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USAID/ZdravPlus Grantees of Kyrgyzstan: Moving Towards Financial Sustainability

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Summary

The Family Group Practice Association (FGPA), the Family Medicine Specialists Association (FMSA), the Hospital Association (HA), and the Medical Accreditation Commission (MAC) are Kyrgyzstan-based professional health associations established and developed over the past ten years with support from the USAID-funded ZdravReform, ZdravPlus and ZdravPlusII projects. Since their inceptions these four associations have received funding from a number of sources including member fees, USAID (both through the Zdrav projects and directly), World Bank projects, and other donor/project funding. Given the fairly large size of the current ZdravPlus grants, the Associations face uncertain funding following the end of the ZdravPlusII project in December 2009. Therefore, since December 2007, ZdravPlusII and the associations have met together numerous times to discuss and develop ideas for longer-term sustainability. These discussions were consistent with two recommendations made by the USAID Mid-term Evaluation of the ZdravPlusII project in its report dated April 2008:

- *Address areas of vulnerability before withdrawing USAID support such as measures to sustain the non-governmental organizations that have been spawned by this project; and*
- *Help Kyrgyz institutions develop sustainability plans.*

The general history of the Associations and their role in the Kyrgyz health reforms is as follow:

- ZdravReform supported their creation as part of the implementation strategy of establishing appropriate institutional structure, roles, and relationships (the right institution doing the right thing) consistent with long-term sustainability, increased transparency, and broader more open participation in health sector governance.
- During the initial phase, the role of the Associations was to implement health reforms which created space for them and enabled delegation of functions and establishment of their long-term role.
- Over the last five years, the Associations have strengthened their role and are now programmatically sustainable although not yet financially sustainable.

The general financial sustainability strategy applying to all the Associations is diversified funding from three sources – member fees, Kyrgyz budget for performing specified functions, and international funding from a variety of sources. MOF rules currently do not allow allocation of Kyrgyz budget funds to NGOs but the SWAp mechanism provides an opportunity to change this (for Associations and other NGOs including NGOs working with injecting drug users on HIV/AIDS) and dialogue is currently being initiated through Manas Taalimi/SWAp.

This report provides the first “roadmap to sustainability” for the FGPA, FMSA, HA and MAC. Over the next year and a half, in preparation for closeout of the USAID/ZdravPlusII project, each of the associations will be developing and implementing the ideas and recommendations contained within this report. Coincidentally, the summer of 2008 is a very decisive time for the associations as key discussions on future collaborations with international organizations and projects are scheduled (i.e. with AIDSTAR, the Center for International Health, KFW, and WHO) and the development of a handful of proposals may include the associations as subcontractors/implementers.

However, even if each of the plans and opportunities contained within this report are successfully implemented in the next year and a half, the associations would have a small chance at full financial sustainability by the end of ZdravPlusII (December 2009). A more realistic outlook is one that is prepared to accept the economic realities of Kyrgyzstan – an economic growth rate of only 2.7%¹, an unemployment rate of 18%, and a poverty rate of 40% – all of which contribute to high levels of

¹ <http://www.state.gov/r/pa/ei/bgn/5755.htm>

migration and little incentive and opportunities for a not-for-profit to survive without external support. Thus it is likely that funding for an additional two to four years beyond 2009, although perhaps at reduced levels than current funding, is required before the associations can realistically be expected to reach full financial independence.

Finally, a program note – the Association core services discussed in this report do not represent all the activities the Associations have been or will be involved with in the future. It represents an attempt to define the core services or functions which are the focus of sustainability planning.

Family Group Practice Association (FGPA)

Overview of FGPA

The Family Group Practice Association was first established in Issyk-Kul Oblast in December 1996 when it helped restructure post-Soviet out-patient polyclinics by supporting the formation and development of primary health care facilities called Family Group Practices (FGPs). It has since grown into a national association of FGPs with seven branches (i.e. Bishkek City and Batken, Jalalabat, Issyk-Kul, Naryn, Osh and Talas Oblasts). Consistent with its mission statement, the association provides services to its members which strengthen primary health care through the provision of advocacy services, the implementation of continuous quality improvement processes, and the development and distribution of key medical information to PHC providers throughout the country. The FGPA is a member organization of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA) and has collaborated with the Kazakhstan Association of Family Physicians, the Tajikistan Family Medicine Association and a similar family medicine association in Estonia.

Core Services (current)

Continuous Quality Improvement

The FGPA supports Continuous quality improvement (CQI) activities in service delivery by linking and integrating Continuing Medical Education for FGP doctors and nurses to PHC facility-level CPG implementation and CQI processes. Since 2006, organizational responsibility for CQI shifted from the FM department of KSMIRCE to the FGPA. CQI enables primary care providers to continue to improve and expand their skills. The FGPA has helped to simplify CQI processes considerably in order to make it possible for FGP personnel to conduct quality reviews and implement process improvements with minimal external support. CQI processes have been expanded to at least one rayon in every oblast in the country and pilot FGPs have been trained to facilitate ongoing monitoring and process support. FGPA-supported CQI processes have included priorities such as hypertension, chronic obstructive pulmonary disease and bronchial asthma. The FGPA works jointly with the MOH to further educate health facility personnel on the nature and role of CQI with the objective of expanding CQI activities to new rayons and making the program more sustainable with national budget support of rayon-level CQI coordinators. Over the last few months, recognition and demand for FGPA CQI services has grown due to the President's Administration and Government priority on improvement of quality of health services. The MOH is currently working on developing a broader approach to quality improvement which should present opportunities for the FGPA and their CQI services.

Semiannual Medical Bulletin

The FGPA produces, publishes and distributes a semiannual medical bulletin to all 970 Family Group Practices (FGPs) and related Feldsher Ambulatory Posts (FAPs) located throughout the country. For practitioners at FGPs and FAPs this bulletin is usually the only source of reliable medical information providing thematic, evidence-based articles. Recent editions and topics have focused on hypertension, lung health (edited in collaboration with the Finish Lung Health Project), pharmaceuticals, and rational drug use (edited in collaboration with CitiHope). The medical bulletin was bimonthly in 2006 and 2007, but after recent budget cuts, the FGPA, in 2008, began publishing it only twice a year in order to economize.

Core Services (still in development)

Provision of Advocacy Services

The FGPA has participated in the overall health reform process including restructuring and strengthening of PHC and engaging in policy dialogue to support the continuing development of PHC. The FGPA has provided FGPs with advocacy and legal services over the past ten years. For example, the FGPA helped develop and introduce standardized documents that regulate the performance of primary health care facilities throughout the country. The association continues to support roughly 20 lawyers located in FGPs throughout the country.

Inventorization, Asset Management, and Information System Services

Inventorization of equipment is part of the broader medical equipment asset management of FGPs and FAPs and therefore a longer-term sustainability issue for the FGPA. Asset management is a service which the FGPA should develop as one of its core activities as it is a rationale for FGPs/FAPs to pay membership dues and may help garner future donor support. In addition, it is also part of a broader contract management strategy whereby the FGPA provides information system and management services for FGPs (there has been some work in this area in the past with provision of information system support)

Since 1996, the FGPA has collaborated with the MOH to ensure PHC facilities are appropriately equipped with materials and medical equipment and has helped develop requirements and classifications for equipment used in primary health care facilities throughout Kyrgyzstan. However, inventorization of FGPs done in 2007, was financed by KFW and completed by the HA and Avanco (the latter is a private health company based in Bishkek). In 2008, the FGPA will probably play a much greater role in completing inventory of FAPs (see “Inventory of FAP Equipment, Asset Management, and Information Systems” below)

Quality and Management Standards Including Provision of Quality Trainings for Facility Accreditation and Provision of Certification of PHC Practitioners

The FGPA has provided administrative and management training to its members in the past. It is currently in talks with MAC on providing training to PHC facilities on quality standards for accreditation. This will probably be a yearly training in Bishkek and Osh for PHC personnel as well as follow-up trainings throughout the year at facilities during CQI monitoring visits (see “MAC” section for details).

The MOH is in the process of delegating the function of certification of health professionals to Professional Associations (not licensing but comparable to board certification in the U.S.). The FGPA is well positioned to perform this function and it would be a source of fees in the future as well as contribute to professional development in the entire health sector. Dialogue on the mechanisms and process of delegating and implementing this function will continue through Manas Taalimi/SWAp.

USAID/ZdravPlus Grant and Contingent Budget

In 2006, the USAID/ZdravPlus grant provided to the FGPA amounted to US\$107,666.57. In 2007, this increased to US\$127,670. Currently the 2008 USAID/ZdravPlus grant to the FGPA is \$97,0772 (consistent with overall USAID budget cuts). The FGPA and ZdravPlus jointly prepared a budget of \$59,509 (61% budget of the 2008 budget) as an exercise of “contingent accounting” in order to identify and cost core business/activities and to better prepare the FGPA for its first year after discontinuation of USAID/ZdravPlus grants (2010). The exercise revealed that the FGPA is dependent on the ZdravPlus grant for personnel salaries (\$48,772), CQI costs (\$15,350), the medical bulletin (\$3,600) and operations and travel (\$23,827). However, the FGPA was able to find savings of \$37,568 in the contingent budget. This is primarily due to:

² This amount represents the ZdravPlus grant and does not include revenue from membership fees and targeted funding received from other donors (e.g. funding for inventorization from KFW).

- Restructuring and workforce optimization- this includes closing down branches in Batken, Issyk-Kul, Jalalabat, Naryn and Talas and instead operating just two branches -- one in the North (Bishkek) and one in the South (Osh). Workforce optimization related to this restructuring generates annual savings of \$18,318.
- CQI SWAp funding- an additional \$15,350 will be saved if CQI expenditures are covered in future SWAp budgets (see “CQI” below). However, if these costs are not covered in the SWAp and/or MOH operational budget then these activities will need to be discontinued.
- Sales of the medical bulletin- \$3,600 for the biannual bulletin will be covered through sales of the bulletin (see “Medical Bulletin” below).

Sustainability Plans and Recommendations

The FGPA and ZdravPlus consider that the FGPA’s optimum strategy for long-term sustainability is to develop the five services listed above as its set of core business in the PHC sector in Kyrgyzstan and thus its “comparative advantage” over other health sector agencies and associations. In addition, the FGPA as a whole and each staff member must begin to plan and operate the FGPA like a business providing services to clients rather than a grantee. To this end, the FGPA and ZdravPlus have discussed ways to develop its core activities, work more efficiently and effectively, and decrease budget costs. It is not clear how salaries and overhead will be covered after 2009. However, services such as CQI, the medical bulletin, inventory, and standards trainings for accreditation could be covered as detailed below:

CQI

- (2008) The FGPA and ZdravPlus worked with the MOH during the May 2008 Mid-term Review to ensure that all financing related to CQI processes scheduled for the second half of 2008 are in the Sector Wide Approach (SWAp) procurement plan of the MOH (\$29,000 for CQI rounds on hypertension in one pilot rayon in every oblast excluding Naryn and Talas as the Swiss Red Cross fund CQI in these oblasts). This effort was successful but the mechanism for funds distribution from the SWAp budget is not yet clear.
- (2009) Funds for CQI activities should be included in the 2009 SWAp budget and the longer-term financing of CQI resolved with the MOH.
- (2009) The FGPA estimates that the purchase of two vehicles to be used for CQI monitoring and other activities requiring transport implemented throughout the country would decrease total transport costs in the longer-term.

Medical Bulletin

- (2008) Beginning in late 2008, the FGPA will sell the bulletin for 120 KG Som (i.e. the cost of printing). If FGPs/FAPs and personnel are willing and able to pay this price then the FGPA may do further costing, pricing and market research related to this bulletin for the future sustainability of this service.
- (2008-2010) The FGPA will explore what opportunities are available to include relevant health-related advertisements (e.g. from private clinics and pharmaceutical companies) and thus increase revenue.
- (2008-2010) Begin to include key information about continued education/coursework available for FGP personnel and FAP feldshers thus increasing its perceived value among target audiences.
- (2009) Merge the FGPA bulletin with the quarterly newsletter that the FMSA currently produces for distribution to FM trainers and doctors. Additionally, articles could be written by the FMSA (e.g. a regular section on family medicine), and MAC (e.g. a regular section on quality assurance and facility accreditation) thus efficiently sharing writing resources while decreasing the amount of time the FGPA currently spends developing articles for this bulletin.
- (2008-2010) Preliminary discussion on regional production and distribution has begun with the Kazakhstan Association of Family Physicians and the Tajikistan Family Medicine Association. If

these associations find there is a market for a regional medical bulletin or journal on family medicine for general practitioners and other health providers, then economies of scale could be achieved.

Inventory of FAP Equipment, Asset Management, and Information Systems

- (2008) The FGPA is clearly in the best position to complete this activity (with oblast presence and strong knowledge of PHC equipment and needs). In June 2008, ZdravPlus met with FGPA and the HA, followed by a meeting with the MOH, to discuss how the FGPA could be a prime contractor for the inventorization of FAP equipment (scheduled to begin in July 2008 and completed by September 2008). KFW awarded €40,000 to the MOH for this purpose in early 2008. As in past arrangements between KFW and the MOH, Avanco will probably be the prime recipient. The HA, which was previously contracted by Avanco in 2007 to jointly complete inventory of FGPs, and which has built strong working relationships with Avanco and KFW, is promoting the involvement of the FGPA in current talks between the MOH and all stakeholders. It proposes that the FGPA and HA jointly complete inventory in Issyk-Kul, Naryn, Osh, Talas oblasts, while in Batken, Bishkek, Chui, and Jalalabat oblasts, the FGPA completes FAP inventorization jointly with Avanco. Considering political tensions and previous arrangements, this compromise may be the best proposal to ensure that the FGPA is involved in the FAP inventory process and is able to further develop its role in the medical equipment Asset management of FAPs.
- (2008 and beyond) The FGPA should continue to develop its long-term plans and services related to medical equipment asset management of FGPs and FAPs and contract management including information system support.

General

- (2008-2009) The FGPA must increase its membership fee which is currently 100 KG Som a year for each FGP and FAP. The FGPA is proposing an increase to 200 KG Som in 2009. The FGPA argues that this fee must remain small due to limited FGP/FAP budgets and personnel salaries and to the fact that FGP/FAP personnel are accustomed to the current fee.
- (2008 and beyond) Provide advocacy services and continually evolve advocacy strategy to match current environment and priorities
- (2008 and beyond) Work with MAC to provide trainings on Quality Standards for Accreditation (see “MAC” section for details).
- (2008 and beyond) Continue to engage in dialogue with the MOH and develop mechanisms and processes for the delegation of PHC professional certification function
- (2009) The FGPA might consider forgoing its WONCA membership as membership benefits are limited and annual WONCA membership fees are approximately equal to the amount FGPA receives from its members annually (US\$2,650).
- (2009) The FGPA will be sizing down its biannual national board meetings which are currently required by its Charter. A total of 18 people from all seven branches come to Bishkek for the meetings (22 are already present in Bishkek).
- (2008-2010) FGPA and ZdravPlus will continue to identify targeted funding opportunities. These include donors which have previously funded FGPA activities such as the Global Fund (funded a malaria intervention); ADB (neonatology in Osh); CitiHope (pharmaceuticals and rational drug use); UNFPA (reproductive health); the Soros Foundation; and the Finish Lung Health project. Other international donors which fund projects focused on non-communicable diseases, family medicine and primary care in low-income and transitional countries will be targeted. One such donor is the Center for International Health. It is seeking to start a Mental Health project in Kyrgyzstan. It met with the FGPA in June to discuss ways of collaborating on future projects. (See Annex I for a fuller list of potential donors).

- (2008-2010) The FGPA should continue to actively seek and develop consulting opportunities in other Central Asian and CIS republics
- (2008 and beyond) Continue to share resources such as office space with the FMSA, HA and MAC. The associations may also consider sharing one IT specialist, a secretary and a translator in the future.

FGPA institutional capacity to implement these sustainability plans over the next two years is strong. ZdravReform worked with the FGPA in the late 1990s to conduct environmental assessments, including SWOT analyses, and provided assistance in defining the role and organization of the board of directors and FGPA management. Personnel from the U.S. NGOs Counterpart Consortium and Mercy Corps trained personnel from the FGPA in the late 1990s and early 2000s on developing business plans, on fundraising, and on other NGO capacity building topics. ZdravPlus will continue to support the FGPA until the end of 2009 to further develop and implement its long-term sustainability plan.

Table I - FGPA Summary

Core Services	ZdravPlus Grant	Sustainability Plans
<ol style="list-style-type: none"> 1. CQI 2. Medical Bulletin 3. Inventory, Asset Management, IS 4. Advocacy for PHC 5. Quality Standards (facility accreditation and professional certification) 	<p>\$97,077- the FGPA currently depends on this funding for salaries, overhead, travel, CQI and the medical bulletin</p>	<ol style="list-style-type: none"> 1. Develop its five services as its core business/ comparative advantage in the PHC sector 2. CQI- include in SWAp budget; purchase vehicles 3. Medical bulletin- develop jointly with other associations, include advertising, sell domestically and distribute regionally 4. Inventory- implement FAP inventorization in 2008 and develop this as part of its wider Medical Equipment Asset Management and Information System activities for FGPs/FAPs 5. Conduct Quality Trainings on Accreditation with MAC- expenditures to be covered by health facilities 6. Continue to engage in dialogue on delegation of PHC professional certification function from MOH and develop mechanisms and processes to realize 7. Identify and pursue alternative funding sources in the region.

Overview of FMSA

The FMSA, the youngest of the ZdravPlus grantees, was established in 2003 as an association of Family Medicine (FM) specialists and trainers who contribute to the overall quality and sustainability of family medicine training and Continuing Medical Education (CME) in Kyrgyzstan. The FMSA: 1) supports family medicine training at the Kyrgyz State Medical Academy (KSMA), the Kyrgyz State Medical Institute for Retraining and Continuing Education (KSMIRCE), and oblast Family Medicine Training Centers; 2) supports the FM residency program; and 3) provides a financing mechanism through which funding organizations can support targeted training for specific interventions implemented by family medicine trainers.

Core Services (current)

FM Trainers/CME

Through the USAID/ZdravPlus grant, FMSA pays consulting fees to one FM department head, four site coordinators, five FM trainers, and eight part-time trainers (FMC doctors) at KSMA. At KSMIRCE, the FMSA funds one department head, one assistant director, six part-time FM professors, nine feldsher trainers, and six nurse trainers. At oblast FMTCs, the FMSA funds six part-time FMTC directors, twelve doctor trainers, six directors of nursing training, and ten nurse trainers.

FM Residency Program

FMSA provides a mechanism through which KSMIRCE and KSMA can jointly administer the Family Medicine Residency Program until it is fully institutionalized. Ten-dollar Stipends are paid monthly to residents and salaries are supplemented for administrators of the residency program.

Targeted Training and Integrating Vertical Health Programs

The FMSA is a mechanism through which internationally recognized vertical health programs can be integrated and institutionalized into national FM training programs. Typically, this involves international organizations preparing KSMIRCE FM trainers to provide ongoing training in KSMIRCE's various national FM training programs. For example, many WHO programs have been integrated into the four-month retraining curriculum for doctors, including IMCI, Healthy Lifestyles, Tuberculosis DOTS, and a course on rational drug use. USAID's SEATS project has contributed a course on reproductive health. ZdravPlus helped to implement WHO's program for syndromic management for STIs in this fashion. Similarly, two vertical programs have been the key topics for CME seminars for FGP doctors, nurses and feldchers in 2006: PAL (promoted by the Kyrgyzstan-Finland Lung Health Program) and a clinical pharmacology course (promoted by CitiHope International). The integration of vertical programs in the national education system helps to promote structural changes within the health care system. Typically, these changes involve shifting health care services from the costly tertiary care level to the more economical and convenient primary care level. Without the FMSA, donors would find it difficult to implement these interventions directly through KSMIRCE.

Core Services (in development)

Computer-based CME by Distance (CBCMED)

The FMSA and ZdravPlus continue to support the refinement phase that is defining the best delivery system of CBCMED to practicing PHC physicians and nurses. The FMSA also continues to develop new CBCMED courses and refine courses on congestive heart failure, cardiovascular disease, low back pain, asthma, and physical assessment for nurses. The FMSA provides recommendations to the MOH on the use of CBCMED for inclusion into the 2007 Strategy for Primary Care CME. Lastly, the FMSA is discussing the possibility of opening centers for Distance Education in partnership with IREX and other relevant agencies.

Developing Private Practices

The FMSA Charter includes as one of its objectives the development of clinical care including private practice. Private clinical care provides FM trainers a much needed opportunity to practice their clinical skills while supplementing their income. At the Bishkek Fushika branch of KSMIRCE, FM trainers have piloted such a clinic by receiving self-paying patients. Thus far the pilot is proving to be highly effective in providing opportunities for practice and for supplementing incomes.

Medical Newsletter

The FMSA and KSMIRCE are jointly producing a quarterly medical newsletter for family doctors and FM trainers which is sold for 500 KG Som.

USAID/ZdravPlus Grant and Contingent Budget

In 2006, the USAID/ZdravPlus grant provided to the FMSA amounted to \$243,437. In 2007 it increased to \$280,572. In 2008, the USAID/ZdravPlus grant to the FMSA is \$239,915. The FMSA prepared a budget of \$123,894 (52% budget of the 2008 budget) as an exercise of “contingent accounting” in order to identify and cost core business/activities and to better prepare the FMSA for its first year after discontinuation of USAID/ZdravPlus grants (2010). Most consulting fees that the FMSA disperses are fully dependent on the ZdravPlus grant as are all overhead costs (\$33,428) and program costs (\$30,950). The savings of \$116,021 in the contingent budget are primarily due to:

- Consulting fees reduced by \$45,823- via a decrease in the total number of KSMA site coordinators and residency stipends, reducing the number of KSMIRCE nurse and feldsher trainers and decreasing FMTC doctor trainers. Unless the MOH increases salaries and benefits for FM trainers and coordinators and stipends for residents, any further ZdravPlus grant cuts would severely hamper FMSA’s ability to implement an effective FM training/CME program.
- Cutting all overhead costs allocated for operations at KSMA, KSMIRCE and FMTCs. (\$33,428- e.g. telephone, internet, office supplies).
- Program costs reduced by \$30,950- these savings are due to removing all funding for books and CME and CQI trainings.

Sustainability Plans and Recommendations

It is clear that the core business of the FMSA is the further development of general practice/family medicine in Kyrgyzstan. One clear long-term niche for the FMSA may be the development of private clinical care which the management of FMSA is very keen on exploring over the next year and a half.

FM Trainers/CME

- (2008) Starting in September 2008 FM trainers’ salaries will be financed through the MOH. However, at only \$75 per month for part-time work, and with official titles of “Assistant” rather than “Trainer”, FM trainers will probably need additional motivation to continue this work in the long-term. One possible solution which is being piloted in Batken, Naryn and Osh, is for FM trainers to work 50% of their time in state polyclinics thus supplementing their income and building much needed clinical experience. This would also address the current problem of FM doctors not seeing a mixed population. Practicing in a clinic should be expanded to other oblasts. FMSA and KSMIRCE are jointly developing a proposal to the MOH to establish this practice via MOH decree.
- (2008-2009) Similarly, practicing part time in a private clinic is also being explored (see “Develop Private Practice” below).
- (2008-2009) KSMIRCE is currently developing an official proposal to the MOH to raise salaries of all personnel at medical institutes.
- (2009) There may be opportunity to use pharmaceutical company funding for CME. However, it would be preferable to avoid this until the potential for biasing CME content is eliminated.

- (2008 and beyond) FMSA could conduct regional trainings for participants from other Central Asian and CIS countries.
- (2008-2009) Change the employment structure of FMTC trainers allowing them to receive payment for both CME and residency training activities

FM Residency

- (2008-2009) The FMSA will continue to advocate for the institutionalization of the FM residency program including stipends for residents and stipends for FGP clinical mentors.

Targeted Training and Integrating Vertical Health Programs

- (2008 and beyond) The FMSA should continue to network with donors which fund relevant interventions and support the integration and institutionalization of priority topics in FM (e.g. World Bank for HIV; WHO; KFW for emergency care; ADB for antenatal training and IMCI; and the Global Fund for TB and HIV). (See Annex I for a larger list of potential donors.)

Computer-based CME by Distance (CBCMED)

- (2008-2009) A gradual shift toward CBCMED would dramatically reduce current transport costs for CME and further ensure the sustainability of FM trainers and CME.

Develop Private Practice

- (2008 and beyond) The FMSA currently sees the development of private clinical care as one of its future comparative advantage and marketable service. To this end, the FMSA needs to support the development of linkages between the public and private sector in health care (including the legal base).
- (2008-2009) FM trainers should have the opportunity to practice in private clinics to supplement income and provide much needed practical clinical experience. Additionally, resident training through private practice would be beneficial.
- (2009 and beyond) The FMSA could provide administrative and legal support to new clinics to complete the bureaucratic processes which include registration at the Tax Inspection Agency, obtaining approval from the Bishkek City Sanitation Epidemiological Service (this agency inspects the clinic to ensure it is safe for receiving patients), and obtaining the practicing license from the MOH Department of Strategic Planning and Reforms.

Medical Research

- (2008-2009) The FMSA would like to develop medical research in Kyrgyzstan. This would contribute to professional development, increase the position of FM providers, increase salaries, improve the image of family medicine and provide content to medical journals.

Medical Newsletter

- (2008-2009) As stated previously, the FMSA and FGPA are considering merging this quarterly newsletter with the semiannual FGPA medical bulletin to share writing resources, to widen readership and capitalize on economies of scale.
- (2009) FMSA and KSMIRCE have registered with the Higher Education Commission of Kyrgyzstan a journal titled, "Medical Personnel of the 21st Century" which may be used for the development of a joint FGPA-FMSA medical bulletin on family medicine and/or produced for regional distribution (the FGPA has begun preliminary discussions on regional production and distribution with the Kazakhstan Association of Family Physicians and the Tajikistan Family Medicine Association).

General

- (2009) In 2004 and 2005, there was talk of merging the FGPA and FMSA into a single association working on primary care and family medicine. Depending on funding availability over the next few years, the associations may want to use a SWOT analysis to explore the strengths and weaknesses of such a merger.

- (2008 and beyond) Continue to share resources such as office space with the FGPA, HA and MAC. The associations may also consider hiring and sharing an IT specialist, secretary and translator in the future.

Table II - FMSA Summary

Core Services	ZdravPlus Grant	Sustainability Plans
1. Supporting FM Trainers/CME 2. Supporting FM Residency Program 3. Targeted Training and Integrating Vertical Health Programs 4. CBCMED 5. Developing Private Practice 6. Medical Newsletter	\$239,915- the FMSA currently depends on this funding for consulting fees, overhead costs, and program costs.	1. Continue to advocate for the institutionalization of CME (detailed above) 2. Pursue a strategy which allows FM trainers to spend 50% time instructing and 50% practicing 3. Continue to support the institutionalization of the FM residency program 4. Continue to develop CBCMED into a practical alternative and/or supplement to CME 5. Develop quality private practices/private care 6. Work more closely with the FGPA on developing publications and FM in general 7. Collaborate with regional associations

The Hospital Association

Overview of HA

The Hospital Association (HA) is a national professional membership organization with 75 member hospitals and is a member of the International Hospital Association. Since its establishment in January 1997 the HA has collaborated with the MOH on developing a national plan for hospital restructuring; supported the optimization of hospitals; completed the inventorization of equipment at FGPs nationwide and developed; supported a database that tracks and monitors equipment and materials used by state health facilities; defended the interests and rights of its hospital members; and increased the capacity and efficiency of hospital management through the provision of trainings on general management, financial management, and human resource management. It is also rapidly developing into a leading specialist organization on nosocomial infection prevention and control.

Core Services (current)

Nosocomial Infection Prevention and Control

The HA continues to develop its package of services related to infection control and prevention. This has included conducting surveys in April 2008 among hospitals in Osh and Naryn on the preparedness of hospitals to adopt infection prevention and control measures as well as a survey among hospital staff on HIV/AIDS prevention measures. Training on infection and HIV prevention was also conducted. Depending on funding, this work will be expanded nationwide in 2009. Under the overall framework of infection prevention and control, the HA is also involved in a working group with WHO and CDC which is developing blood safety clinical protocols. Once these protocols are developed and approved, the HA will train hospital personnel on these protocols in hospitals nationwide. Lastly, also under the infection prevention framework, the HA is developing, with the National Hospital, a Patient Safety pilot which focuses on hand hygiene.

Hospital Management Training

The HA has provided hospital management trainings to its member hospitals since its inception. This has primarily focused on financial management and accounting. In 2008, these activities are limited due to personnel and funding shortages.

Equipment Inventory and Asset Management at Health Facilities

The HA has worked with KFW and Avanco on overall asset management and inventory at FGPs nationwide. An asset management database was developed by the HA which has collected the initial data set on equipment throughout the country. The HA is currently in discussion on its involvement in the inventory of FAPs scheduled for the summer of 2008.

Development of Nursing

The HA has provided limited training on nursing with the aim to raise standards of nursing clinical practice at member hospitals.

Quarterly Medical Bulletin

Until incurring budget cuts in 2008, the HA was producing and distributing a medical bulletin for hospitals throughout Kyrgyzstan.

Core Services (in development)

Hospital Disaster Preparedness

In 2008, the HA, with funding from the International Committee of the Red Cross (ICRC), began carrying out disaster risk analysis of hospitals throughout the country in order to prevent loss of life and mitigate loss of equipment and materials. Key objectives of this analysis is emergency preparedness plans including enhancing a hospital's readiness to cope quickly and effectively with an emergency.

USAID/ZdravPlus Grant and Contingent Budget

In 2006, the USAID/ZdravPlus grant provided to the HA amounted to \$50,000. In 2007 it increased to \$67,953. In 2008, the USAID/ZdravPlus grant provided to the HA amounts to \$60,000. The HA is currently dependent on this grant to cover personnel salaries, overhead costs and its infection prevention/control and management training activities. The HA attempted to develop a "contingent budget" at 50% in order to identify and cost core business/activities and to better prepare itself for its first year after discontinuation of USAID/ZdravPlus grants (2010). At 50% of the current USAID/ZdravPlus grant (\$30,000), the HA would simply be incapable of covering salaries and therefore unable to implement any programs (other than interventions funded by other donors such as ICRC), cover its overhead costs and pay for its membership dues to the International Hospital Association.

Sustainability Plans and Recommendations

ZdravPlus considers that the HA's optimum strategy for long-term sustainability is to focus on providing hospital management services to its member hospitals, further specialize in the area of nosocomial infection prevention and control and to continue to be involved in equipment inventorization of hospitals (rather than primary care facilities). The other services it has or continues to provide – the development of nursing, developing a medical bulletin, and hospital disaster preparedness – are clearly needed, but the HA must be careful to promote a clear set of services to the MOH, its members and potential donors. There are a number of other steps and recommendations which the HA should implement in order to move closer to sustainability:

Nosocomial Infection Prevention and Control

- (2008) The HA should link their infection prevention and control activities with USAID's AIDS Support and Technical Resources (AIDSTAR) work which is scheduled to begin in Kyrgyzstan in 2009. The HA is scheduled to meet with AIDSTAR representatives in Bishkek in late June/early July to discuss ways of collaborating.

- (2008-2009) The World Bank is considering funding a program on hospital waste management in Kyrgyzstan. The Swiss Red Cross (which operated a pilot on waste management in Naryn Oblast) and the HA are currently discussing ways of collaborating on such a project if there is a call for proposals.

Hospital Management Training

- (2008-2009) Management training is a highly marketable member service. The HA could realistically raise membership fees from the current annual \$80 to \$150 within one year if hospitals received materials and/or trainings on general and financial management. If the roughly 110 hospitals in Kyrgyzstan paid this fee, it would generate \$16,500 which would cover programmatic costs related to producing management materials and the provision of management training.

General

- (2008-2009) The HA should continue to identify additional targeted funding opportunities. Two pending opportunities are: 1) working with WHO to develop a “Strategy on Hospital Quality in Tajikistan” (a representative from WHO Tajikistan is planning on meeting with the HA in Bishkek in late June 2008); and 2) the Center for International Health is proposing to fund a nationwide project on mental health. It met with the HA in June 2008 to discuss ways HA could be involved in implementing such a project at psychiatric hospitals and will follow-up directly with the HA over the summer of 2008 with specifics.
- (2008-2009) Similarly, The HA should step-up efforts to find relevant national and regional consulting opportunities (building on past experience which includes working with the DFID/WHO Health Policy Analysis Project and Center for Health Systems development to complete hospital analyses and studies).
- (2008 and beyond) Continue to share resources such as office space with the FGPA, FMSA and MAC. The associations may also consider hiring and sharing an IT specialist, secretary and translator in the future.

Table III - HA Summary

Core Services	ZdravPlus Grant	Sustainability Plans
1. Nosocomial Infection Prevention and Control 2. Hospital Management Training	\$60,000- The HA is currently dependent on this funding to cover personnel salaries, overhead costs, its infection prevention/control activities, and its management training activities.	1. Continue to develop into an authority on nosocomial infection and prevention control 2. Focus on providing strong management training to its member hospitals 3. Raise member fees to \$150 in 2009 4. Link and collaborate with relevant organizations funding interventions similar to its core business (for example the Swiss Red Cross and the World Bank on waste management as part of infection prevention)

Overview of MAC

The [Medical Accreditation Commission](#) -- a member of the International Society for Quality in Health Care (ISQua) -- is helping to create the conditions necessary for continuous improvement of the quality of health services in Kyrgyzstan by providing accreditation services to health facilities nationwide. MAC was formed out of the Licensing-Accreditation Commission of Kyrgyzstan (LAC) which was established in 1997 by the MOH with support from the World Bank and USAID/ZdravReform. In 2000, the MOH and LAC began planning the separation of licensing and accreditation functions and relevant regulations were passed in 2000-2001 with "licensing" moving to the MOH, and being completed only for new private physicians and new private clinics, and "accreditation" of healthcare facilities being carried out by the separate Medical Accreditation Commission (MAC). MAC was thus formally established in 2001 as an independent, non-profit, nongovernmental organization (NGO) with the mission to: "Improve the quality of patient care services provided in accredited healthcare facilities in Kyrgyzstan regardless of ownership (state or private). To ensure that the individual consumer and the payers for patient care services (public and private) are receiving quality patient care service provided in accredited healthcare facilities. To conduct research in the process of improving accreditation of healthcare facilities through improved methodology, technology, and evidence based medicine to ensure quality patient care services in healthcare facilities."

Core Services (current)

Ongoing Development of Quality Standards for Accreditation

LAC/MAC has been developing national health accreditation standards jointly with the MOH and specialists from health facilities nationwide since 1997. Over the past eleven years these standards have been through a series of revisions based on stakeholder consultations and on ISQua principles and recommendations. The latest 2008 set, comprised of 205 standards -- of which 72 are management related, 34 are related to clinical safety, 36 are related to primary health care, 32 on hospital care and 31 on materials and environmental safety -- was submitted for ISQua review in January 2007. This was followed by ISQua endorsement and accreditation two months later in March. This current ISQua accreditation is valid until February 2012. MAC will continually improve this current set of standards according to the latest ISQua principles, Kyrgyzstan health needs and international best practice.

Training on Quality Standards for Accreditation

MAC also provides national training on accreditation standards for management of health facilities -- one annual training in the South and one in the North. When funding is available, MAC also organizes seminars and conferences on continuous quality improvement for health care workers. MAC is currently printing 400 manuals on "Kyrgyzstan Quality Standards for Accreditation" to be distributed to health facilities nationwide.

Health Facility Evaluation and Compliance Monitoring

Over the past three years, 83 family medicine centers, 75 hospitals, 31 FGPs, two maternity facilities, and seven departmental wards have been accredited by MAC. Facility accreditation is currently voluntary. It costs, on average, \$350 to complete an evaluation of a health facility. Two to three experts from MAC inspect the facility for four to ten days (the length of time depends on the size of the facility). Evaluation expenditures are primarily covered by the health facilities. This accreditation evaluation process is repeated every three years. 71 facilities require re-accreditation and related evaluations in 2008. Secondly, MAC conducts yearly compliance monitoring and has developed a set of interrelated quality and accreditation management processes for health care facilities. This includes the establishment of internal "Committees of Quality and Safety" which are responsible for self-assessment and overall adherence to accreditation standards and requirements. 57 facilities will to be monitored for accreditation compliance in 2008.

USAID/ZdravPlus Grant and Contingent Budget

In 2006, the USAID/ZdravPlus grant awarded to MAC amounted to \$50,000. In 2007, the grant increased to \$52,370. In 2008, the USAID/ZdravPlus grant to MAC totals \$47,999.60 (Annex 7). MAC is dependent on these funds to cover personnel salaries (\$24,840), its standards training activities (\$14,940) and its annual ISQua membership payment (\$2,900). In April 2008, MAC developed a “contingent budget” at 69% of its current USAID/ZdravPlus budget (\$33,059.60 of \$47,999.60- Annex 8) in order to identify and cost core business/activities, better prepare for any further budget cuts in 2009, and plan for its first year after discontinuation of USAID/ZdravPlus grants (2010). Results of this exercise revealed that MAC is unable to optimize its workforce any further. Therefore, the only available option is to cut all expenditures related to standards training and ISQua membership.

Sustainability Plans and Recommendations

Both MAC’s long-term mission and core business are clear and it has done well to link closely with ISQua which ensures accountability and quality of its standards and procedures. MAC’s financial sustainability depends largely on the willingness and commitment of the MOH to pass laws on mandatory accreditation requiring the roughly 400 state facilities to pursue and pay for evaluation, monitoring and ongoing standards training.

Accreditation- standards development, training and evaluation

- (2009) Approximately 25% of MAC’s current budget is covered through fees paid by facilities for evaluation and compliance monitoring. Obviously, further costing is required, but if each facility paid \$400 to MAC every three years for their training and evaluation services, MAC would receive an annual average of \$53,333, and an additional \$40,000 annual revenue for compliance monitoring (\$100 for each facility) for a total annual revenue of \$93,333. This would cover MAC’s personnel salaries, overhead expenditures and program costs. MAC is currently in discussions with the MOH and MHIF on implementing mandatory accreditation in 2009. Similarly, MAC should explore options of providing accreditation services to private practices and dental clinics.
- (2009) Due to financial and human resources shortages, MAC is unable to effectively and thoroughly train the management of health facilities on quality standards for accreditation. In June, ZdravPlus, the HA, FGPA and MAC met to discuss how these associations can work together to implement these trainings. The HA and FGPA will prepare training modules on standards related to hospital and primary care, respectively, and will provide trainers for the yearly training sessions.

Regional Opportunities

- (2008-2009) MAC needs to identify targeted funding and regional consulting opportunities. ZdravPlus will work with MAC over the next year and a half towards this goal. Pending possibilities include:
 - a meeting in late June between MAC and WHO to discuss establishing hospital accreditation in Tajikistan;
 - recommending MAC as a subcontractor on an upcoming World Bank Health reform project proposal for Kazakhstan to work on accreditation and quality assurance issues;
 - Millennium Challenge Corporation is calling for proposals for a project in Mongolia which includes quality assurance and health accreditation activities. Considering that Mongolia’s health system is very similar to Kyrgyzstan’s, and that MAC is one of the only accrediting commissions in the former USSR, MAC would be well placed to implement the proposed activities.

General

- (2009) Continue to share resources such as office space with the FGPA, FMSA, and HA. The associations may also consider hiring and sharing an IT specialist, secretary and translator in the future.

Table IV- MAC Summary

Core Services	ZdravPlus Grant	Sustainability Plans
<ol style="list-style-type: none"> 1. Development of Quality Standards for Accreditation 2. Training on Quality Standards for Accreditation 3. Health Facility Evaluation and Compliance Monitoring 	<p>\$47,999.60- MAC is currently dependent on this funding to cover its personnel salaries (\$24,840), standards training activities (\$14,940) and its annual ISQua membership payment (\$2,900)</p>	<ol style="list-style-type: none"> 1. MAC will work with the MOH and MHIF on creating mandatory accreditation for state health facilities 2. Subsequent fees levied on facilities during the training, evaluation and monitoring phases of the accreditation process could generate annual revenue of approximately \$93,333 (enough for MAC to be a financially independent and viable organization) 3. Continue to look for opportunities to duplicate MAC's success in the countries of Central Asia, the CIS or other similar countries (e.g. Mongolia).

Annex 1- Potential Donors offering Targeted Funding

In Addition to donors listed in the text above and in the table below, organizations which continue to fund relevant health initiatives worth pursuing include:

- **Ovations** (a United Health Group Company focused on chronic diseases in developing countries)
- **The Ford Foundation***
- **Rockefeller Foundation**
- **David and Lucile Packard Foundation**
- **William and Flora Hewlett Foundation**
- **John D. and Catherine T. MacArthr Foundation**
- **Merck Company Foundation**
- **Bristol-Myers Squibb Fondation, Inc**
- **ExxonMobile Foundation**
- **Starr Foundation**

*Private Foundations account for one-fourth of all development aid for health according to Finance and Development, December 2007

Name	Goals	Contacts	Additional info	Possible grant receivers
National Library of Medicine	Since 1996, the National Library of Medicine (NLM) has made Internet Connection grants to health-related institutions that wish to provide Internet access to the professionals and clients of their organization. They will benefit health professionals, scientists and citizens in 24 states in the U.S. and in eight countries in	1- 888- Find-NLM	The National Library of Medicine (NLM), on the campus of the National Institutes of Health in Bethesda, Maryland, is the world's largest medical library. The Library collects materials and provides	FGPA, FMSA, HA, MAC

	Central Asia, Africa and the South Pacific.		information and research services in all areas of biomedicine and health care	
Louise Lown Heart Hero Award	The Louise Lown Heart Hero Award is given annually to celebrate and recognize innovative, preventive approaches to promoting cardiovascular health in developing countries and other low-resource settings.	<p>Juan Ramos, ProCor Program Coordinator.</p> <p>Email: jramos3@partners.org</p> <p>Fax: 001 617 734 5763</p> <p>Mail: Louise Lown Heart Hero Award</p> <p>Lown Cardiovascular Research Foundation</p> <p>21 Longwood Avenue</p> <p>Brookline, MA, 02446, USA</p> <p>Website: www.procor.org</p>	<p>Award criteria</p> <p>Applicants should focus on <i>one specific initiative</i> rather than an organization's entire body of work. The initiative must:</p> <ul style="list-style-type: none"> · Build awareness or support action that promotes heart health. · Be community-based and innovatively respond to local health needs. · Demonstrate success. · Be cost-effective and potentially sustainable. · Have the potential to be adapted or replicated in other settings. · <i>Have been in operation for a minimum of one year.</i> 	FGPA

<p>The Pfizer Foundation</p>	<p>The Pfizer Foundation is committed to funding innovative and comprehensive programs along the continuum of prevention and care services for high-risk HIV-negative and/or at-risk HIV-positive persons and their sex and/or needle-sharing partners. Grants will be awarded under the following four categories: (1) Prevent infections among high-risk HIV-negative persons; (2) Prevent transmission from HIV-positive persons to their at-risk sex and/or needle sharing partners; (3) Link persons living with HIV into high quality care and treatment services; and (4) Promote adherence and delay disease progression among persons living with HIV.</p>	<p>http://hivaidphilanthropy.pfizer.com/default.aspx</p>	<p>The Foundation is providing grants, technical assistance and networking resources over three years to ASOs taking a comprehensive approach to HIV prevention, access to care and treatment among people living with HIV/AIDS and people who are at high-risk for HIV infection.</p>	<p>HA</p>
<p>AmeriCares</p>	<p>AmeriCares is an international relief organization whose passion to help is matched by an ability to deliver. Whether it's an epic disaster or a daily struggle, AmeriCares goes to extraordinary lengths to ensure that medicines, medical supplies and aid reaches individuals in need wherever they are, whenever they need it. In a quarter of a century, we have delivered more than \$7 billion of aid to 137 countries. AmeriCares is an I.R.S. registered 501(c)(3) tax-exempt organization.</p>	<p>Our Address 88 Hamilton Avenue Stamford, CT 06902 USA</p> <p>Our Phone Direct: 1-203-658-9500 Toll Free: 1-800-486-HELP (4357)</p> <p>http://www.americares.org/</p>	<p><i>Forbes</i> includes AmeriCares in its list of 200 largest charitable organizations in its 2007 Investment Guide. <i>Forbes</i> ranks charities based on the amount of private gifts they receive. AmeriCares was one of 17 nonprofits with 100-percent fundraising efficiency.</p>	<p>FGPA, HA</p>
<p>Bill and Melinda Gates foundation</p>	<p>The foundation supports efforts to address diseases that have a lower overall burden than those noted above, but still have a disproportionate impact in the developing</p>	<p>PO Box 23350 Seattle, WA 98102</p> <p>Phone: (206) 709-3100</p>	<p>Critical Enabling Strategies To ensure that life-saving health interventions reach</p>	<p>HA</p>

	<p>world:</p> <ul style="list-style-type: none"> • Helminthic infections: Lymphatic filariasis, onchocerciasis, schistosomiasis, cysticercosis, Guinea worm, and intestinal nematodes. • Sexually transmitted infections: Gonorrhea, syphilis, and chlamydia. • Kinetoplastid diseases: Human African trypanosomiasis, visceral leishmaniasis, and Chagas disease. • Cervical cancer caused by human papillomavirus. • Other diseases: Meningitis, dengue, Japanese encephalitis, and trachoma. 	<p>(Reception)</p> <p>(206) 709-3140 (Grant Inquiries)</p> <p>Email: info@gatesfoundation.org</p> <p>http://www.gatesfoundation.org/ForGrantSeekers/GlobalHealth</p>	<p>those who need them most, the foundation supports efforts to:</p> <ul style="list-style-type: none"> -Mobilize new resources for global health, including innovative financing and product procurement mechanisms. -Build awareness of global health issues among decision-makers, the media, and the public. -Strengthen public health leadership. -Improve the collection and use of data and evidence for global health decision-making. -Improve the delivery of, and demand for, key products and interventions. 	
Brother's Brother	<p>BBF is a 501 (c) (3) not-for-profit charitable organization dedicated to relief and humanitarian assistance efforts through the world. Our mission is to promote international health and education through efficient and effective distribution of</p>	<p>Ph: 412-321-3160 Fax: 412-321-3325</p> <p>http://www.brothersbrother.org</p>	<p>BBF provides preventative, development and relief medical aid through the distribution of pharmaceuticals,</p>	FGPA, HA, FMSA

	<p>donated pharmaceuticals, medical supplies, textbooks, educational supplies, food, clothing, seed and other resources. The BBF motto, “connecting people’s resources with people’s needs” is accomplished through gift-in-kind contributions that are distributed upon request and identification of need within less developed and developing countries in partnership with US-based and in-country NGOs. BBF assists people without regard to race, creed, religion, or politics.</p>		<p>medical supplies and equipment, and the coordination of surgical teams through Surgi Corps International.</p>	
<p>Hesperian Foundation</p>	<p>Foundation works to strengthen the ability of poor people and communities to take greater control over their health and lives. For more than 30 years, Hesperian has developed and distributed vital health information and educational resources that assist poor and marginalized people to diagnose, treat, and prevent common health problems, as well as to organize to change the social and economic conditions that undermine health.</p>	<p>http://www.hesperian.org Ph: 510-845-1447 Fax: 510-845-9141</p>	<p>PA Creative Education Fund provides small grants to health education Programs that use our books to improve women’s health. It has also funded street theater, health posters, and radio broadcasts.</p>	<p>FMSA</p>
<p>Hib Initiative</p>	<p>The Hib Initiative has been appointed by the Global Alliance for Vaccines and Immunization (GAVI) to assist countries to make evidence- based decisions regarding the introduction of Hib vaccine into national programs.</p>	<p>http://hibaction.org/ Lois Privor-Dumm Director, Communications Strategy lprivord@jhsph.edu</p>	<p>-The Hib Initiative unites experts from Johns Hopkins Bloomberg School of Public Health, the London School of Hygiene and Tropical Medicine, the Centers for Disease Control and Prevention and the</p>	<p>FGPA</p>

		<p>Rana Hajjeh Project Director rhajjeh@cdc.gov</p>	<p>World Health Organization</p> <ul style="list-style-type: none"> -The Initiative is supported by a \$37 million, 4-year grant from GAVI/The Vaccine Fund -To achieve their goal of reducing childhood death and disability, the Initiative has adopted a collaborative, country-driven approach -The Hib Initiative aims to guide countries in making informed decisions regarding introduction or continuation of Hib vaccine programs in the context of other health priorities 	
<p>Levi Strauss Foundation</p>	<p>Levi funds programs that:</p> <ul style="list-style-type: none"> - Create and disseminate effective prevention messages; - Provide skills and information aimed at replacing risky behaviors with safer-sex practices; - Seek to change public policies that impede 	<p>Mr. Roberto Segre, DG Justice and Home Affairs</p> <p>Office LX46 3/159</p> <p>Rue de Geneve 1, B-1140 Brusells – Evere</p> <p>022951327, JAI-</p>	<p>In 1985 the Levi Strauss Foundation became the first U.S. corporate foundation to address this epidemic, and has since contributed more than \$26 million to organizations in more</p>	

	dissemination of lifesaving information and services; and - Increase the availability of and access to clean syringes to prevent the spread of HIV through needle sharing. For more information about the Syringe Access Fund	AGIS@cec.eu.int www.livistrauss.com	than 40 countries	
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