Kyrgyzstan

ZDRAVPLUS COUNTRY PROFILE

The Kyrgyz Republic, with support from an array of donors, including the ZdravPlus Project, sets the standard for health reform in Central Asia. Successes in pilot oblasts are being replicated throughout the republic and institutionalized at the national level. Efforts to reform health financing have resulted in a model with worldwide relevance – a single-payer system that pools health care resources and redistributes them through provider payment systems with incentives to improve efficiency and quality. Restructuring and rationalization have reduced excess health system capacity. Innovative programs, like outpatient drug benefits, have resulted in improved access to care and drugs, increased utilization of primary health care, and decreased referrals to hospitals.

A network of Family Medicine Training Centers is retraining primary health care professionals. Residency programs, continuing medical education, evidence-based clinical guidelines, and quality improvement pilot projects ensure that knowledge and skills are put into practice. Emphasis has been placed on involving the population in health system strengthening. Patients now have the right to choose their primary health care provider, and the responsibility to pay a portion of their specialty or inpatient health care costs. Health promotion efforts increase patient knowledge on disease prevention, healthy lifestyles, and appropriate care seeking.

Policy Environment for Health Reform

In 1994, the Kyrgyz government adopted a Health for All policy defining priority areas in the health sector, including family health, safe drinking water, and healthy lifestyles. With support from WHO, the Kyrgyz Republic initiated a health reform program called the Manas Program. Both programs aimed to improve the health status of the population by strengthening primary health care (PHC), focusing on the development of family medicine, reducing hospital capacity, and improving quality of care and efficiency of the health care system. The Government designated Issyk-Kul Oblast as the national health reform demonstration site in 1996.

The USAID-funded ZdravReform (now ZdravPlus) Project assisted Kyrgyzstan to develop and implement a comprehensive, integrated health reform model in Issyk-Kul Oblast, starting with restructuring and improving PHC services. The new system preserves equitable access to PHC through a network of independent family group practices (FGPs) and introduces new incentives for providers and patients within a restructured and rationalized system. A loan from the World Bank, begun in 1996, provided the necessary construction, renovation, and equipment. A second World Bank loan supports extension of health reforms geographically and deepens health reforms in areas like quality of care, public health, and health promotion.

Commitment to health reform is constrained by the overall economic and financial situation in Kyrgyzstan. However, stakeholders remain optimistic that they can improve the health care system to better respond to people's needs and stay within their budget. Reforms have benefited from political stability and continuity among the major stakeholders, commitment to reform, and a step-by-step implementation approach. Positive results obtained in Issyk-Kul Oblast and other pilot sites have led to expansion of the reform model to additional oblasts, institutionalization of health reforms at the national level, and development of a productive collaboration among donors.

ZdravPlus Implementation Strategy

The ZdravPlus Project in Kyrgyzstan supports health reform leaders in driving the health system strengthening process, building capacity to develop and implement health policy and technical

Kyrgyzstan at a Glance

- Capital: Bishkek
  Population: 4.9 million
  Area: 199,000 sq. km
- GDP (millions): $1,251
  Gross National Income Per Capita: $2,420
  Health Expenditure as % GDP: 4.5%
- Annual Population Growth Rate: 1.5%
  Total Fertility Rate: 2.7
  Life Expectancy at Birth: 67
  Infant Mortality Rate: 26
  Maternal Mortality Rate: 80

World Bank World Development Report 2001

ZdravPlus
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USAID

The USAID-funded ZdravPlus Project provides technical assistance and training to improve the health of Central Asian populations by improving health delivery systems

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interventions using a step-by-step implementation approach, and institutionalizing the health reforms. Experience in pilot sites feeds into national-level policy dialogue. ZdravPlus has supported health reform efforts with technical assistance and training in three stages:

- 1994-1997 – Development of a top-down health reform policy framework (the Manas Program) and a bottom-up pilot to test the health reform model (the Issyk-Kul Oblast pilot).
- 1997-2000 – Extension of the pilot project and consolidation of a national policy framework for health reform with support from USAID, the World Bank, and others.
- 2001-present – Institutionalization of health reforms and expansion of reform efforts to all seven oblasts.

Since 2001, ZdravPlus has worked with counterparts to implement and refine an effective single-payer health financing system. Reforms will be extended as the single-payer system is rolled out with Issyk-Kul and Chui Oblasts in 2001, Naryn, Talas, and Osh Oblasts in 2002, and Bishkek City and Jalal-Abad and Batken Oblasts in 2003. Other efforts focus on training health professionals, changing the medical education system, improving quality of care at the facility level, and involving the population.

Pilot Sites

All seven oblasts in Kyrgyzstan are pilot sites in varying stages of reform. Issyk-Kul and Chui Oblasts are mature pilot sites, where innovative interventions continue to be tested and refined before being extended to other regions. Osh and Jalal-Abad Oblasts and Bishkek City are emerging pilot sites, with initial focus on establishing an oblast health purchasing function and linking formation of FGPs to family medicine retraining. Talas, Naryn, and Batken Oblasts are new pilot sites where national health care institutions are transferring knowledge and operational methodologies to the oblast-level institutions, such as health purchasing organizations, FGP Associations, and Family Medicine Training Center (FMTC) affiliates.

Improving Efficiency of Resource Use

The Kygyz MOH with support from ZdravPlus has worked hard to reorient the health care system to more cost-effective PHC, rationalize excess capacity, increase resources for health care, and improve efficiency. Other reform priorities have been to build management and accounting capacities throughout the system, and to develop clinical and financial information systems that support health reform, payment systems, and improved service delivery.

Health financing reform started with restructuring and rationalization of the health delivery system to strengthen PHC and create a more integrated, efficient system. The entire population is now covered by 740 FGPs. A Health Insurance Fund (HIF) was created under the MOH to act as a single payer of funds to health care providers. The HIF pools funds from various sources (budget funds, health insurance payroll, taxes, and population co-payments) and reimburses health facilities for health services provided to the population. The HIF distributes health care resources using provider payment systems with financial incentives to increase efficiency – a capitated payment system for PHC facilities and a case-based payment system for hospitals.

Although many factors are involved, the single-payer system can largely be credited with creating an impetus for behavior change in the areas of reducing hospital overcapacity and reinvesting savings. Issyk-Kul Oblast piloted the single-payer system last year. Excess capacity was rationalized, with the number of beds being reduced by 32%, the number of buildings reduced by 30%, and staff reduced by 13%. Staff salaries increased by 20%,

"…Successes of the Issyk-Kul and Chui Oblast pilots in implementing new methods of health financing, including co-payment mechanisms [have] led to a sharp decrease in corruption in health care facilities, as well as an increase in revenues that allow for improvements in the quality of care. These new, positively tested methods of health care organization should be spread countrywide." Askar Akaev, President of the Kyrgyz Republic, October 16, 2001

funding for variable or direct patient costs increased by 116%, and expenditures on drugs per patient-day increased by 170%.

This core structural and financing reform in the health system provides the foundation for additional interventions that change the behavior of stakeholders in the health system, like an outpatient drug benefit and formalized co-payments. The outpatient drug benefit has resulted in more of the population being insured, increased availability of drugs at FGPs, and reduced hospital admissions. Formal co-payments for specialized outpatient and inpatient care have reduced informal payments to doctors and for drugs, and significantly increased facility resources available to improve quality of care.

The MOH and ZdravPlus have invested in setting up a mechanism to train health managers to increase awareness of the health reforms; allow them to adapt to the incentives of the single payer system, including new provider payment systems; and to manage given greater autonomy. Health management training is being institutionalized under the MOH and medical academies. Ten health management courses will be offered. The new Health Protection Law requires that heads of facilities be certified in health management creating tremendous demand for health management courses. The courses are already sustainable with heads of facilities paying for the courses and a long waiting list to enroll.

Health information systems containing population, clinical, and financial data have been developed and are being implemented at the national level. New information systems operate the new provider payment systems, contribute to quality assurance and research, and provide better data for decision-making by health purchasers and health providers. Population databases are used in capitated payment systems for PHC facilities and are updated periodically with births, deaths, and migration. A case-based hospital payment system has been developed with all of the general hospitals in Kyrgyzstan being paid through the system. Ownership for outpatient clinical information systems is being transferred to FGPs, as quality indicators for PHC are developed and attempts are made to simplify the information collected. Training efforts are ongoing to increase the ability of statisticians and health providers to better use and analyze data.

Improving Quality of Health Care

As a key component of health reform, family medicine is being successfully introduced in Kyrgyzstan. A year-long theoretical and practical training course to develop future family medicine faculty was completed for physician and nurse trainers. The retraining of physicians and nurses to become FGP health personnel is continuing at FMTCs throughout the country in collaboration with the World Bank. Roughly half of the health personnel already have been retrained; in all, 2,500 doctors and 3,300 nurses will be retrained by 2005. The course for physicians includes seven and a half months of training over a two-year period. The focus is shifting now to longer-term programs such as a national family medicine residency and a continuing medical education program for family doctors.

The MOH and ZdravPlus are working to improve quality of care through the introduction of evidence-based medicine and the development of clinical guidelines, accreditation, integration of reproductive health into PHC, and development of facility-based quality improvement mechanisms. ZdravPlus trained family medicine faculty and residents in evidence-based medicine and guidelines development and supported the development of several new guidelines for PHC. Accreditation of health providers was required for eligibility to receive health insurance funds through new provider

payment mechanisms. An independent Medical Accreditation Commission was established to streamline standards and processes for accrediting health providers to further improve quality of health care. ZdravPlus provided technical assistance to improve the organizational structure, standards, and processes of the Commission. The new standards and processes were pilot tested and will be refined and rolled out to accredit all health care providers.

The MOH and ZdravPlus are working together to build a solid reproductive health program that provides quality services to improve women's and children's health and integrates basic reproductive health services into PHC. Health providers have received training on reproductive health, including contraceptive technology and counseling and communication skills. A pilot in two sites is testing integration of treatment of sexually transmitted infections in a PHC setting, while a pilot in Jalal-Abad will test IUD insertion by midwives. A new facility-level Quality Improvement System, initially focused on improving reproductive health services, was pilot tested in Issyk-Kul Oblast and is being extended to include all PHC services and new geographic areas.

Redefining Patient Rights and Responsibilities

MOH and ZdravPlus efforts to involve the population in their health care decision-making encourage patients to exercise their rights and take more responsibility for their own health. The population has the right to choose and enroll in their FGP, and to know how much their care will cost and what the cost will include. A "Know Your Rights" campaign has focused on marketing co-payments, the new benefits package, and the outpatient drug benefit. The campaign was successful in informing the population how much they had to pay per visit and that they only had to pay once. The population endorses the co-payment scheme because co-payments are less than what patients previously paid informally for care, they like that drugs and materials are more available at the health facility, and they feel it is fair to share the burden of payment of health services.

Health promotion activities focus on a wide array of topics including: maternal and child health, tuberculosis, sexually transmitted infections, and healthy lifestyles using print material, mass media, and interpersonal communications. ZdravPlus provides technical assistance to the development and implementation of health promotion work and to institutionalize health promotion activities at the National Health Promotion Center and through health NGOs. ZdravPlus increases local capacity through training, such as trainings on inter-personal communication to improve how health workers relate to, inform, and counsel the population.

Creating a Favorable Legal and Policy Framework for Health Reform

One of the most successful aspects of health system strengthening efforts in Kyrgyzstan is the high level of ownership of the reforms themselves, in both design and implementation, by key stakeholders throughout the system. ZdravPlus continues to provide assistance in drafting concept papers, creating technical working groups, contributing to the development of appropriate legislation, and defining appropriate roles, responsibilities, and relationships for health sector institutions. The WHO Monitoring and Evaluation Project builds capacity in the MOH to monitor and evaluate their reforms and feed analysis and conclusions back into health policy development. Other research has been conducted to examine the effect of reform on PHC sensitive conditions and to survey physician views on PHC and family medicine.

ZdravPlus also supports the development of NGOs as advocates for and implementers of health reform, as well as providing services to their members. FGP Associations facilitate restructuring efforts, support health promotion, participate in quality improvement efforts, and maintain health information systems. The Hospital Association collects and analyzes data to better prepare the hospital sector for rationalization, provides financial and costing expertise to hospitals, and disseminates information to members.

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