

# Uzbekistan

## ZDRAVPLUS COUNTRY PROFILE

*The USAID-funded ZdravPlus Project has had success in health reform pilot sites in Uzbekistan, and has begun rolling out these successes to wider geographic areas. In Fergana Oblast, ZdravPlus has helped shift health care resources and decision-making to lower levels of the health system, so that primary health care facilities can better respond to community health needs. Overall resources for primary health care facilities have increased 8%, while per capita financing levels have quadrupled over three years. A new per capita financing system ensures that everyone in rural communities has equal access to the same amount of health care resources every year, with more resources available to mothers and children – people who use primary health care most often.*

*In addition, ZdravPlus has trained health personnel throughout the oblast on topics that best address key causes of morbidity and mortality – reproductive health, integrated management of childhood illnesses, anemia, nutrition, and hypertension. Innovative health promotion campaigns and community outreach efforts have greatly enhanced financing and training efforts by encouraging people to take more responsibility for their health.*

### Policy Environment for Health Reform

In 1996 the President of Uzbekistan issued a decree to support the development of rural infrastructure (including health care) and in 1998 issued another decree to reform the whole health care sector in Uzbekistan. The reform program is comprehensive and aims to improve the quality of care and efficiency of health care service delivery at all levels, with particular emphasis on primary health care and emergency care.

The program guarantees that primary health care and emergency care would continue to be provided free of charge, while other diagnostic and inpatient services would move gradually to a fee-for-service basis. The decree calls for development of new primary health care and emergency care facilities, rationalization of excess facilities and staff, privatization, strengthening of management autonomy, retraining for doctors and nurses, reform of the medical education system, and improved pharmaceutical policy and drug supply.

In 1999, the government of Uzbekistan and the World Bank agreed to develop a health sector loan program to strengthen the new primary health care sector in rural areas in three pilot oblasts: Fergana, Navoiy, and Sirdaryo. The loan program provides resources for equipment and supplies, retraining of doctors and nurses in family medicine, and introducing new financing and management mechanisms in primary health care facilities. ZdravPlus provides technical assistance and training to support health care reform in these pilot oblasts.

### ZdravPlus Implementation Strategy

The ZdravPlus Project has been active in Uzbekistan since 1998. Initial efforts focused on strengthening a new network of rural primary health care facilities in three pilot rayons in Fergana Oblast. ZdravPlus staff worked with counterparts to introduce new health financing, management, and information systems, provide a series of short on-site clinical trainings for doctors and nurses, and conduct a number of health promotion activities, such as mass media campaigns, grants to public health NGOs, and health promotion activities in communities and schools. ZdravPlus is now working to consolidate initial efforts in these three rayons through continued supportive supervision and mentoring, and at the same time to expand reforms to new geographic areas and other levels of the health system.

### Uzbekistan at a Glance

- Capital: Tashkent  
Population: 24.4 million  
Area: 54,800 sq. km
- GDP (millions): \$17,705  
Gross National Income Per Capita: \$2,230  
Health Expenditure as % GDP: 4.1%
- Annual Population Growth Rate: 2.2%  
Total Fertility Rate: 2.7  
Life Expectancy at Birth: 70  
Infant Mortality Rate: 22  
Maternal Mortality Rate: 60

World Bank World Development Report 2001



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



### National Level

ZdravPlus consults with the Ministries of Health and Finance to implement programs in pilot sites and to feed back results from pilot projects into national health policy dialogue. Policy dialogue includes support to refine the general health reform framework, improve financing and management, and weigh options related to health insurance. ZdravPlus also supports retraining general practitioners, developing national-level clinical practice guidelines for primary health care, supporting development of licensing, certification, and accreditation systems, and strengthening pharmaceutical policy and management.

### Pilot Sites – Ferghana, Navoiy, and Sirdaryo Oblasts

ZdravPlus began providing intensive technical assistance and training in Uzbekistan in late 1998 in three pilot rayons in Ferghana Oblast – Beshariq, Quva, and Yozyovon. In June 2000, ZdravPlus began working to expand program activities into the remaining 13 rayons in Ferghana Oblast. Clinical training and population involvement activities are being implemented throughout the oblast. Financing and management reforms are being expanded more gradually – three additional rayons were included in new health financing and management systems in January 2002, with additional rayons planned to be added in subsequent years until the whole oblast is covered.

Beginning in June 2000, ZdravPlus began rolling out the financing and management reforms implemented in Ferghana Oblast to three pilot rayons in Navoiy and Sirdaryo Oblasts. These oblasts began financing primary health care using a per capita provider payment system and training primary health care financial managers in January 2001. The provider payment system will be further refined in 2002, as management training continues for financial managers and head doctors in primary health care facilities.

### Improving Efficiency of Resource Use

ZdravPlus strategies to improve the efficiency of resource use in Uzbekistan have focused on developing and implementing new provider payment systems for rural primary health care facilities, new management capacities at the facility and oblast level, and new health information systems. Per capita provider payment systems have been implemented in Ferghana, Navoiy, and Sirdaryo Oblasts.

These systems pool primary health care resources in each oblast and then redistribute these resources to newly independent rural primary health care facilities based on a per person rate. The rate varied by oblast for 2001 from 800 to 1,000 soum (670 soum=\$1) per person per year. The rate was adjusted to ensure that more resources are available for women and children, the main users of primary health care. ZdravPlus rolled out financing reforms to additional rayons in Ferghana in 2002 and provided the Oblast Health Department with a computer and software to support the new payment system.

ZdravPlus supports the creation of a new cadre of financial managers in the three pilot oblasts to help take the administrative burden off head doctors so they can focus on their clinical practice. Training topics for managers include health management, financing, quality, using data for decision-making, local accounting standards, and human resources management. ZdravPlus is working with the Ministry of Health to institutionalize health management training for financial managers and head physicians on a broader scale.



In health information systems, ZdravPlus is working closely with republican, oblast, and rayon health statistics centers to streamline health information systems and increase their utility in providing data for decision-making. Two databases have been created, a population registry that contains basic demographic data, and a clinical information database that aggregates utilization, diagnosis, and treatment data for each facility. Refinement of these new systems as well as existing information systems is ongoing.

### **Improving Quality of Health Care**

ZdravPlus activities in quality of care focused first on providing updated knowledge and skills to health workers on key causes of morbidity and mortality in Uzbekistan through short on-site clinical training courses. Nine courses were provided to doctors and nurses in three pilot rayons in Ferghana: breastfeeding, reproductive health and family planning, nutrition and anemia, diarrhea, acute respiratory infections, emergency care and first aid, hypertension, intestinal parasites, and rational pharmaceutical management.

In June 2000, ZdravPlus revised its training approach to focus more intensively on maternal and child health. Therefore, reproductive health, nutrition, and anemia trainings are being conducted throughout Ferghana Oblast. ZdravPlus also began supporting Uzbekistan's implementation of WHO's integrated management of childhood illnesses (IMCI) approach in Ferghana Oblast. The Tashkent Institute for Advanced Medical Education approves all ZdravPlus training curricula, so that training hours can be applied to continuing education and recertification efforts.

In an attempt to turn new knowledge into improved clinical practice, ZdravPlus has created a "mini-residency" program at the Tashkent International Medical Clinic (TIMC). Each ten-day "mini-residency" allows three primary health care doctors from Ferghana Oblast to receive hands-on family practice experience in a "Western" setting without leaving Uzbekistan. The program provides intensive clinic rounds and covers topics such as

family medicine, patient-centered care, doctor-patient interaction, first aid, laboratory diagnostics, infection control, pharmaceutical management, and clinic administration. Advanced skills workshops are provided on casting, suturing, and other topics. An expanded four-week "mini-residency" course is provided to family medicine trainers.

ZdravPlus conducted a study of drug prescribing practices, drug availability, and prices to better inform its efforts to improve pharmaceutical policy and management at the primary health care level. ZdravPlus also designed and implemented a pilot logistics supply system to more effectively distribute USAID contraceptive donations – and potentially other drugs and supplies – in the three pilot rayons. Other quality improvement efforts aim to introduce continuous quality improvement (CQI) processes in focus facilities in Ferghana and to work with the Ministry of Health, medical institutes, and family medicine specialists to develop clinical practice guidelines based on international evidence and best practices.

### **Redefining Patient Rights and Responsibilities**

ZdravPlus health promotion activities help the public take greater responsibility for its own health. Health promotion uses marketing techniques to improve public knowledge of health topics and promote healthy practices. ZdravPlus is promoting healthy lifestyles in many areas, including acute respiratory infections, control of diarrheal disease,



nutrition, anemia, breastfeeding, reproductive health, and sexually-transmitted infections. In addition, the project plans to educate the public about the health sector reforms underway in Uzbekistan and to encourage people to expect and demand quality health care from their health care providers. Target audiences will vary by topic, but consist of three main groups: young men and women, rural populations, and health workers.

Health promotion activities focus on two priority health topics each year. These topics are the subject of intensive multi-media campaigns, using radio, TV, video, print media, interpersonal and non-traditional communications. Campaigns in 2001 centered on nutrition and anemia prevention and acute respiratory infections. In 2002, ZdravPlus is planning campaigns on hygiene and diarrhea and family planning. In addition to these campaigns, all topics on ZdravPlus' agenda are covered in a less intensive and less costly manner year-round, using the following approaches:

- Providing small grants to non-governmental organizations to address community health issues through training and health education;
- Disseminating printed materials, such as educational brochures and posters;
- Organizing educational sessions in communities, such as "health fairs", theater performances, health songs and poems, talks for students or for women at the bazaar;
- Creating community resource centers in PHC and training health workers to communicate more effectively with the public and patients.

In implementing these activities, ZdravPlus builds on the strong foundations for health promotion that already exist, such as the requirement that

health workers conduct four hours of community education each month, the frequent home visits undertaken by nurses, and the wide network of Health Centers that work on health promotion issues. The project collaborates with the network of Health Centers in Ferghana, with the Oblast Health Department, and others already working on health promotion. The hope is to reinvigorate the Health Centers and build their leadership skills, so they can plan and implement health promotion activities in the future.

### **Creating a Favorable Legal and Policy Framework for Health Reform**

Every ZdravPlus technical area incorporates activities that contribute to the creation of a supportive legal and policy environment and framework for health reform. Results from pilot sites are fed back into national health sector planning processes. Project experts assist with the development and review of key health reform and health sector legislation and facilitate regular joint working group meetings with the Ministry of Health, the World Bank-financed "Health" Project and other appropriate stakeholders on key policy, technical, and implementation issues. Advisory committees on a variety of health topics have been established to review training curricula and health promotion materials.

Finally, ZdravPlus collaborates closely with the Ministry of Health to institutionalize family medicine and evidence-based medicine in medical institutes by refining undergraduate and postgraduate medical training, contributing to the development of systems for licensing and recertifying health personnel, providing Western literature in local languages, and developing clinical practice guidelines.

## **For more information**

### **Office in Kazakhstan**

39 Begalina Street  
Almaty, Kazakhstan, 480100  
Tel: (3272) 915-775, 919-433  
Fax: (3272) 919-409  
E-mail: office@zplus.kz

### **Office in Kyrgyzstan**

1 Togolok Moldo Street  
Bishkek, Kyrgyzstan 720000  
Tel: (996-312) 663-816, 663-708  
Fax: (996-312) 661-024  
E-mail: abt\_bish@infotel.kg

### **Office in Uzbekistan**

16 Bozbozor Street  
Tashkent, Uzbekistan 700007  
Tel: (998-71) 169-1490, 169-2211  
Fax: (998-71) 169-1492  
E-mail: abt@zdravplus.uz

### **Office in Tajikistan**

155 Rudaki #6  
Dushanbe, Tajikistan  
Tel: (992-372) 243-347  
Tel: (992-372) 218-244  
E-mail: zdrav@tjinter.com

### **Office in Turkmenistan**

c/o Central Tuberculosis Hospital  
3 Bikrovinskaya Street  
Ashgabad, Turkmenistan 744015  
Tel: (993-12) 344-548  
E-mail: jmaleski@online.tm