education of GPs” took place May 1-2. The conference highlighted the significant achievements made in the health system since 1998, with thousands of facilities rebuilt and equipped, more than 3000 GPs trained, and new financing mechanisms established. ZdravPlus played an active role in supporting the organization and preparation of the conference, and provided substantial logistical assistance. ZdravPlus staff aided a number of the presenters in developing PowerPoint presentations, and helped establish the objectives and goals of the working groups, in addition to collating conference recommendations and compiling abstracts for publication.

Results presented at the national conference included a descriptive task profile survey to compare SVP doctors trained in the Ferghana WB Health II project pilot oblast with the much less reformed Andijon Oblast. At the request of the WB Health II project, ZdravPlus helped to develop and conduct this research. This survey looked at the GPs confidence in treating various conditions and carrying out minor surgery, and also elicited their opinions about the effectiveness of developing general practice as a discipline. The results showed strong evidence that the reformed areas are providing more comprehensive care to patients than the non-reformed areas.

With administrative support from the WB Health II Project, ZdravPlus helped arrange a study tour to Ferghana Oblast for 28 GPs and GP trainers. This was an opportunity to empower GPs from around the country to initiate their own small QI projects. GPs were asked to submit a report on their study tour and were helped to develop a QI project as part of the ten-month GP retraining course. The best QI projects will be presented at the GP Conference on QI that will take place in September in collaboration with the WB Health II and ADB WCHD projects.

By collaborating with WB international consultant, Rifat Atun, ZdravPlus assisted in the development of quantitative and technical specifications for training equipment to be procured for the practical skills laboratories of the Medical Institutes.

ZdravPlus continues to provide technical input for ongoing development of the ten-month GP training course. One current area of focus is the improvement of the final assessment structure, including development of final examination materials for this academic year which will improve the ability of

the GP-trainers to create high quality summative assessment materials according to international criteria.

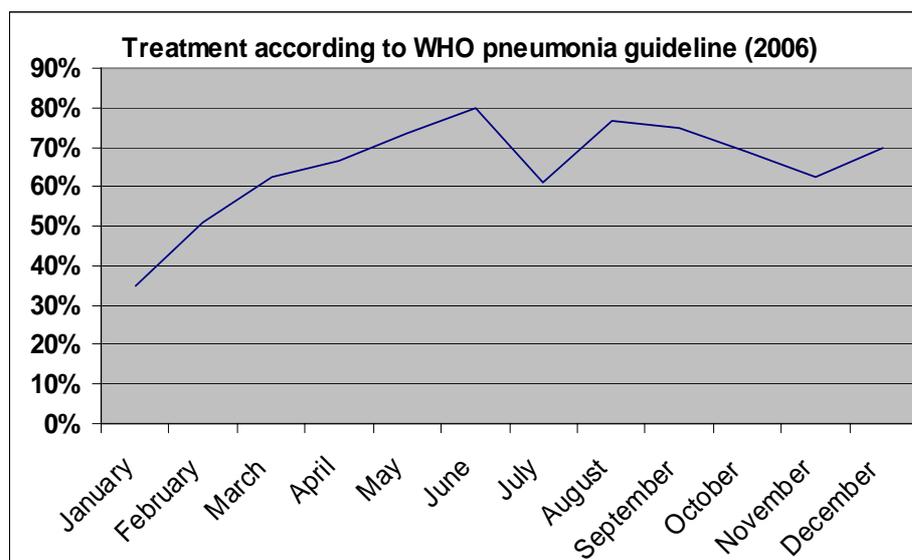
### Maternal and Child Health

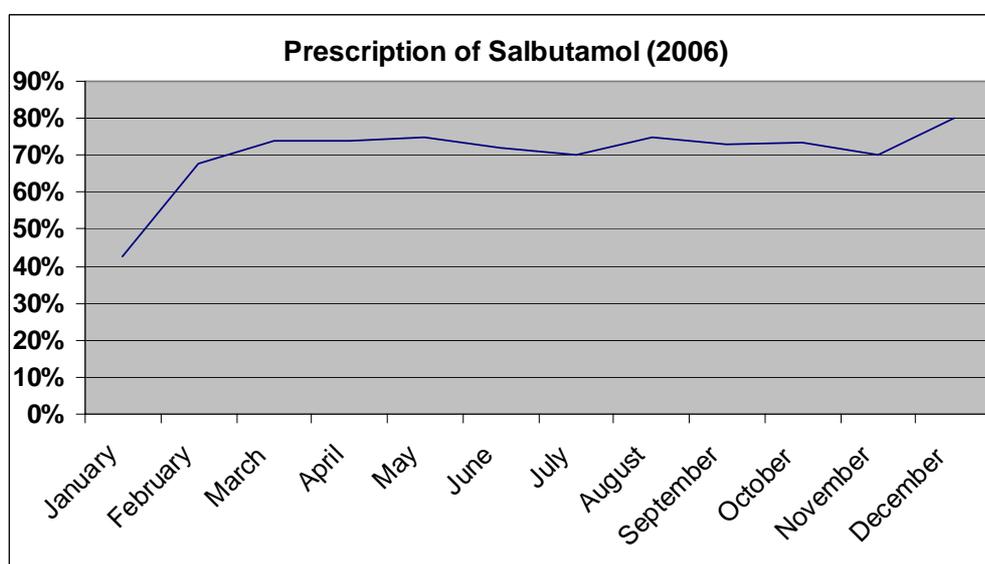
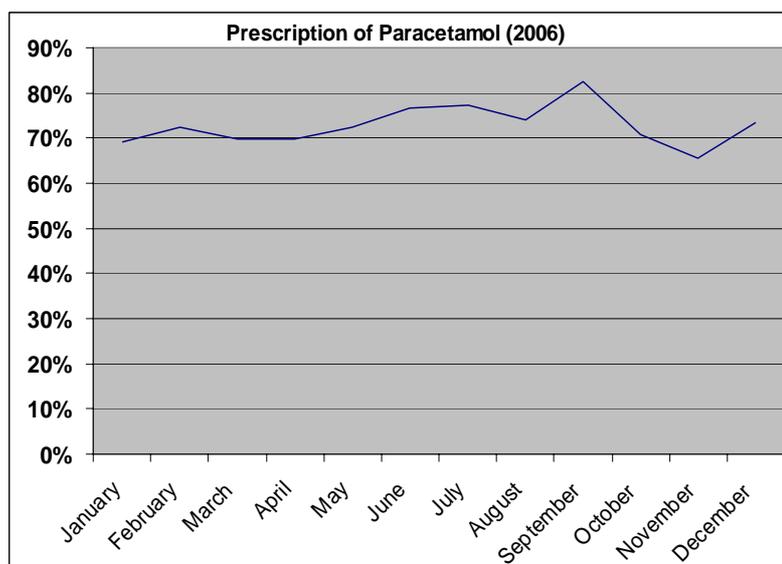
The government of Uzbekistan takes MCH issues very seriously, as highlighted by the \$40 million loan provided by the ADB for the Woman and Child Health Development (WCHD) project. ZdravPlus has provided key technical support to the WCHD project since its inception, both in terms of project design and, in certain instances, project implementation. ZdravPlus will continue to support the project and leverage funds for rollout of approved activities.

Training pediatricians at the hospital level (known as Hospital-IMCI) is one of the elements of the WCHD project and over the reporting period ZdravPlus, in collaboration with the Healthy Family Project, helped train trainers in the Surkhandaryo and Kashkadaryo oblasts. A newly updated ten-day Hospital IMCI training program was used, which ZdravPlus had helped revise, and we also provided training materials and QI trainers for the course. These trainers will further roll out the program in these two oblasts with support from the ADB WCHD project.

In order to evaluate the hospital pediatrician training strategy, ZdravPlus developed an assessment tool based on the relevant WHO standards and indicators. Collaborating closely with the Ferghana OHD, ZdravPlus worked with leading pediatricians and 17 specially trained nurses who surveyed mothers to assess 16 CRHs throughout Ferghana Oblast. The results of the survey have shown that the Hospital-IMCI strategy is implemented partially in all rayons, and that in some rayons a number of successful results have been achieved. At the same time, a number of system-level and organizational issues were exposed. The results of the survey were presented and discussed in detail at the Child Healthcare Quality Improvement Conference in Ferghana Oblast. The conference, which took place from April 18-19, was planned by ZdravPlus in collaboration with the MOH and Ferghana OHD, and received support from the ADB WCHD project. The conference resulted in a number of practical recommendations and agreement of further steps for WHO-strategy implementation.

The charts below show self-assessment results from the Pediatric Department at the Tashlak Central Rayon Hospital, Ferghana Oblast. Every month all charts of relevant cases were reviewed and evaluated for adherence to guidelines or treatment protocols according to the latest WHO recommendations. The results show improvements in adherence to the pneumonia guideline and in prescription of Salbutamol. Prescription of Paracetamol remains relatively high throughout the year since this was adopted earlier and found by the staff to have significant effect and cost savings. Salbutamol appeared to induce coughing in the patients, but after thorough assessment and explanation, the staff were convinced to push ahead with its use for asthmatic cases.





At the WHO “Global Meeting to Review Hospital Improvement for Children in Developing Countries” in Denpasar, Indonesia in January 2007, ZdravPlus presented its work in developing a comprehensive ten-day training program, along with the methods and results of integrating quality improvement principles into the program. Draft papers were developed on a set of global indicators and on quality improvement methodology.

Working with the Ferghana Oblast Health Department, ZdravPlus produced a documentary movie on the impact of QI in implementing Hospital IMCI. Following its debut at the abovementioned conference, the movie will be now used for study purposes as part of the hospital IMCI program and QI trainings.

ZdravPlus continued to engage in policy dialogue and project coordination activities related to the development and implementation of safe motherhood activities. The ADB WCHD Project continues to move forward, albeit slowly. ZdravPlus interacted with the JPIB and likely winner of the international technical assistance tender to coordinate and attempt to ensure that the same WHO-trained safe motherhood consultants are used in Uzbekistan as in other Central Asian countries to improve quality and cohesion. Dr. Diyora Arifdjanova has joined the ZdravPlus team as a specialist in maternal health issues. She made a field trip to Ferghana to assess the status of the ZdravPlus supported “Making Pregnancy Safer” pilot there. In general, progress was found to be good, and the Oblast Health Department has supported this work by giving partial training to the staff at all the other

maternity units in the country. Dr Arifdjanova also participated in an 11-day Safe Motherhood Training event conducted in Almaty in order to bring her up to date with the ZdravPlus SM strategy, and worked with the ZdravPlus Regional Deputy Director to agree on next steps in implementation of the strategy.

ZdravPlus continues to play an active role in discussions with local and international partner organizations to help ensure that the current maternal and child health programs will conform to newly developed protocols on sepsis and hemorrhage in pregnancy. ZdravPlus provided technical assistance in conducting two-day QI trainings for health managers in maternal and child health in Kashkadarya Oblast as part of the ADB WCHD Project's QI component. At the end of the training, anemia was selected as a topic for improvement, and the anemia CPG was disseminated among training participants.

### **Promotion of EBM and Dissemination of CPGs**

In order to bring the thinking of health care workers into line with modern day practices, and to develop the idea of the continual learning process, ZdravPlus has encouraged the understanding of the principles of evidence based medicine (EBM), and its implementation through validated clinical practice guidelines. Toward this end an EBM Center of Excellence has been established at TIAME with assistance from ZdravPlus, and a number of CPGs have been developed.

There has been some "productive tension" between those advocating for strictly focusing on implementation of WHO programs/training packages and those advocating for development of country level long-term capacity to determine the nature of clinical practice in addition to implementation of WHO programs/training packages. Over the last few months, there has been some productive discussion and consensus developed on this issue. Recently, the ADB WCHD project has funded an expert to work at the EBM center to develop CPGs on MCH-related topics. At a recent consensus conference on the development of guidelines on sepsis and hemorrhage in maternal care, it was evident that there is now a need to clearly define the target audience. In addition, stakeholders agreed to ensure that new guidelines take into account existing guidelines, such as those produced by the WHO on IMCI and Making Pregnancy Safer, with an objective to augment these as needed without contradicting them.

Specialists there arranged a series of EBM trainings for TIAME clinical ordinarators. These three-day trainings are supported by a TIAME prikaz which describes a plan to hold EBM training sessions for the foreseeable future. The first training took place at the end of March, with subsequent trainings scheduled on a monthly basis thereafter. Training of these clinical ordinarators in the principles of modern medical theory is a relevant and effective way to institutionalize acceptance of, and demand for, EBM materials. In addition, ZdravPlus supported the EBM Center in the conduct of a half day "EBM sensitization" seminar in May for most of the chief specialists of Tashkent City. Sixty-five chief specialists attended the seminar.

Each of the CAR countries is now moving forward to develop EBM materials and guidelines, and there is a regional need to coordinate and collaborate in these activities. ZdravPlus has developed a regional EBM strategy, and Uzbek staff are facilitating development of the Central Asian Republic's EBM Collaboration (CAREBMC) network website. In addition, ZdravPlus technical specialists are assisting the EBM Center methodologists to develop two distance education courses for use both through this website and on standalone computers.

### **Quality Assurance, Licensing and Accreditation**

Working closely with the World Bank, the MOH and the Medical Institutes, ZdravPlus is setting up mechanisms that can help assure the quality of healthcare service provision.

To contribute to a productive Regional Medical Education Working Group meeting, ZdravPlus/Uzbekistan worked with staff at the Tashkent Medical Academy to develop five of the nine draft accreditation standards in detail, following the World Federation of Medical Education guidelines. Coordinating our work among the CAR countries, it is now clear that between Uzbekistan and Tajikistan, all the standards laid out by the WFME are covered in draft form and these were able to be

used to enable informed discussion at the regional meeting of the Council of Rectors held in June 2007.

Together with World Bank specialists, ZdravPlus met with MOH officials to discuss possibilities to further develop standards and regulations for the licensing of doctors. ZdravPlus has since worked with the JPIB and WB to develop suitable Terms of Reference, so that the MOH will use loan funds to provide local legal experts who will work to develop, and adjust where feasible, the laws that would enable the regular licensing of doctors.

### **Quality Improvement**

As a logical follow-on to the development of EBM, ZdravPlus continues its work to ensure the implementation of standards of care described in the CPGs. To do this, ZdravPlus has refined modern quality improvement techniques and, after establishing them at rural health facilities in Ferghana, is now rolling out these methods nationally with the support of the World Bank and ADB health projects.

In early June, at the request of the JPIB and the GP training centers, ZdravPlus conducted a second six-day QI Training of Trainers course for 20 GP trainers and several OHD representatives (an initiative of the ADB WCHD project). The rationale for a second TOT was that, after the introduction of QI training into the ten-month GP training program, more trainees now want to implement mini-QIPs at their places of work. Therefore, demand for well trained QI trainers has grown since the first training. The course ended successfully, with each participant having completed a mini-quality improvement assessment study that gives them the practical experience they will need to train other GPs. ZdravPlus finalized the first draft of the manual for GPs entitled “How to Set up a QI Project in General Practice,” developed in collaboration with GP trainers. The manual is currently being tested and revised.

A first training module in EBM principles and QI methodology was conducted over the past six months at the School of Public Health at the Tashkent Medical Academy (TMA). The ZdravPlus QI program specialist contributed a great deal of effort to the process as part of the Project’s efforts to institutionalize modern QI/EBM techniques in the education system. More than 150 masters degree students from the TMA successfully passed the 60-hour course of training. The next step is to finalize the 60-hour module and disseminate it to other medical institutions throughout the country.

A QI case-study was finalized in collaboration with Mr. Blake McGee, a graduate of Columbia University. Currently the case study is being revised for publication in an internationally recognized journal. ZdravPlus has also published a short report on access to medicines as an “Improvement Report” in the online WHO Bulletin under the title Improving Care for Patients with Anemia in Uzbekistan, available at:

<http://www.ihi.org/IHI/Topics/ChronicConditions/AllConditions/ImprovementStories/ImprovingCareforPatientswithAnemia.htm>

A novel method for demonstrating QI results through so called “QI Albums” was proposed by ZdravPlus to the QI teams in the pilot areas of Ferghana Oblast. These QI Albums contain photos and short descriptions of results, progress and issues. Demonstration of these albums proved useful when local GP trainers traveled to the field to train their peers, and also proved a helpful tool for QI trainings conducted in Navoi and Kashkadarya.

ZdravPlus continues to provide ongoing support for SVPs implementing IMCI, anemia and hypertension QI projects in Ferghana Oblast. Project specialists installed new QI software in three pilot rayons of the Tashkent Oblast. The software will allow for the use of new monitoring techniques. The chart below illustrates results of the QI Projects over time.

Quality Improvement Indicators		2003	2004	2005	2006	2007 (Jan-May)	Total
Indicators of Quality for Anemia, Hypertension, IMCI in 9 districts of Fergana	<b>Anemia:</b> average % of repro. age women screened for anemia	55%	80%	77%	83%	83.4%	<b>28% increase</b>
	<b>Anemia:</b> average % of reproductive age women with normal Hb level after 3 months of treatment	13%	40%	52%	56%	67.2%	<b>54% increase</b>
	<b>Hypertension:</b> Average % of patients > 18 yrs, screened for BP	26%	47%	70%	61%	66%	<b>40% increase</b>
	<b>Hypertension:</b> Average % of patients with normal BP after 3 months of treatment	45%	47%	64%	67%	66.9%	<b>22% increase</b>
	<b>IMCI:</b> Average % of children managed according to IMCI principles	not collected	not collected	60%	67%	78.8%	<b>19% increase in 2 and a half years</b>

## Tuberculosis

At the request of Project HOPE TB, ZdravPlus helped to develop plans for utilizing nurses in TB population involvement activities, possibly through the ADB WCHD patronage nurse project. ZdravPlus staff also participated in the National TB Thematic Working Group to discuss preparation of activities for World TB Day in Uzbekistan.

Also in cooperation with Project HOPE, ZdravPlus QI and regional TB specialist helped facilitate a two-day discussion with stakeholders in May on problems related to TB control in Uzbekistan. The goal was to prepare for Round 7 of the GFATM application and to highlight problems identified by all stakeholders that could be realistically addressed.

## Medical Equipment

Ensuring that all the equipment being delivered under the Bank health loan projects will be effectively maintained and repaired has proven a particularly difficult problem for Uzbekistan. The EU Tacis project has agreed to fund two consultants to assess the long term management and maintenance of medical equipment, particularly as it relates to PHC. ZdravPlus is providing support for the development of this work including technical input to the consultants.

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## Population and Community Health

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Due in large part to the decrease in the number of NGO's working in the country, for the past two years ZdravPlus has worked intensively through the patronage (visiting) nurses in order to target health information to the general population. Efforts have emphasized raising the population's awareness of:

- the health reforms through town meetings;

- important health topics through developing Mahalla Health Initiative Groups (MHIGs);
- health topics suitable for children through working with the European Network's Healthy Schools program; and
- health topics through establishment of a national cascade training of visiting nurses in collaboration with the ADB WCHD project. Training modules, each lasting 2-3 days, will be taught on various topics including a basic nurses' diagnostic bag, with one module to be taught every six months over the next three years.

### **Educate/Empower the Population/Communities about Health Reform and Exercising their Health Care Rights**

#### Town meetings on the health reforms

Doctors and nurses from 12 SVPs in Ferghana Oblast who are experienced in organizing town meetings developed a series of session plans on how to conduct town meetings. ZdravPlus has been reviewing the plans and will use them to develop practical guidelines on how to organize and conduct town meetings in other SVPs.

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

#### Mahalla Health Initiative Groups (MHIGs)

ZdravPlus continued to facilitate MHIG meetings in the pilot rayons of Ferghana Oblast. During the reporting period, nurse coordinators from participating Ferghana CRHs conducted seminars for MHIG members on family planning and breastfeeding. The principal participants of the meetings were Mahalla leaders, patronage nurses, teachers, and members of local Mahalla Committees.

Joint seminars were conducted in Ferghana and Kuvasay Rayons of Ferghana Oblast with the Ferghana Oblast Health Department on the topic of nurses' experience in working with the local community. The main goal of these seminars was the dissemination of the Mahalla Health Initiative Groups' experience working on diarrhea and breastfeeding to other SVPs. Seminars were conducted for rayon SVP head nurses and Mahalla members, and were facilitated by nurse coordinators.

In order to assess the effectiveness of Mahalla Health Initiative Groups' activities, ZdravPlus conducted a post-activity survey of 250 people in the Ferghana Oblast in early spring. The survey included the topics of diarrhea, anemia, ARI, hypertension and breastfeeding, and investigated the types of sources the population uses to find information on these health topics. Results are now being collated and analyzed.

#### Republican Institute of Health (IOH)

ZdravPlus continues to provide technical assistance to the WB Health II Project in evaluating the European Network's Healthy Schools program and its suitability for expansion. Over the past six months, ZdravPlus staff helped to finalize the evaluation report. Support was also given to carry out a seminar on the Healthy Schools program with participation of both a Kazakh national Healthy Schools consultant and the director of a pilot school from Almaty. The participants were shown a presentation describing the experience of promoting the Healthy Schools Project in Kazakhstan, and developed recommendations for the roll-out of the Healthy Schools Program in Uzbekistan.

#### Nursing

Dr. Jeanne Bruner, PhD joined the ZdravPlus team as a nursing consultant. In early April, Dr. Bruner visited a site for the patronage nurse training program and visited SVPs and training facilities to meet with local head nurses to discuss their needs in relation to the production and sustainability of a successful Patronage Nurse Program (as planned through the AB WCHD project). Discussions also centered on the current status of the training and goals for future training. The head nurses were given an opportunity to provide input and produced some good ideas regarding strengthening the training program and the ongoing monitoring of patronage nurses for quality of care. Meetings with leaders at the MOH echoed the nurses' ideas and concerns – there is a need for ongoing monitoring of the effectiveness of training for the patronage nurses. First steps toward setting up such a monitoring system have been taken through the development of a self-assessment questionnaire to be completed

by nurses and a questionnaire on physicians' perceptions of the effectiveness of nurses. A patient satisfaction survey will also be developed in the near future.

Dr. Bruner also focused on the following during the reporting period:

- The review and reformatting of the Basic Nursing Assessment Skills (BNAS) training curriculum which will be used to train nurses on the use of the diagnostic bags they are to be given through the ADB WCHD project. The curriculum has been reviewed and approved by the Head Nurse of the MOH, with editorial changes to be made and the program submitted for translation. A TOT is planned for the fall, following completion and translation of the BNAS program.
- Completion of a TOT presentation for the Basic Nursing Assessment Skills (BNAS) program, which now includes patient information on TB.
- A presentation on graduate nursing in the U.S. was made on May 30 at the MOH to a meeting of nurses from the training institutes and medical colleges, including the Head Nurse of the MOH and Educational Director of the JPIB, Mr. Farkhad Fuzailov. It was well received and an invitation was given to present the topic for a gathering of various nurse leaders in the future.
- A presentation was made to nurse leaders at the May 1-2 national PHC Conference on the role and importance of PHC nurses in the implementation of QI processes. It was well received and opened dialogue about quality improvement and other issues.
- Development of a proposal for monitoring the practices of patronage nurses and the effectiveness of patronage nurse training, which was presented to MOH leaders.
- Design of a form for nurses' notes and a guide for use of the notes by the patronage nurse, as well as an informational guide for nurses on how to educate the patient about signs and symptoms for which they should seek medical help in instances where a patient declines treatment at the time he or she is seen by a patronage nurse.

In March, ZdravPlus supported a seminar on working with hypertensive patients which was organized by the Oblast Health Department for pilot SVP nurses in Ferghana Oblast. The goal was to consider and analyze the results of monitoring conducted previously by nurse participants. Discussion also focused on next steps toward working more effectively with hypertensive patients, and a draft of an instructional booklet was developed for nurses on how to counsel hypertensive patients.

Technical assistance was provided to the ADB WCHD Project for developing two publications, including a leaflet for pregnant women on the danger signs of complications during pregnancy, and a booklet for maternity patients on the danger signs of complications during the postpartum period and recommendations on newborn care.

At the request of the MOH, ZdravPlus supported the ADB WCHD Project in its development of standards for nurses who conduct patronage visits. The current status of the patronage program needs to be studied, and ZdravPlus is supporting the design of a questionnaire which will look at 1) the work and attitudes and practices of PHC doctors and nurses from Tashkent, Ferghana, and Kashkadarya oblast and Tashkent City; and 2) the attitude of the population toward nurses in those regions. The surveys have been completed during this reporting period and data analysis is now underway.

In May and June, ZdravPlus supported the first training-of-trainers in adult learning techniques (ALT) and interpersonal communications skills (IPCS) in Tashkent City and Andijon Oblast. Two nurses from each of the rayons received the training together with medical college and oblast Nurse Retraining Center teachers, and they are now ready to study and then begin the BNAS rollout later in the year.

## UPCOMING EVENTS FOR JULY AND AUGUST

July 1st Week	Workshop on introduction of the new hospital information system at pilot hospitals in Ferghana oblast
July 2-7	TOT on ALT and IPCS for patronage nurse trainers in Ferghana
July 2nd Week	Technical seminar on review and finalization of the per capita rate and budgets of the reformed rural PHC facilities in Sirdaryo Oblast for the year 2007
July 2nd Week	Technical seminar on finalization of the per capita rate for the polyclinics within the urban PHC reform pilots in Guliston City for the year 2007
July 3rd Week	Technical seminar on finalization of the per capita rate and budgets of the reformed rural PHC facilities in Jizzak Oblast for the year 2007
July 16-21	TOT on ALT and IPCS for patronage nurse trainers in Namangan
July 4th Week	Seminar on Basic Management for the Head Doctors and Financial Managers of the urban pilot polyclinics in Tashkent City (Yakkasarai, Uchtepin and Yunusabad rayons)
July 4th Week	Seminar on Accounting and Bookkeeping for Financial Managers of the urban pilot polyclinics in Tashkent City (Yakkasarai, Uchtepin and Yunusabad rayons)
July 30-August 4	TOT on ALT and IPCS for patronage nurse trainers in Samarkand
August 2nd Week	Workshop on indicator monitoring for drug policy staff, in collaboration with WHO
August 2nd Week	Seminar on Basic Management for the Head Doctors and Financial Managers of the urban pilot polyclinics in Guliston City
August 3rd Week	Seminar on Accounting and Bookkeeping for Financial Managers of the urban pilot polyclinics in Guliston City
August 13-18	TOT on ALT and IPCS for patronage nurse trainers in Sirdaryo
August 20-25	TOT on ALT and IPCS for patronage nurse trainers in Tashkent Oblast

## ABBREVIATIONS

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

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

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

