

Health Center #1 – Building Excellence in Tajikistan

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Together with partner medical facilities, the Ministry of Health, and Tajikistan's medical education institutions, the USAID-funded ZdravPlus Project is working to establish a network of Centers of Excellence in Tajikistan. As a chief component of our support for health system reform in the country, ZdravPlus is bolstering the ability of these health care facilities to act as models of quality, efficiency, and innovation – demonstrating just how Tajikistan's national reforms, engaged local leaders, and comprehensive family medicine training programs can translate into high quality primary health care for the population. With significant support for facility renovations provided by the World Bank and ongoing programmatic and technical support from ZdravPlus, Health Center #1 (HC #1) has emerged as a flagship Center of Excellence in Tajikistan.



A Nurse at HC #1 takes a Child's Measurements

One-stop Shopping

Today, Tajikistan is making strides to reallocate scarce financial resources from specialized secondary and tertiary level care to primary health care, with a focus on preventive medicine, and to train family doctors and nurses who are able to address a wide range of primary health care needs. Whereas the Soviet system could see a mother visiting one specialist for prenatal care, another for her child's earache or flu, and yet another for management of an elderly relative's hypertension, the primary health care model can accommodate all of her family members in one

institution, often using the skills of a single family doctor. After incorporating separate polyclinics for children and adults in 2002, HC #1 embarked on a steady process of building the capacity of its family medicine staff to accommodate a wide array of patients and conditions. With access to a primary health care facility that integrates services for all ages, genders, and treatment categories, patients at HC #1 are able seek the care they need for their entire family under one roof and to develop lasting relationships with doctors who are familiar with their medical histories and ongoing health care needs. In addition to support for facility renovations and essential medical equipment, ZdravPlus has supported ongoing training programs for family doctors and doctor-trainers at HC #1.

Training Tajikistan's Family Doctors

While the center is focused first and foremost on the 70,000 individuals assigned to its healthcare providers, it is also host to the clinical training base of Tajikistan's Postgraduate Medical Institute (PGMI). Since 2002, ZdravPlus has collaborated with the PGMI and HC #1 to retrain family doctors and prepare family doctor-trainers. Twelve family doctor-trainers have been educated at the PGMI/HC #1 training base through two 11-month TOT cycles, and 87 family doctors have completed six-month family doctor training cycles. The PGMI and HC #1 are presently implementing their third TOT training and fourth family doctor training, which will prepare an additional nine trainers and eight family doctors. Like the doctor-trainers and family doctors who studied before them, current participants will return to training centers and city and rural health centers throughout Tajikistan upon completion of their training, supporting the development of effective primary health care in every region of the country.

Dr. Natalia Sattorova participated in the PGMI's first 11-month TOT course in 2002, and has been a family medicine specialist and doctor-trainer at the center ever since. Dr. Sattorova's position allows her to bring new professionals into the field of family medicine and also gives her the chance to practice family medicine in a Center of Excellence.

In describing the type of care she is able to offer her patients, Dr. Sattorova cites a recent relationship she developed with Mavluda, a patient struggling with her weight, diabetes and hypertension. “It is difficult for specialists from different facilities in Tajikistan to work together to develop an integrated treatment program for a patient with multiple health issues like Mavluda. As a family doctor, I am able to maintain ongoing contact with patients like her. In Mavluda’s case, not only am I able to prescribe the right kinds of medicines she needs to manage her hypertension and diabetes, I am also able to work with her to make the lifestyle changes necessary to bringing her weight and her diabetes under control.”

Dr. Zuhra Mirzoeva, head of the Family Medicine Department at PGMI and Director of the training base at HC #1, is very proud of what the PGMI and practitioners like Dr. Sattorova have accomplished to date. “Many people outside of Tajikistan know about the problems we face as a nation – such as high rates of poverty and inadequate access to health care for the population – but few understand the steps we are taking to overcome these barriers.” For Dr. Mirzoeva, the cooperation and accomplishment that characterize the clinical and training activities of HC #1 and the PGMI are a big step in the right direction.

The PGMI 6-month family doctor retraining course consists of some lecture but mostly practical sessions and workshops. Integrating 16 distinct modules, the program ensures doctors’ proficiency in subjects ranging from infectious diseases and family planning to interpersonal communication skills and computer literacy. Giving trainees the opportunity to apply the material they study in the classroom in a practical setting is an essential feature of the training process. Indeed, one of the most important accomplishments that leaders from PGMI and HC #1 have achieved is the exclusive assignment of a 22,500-person catchment population by the Dushanbe City Health Department to PGMI doctor trainers and trainees. With their own patient population, the trainers are able to keep up their skills and the trainees can reinforce new skills while meeting with patients and gaining

practical insight into the health issues they will encounter as family doctors.

Changing Attitudes Toward Family Medicine

Under the Soviet system, primary care physicians served primarily as a triage point for specialized care, and the population became accustomed to bypassing PHC and going directly to specialists. Thus, as Doctor Aliakbar Safarov, the Director of HC #1, explains, while well-trained family doctors and nurses are very important, so is the ability of family doctors and nurses to “sensitize the population to the benefits of family medicine.” Outreach to the community and word-of-mouth referral by satisfied patients has led to a 40% decrease in visits to narrow specialists at HC #1 between 2004 and 2005.

For Dr. Safarov and his colleagues, this decrease in visits to specialists demonstrates two very encouraging trends. Patients are becoming more comfortable with family medicine as an institution and family practitioners themselves are becoming more confident in their ability to provide a complete package of services to their clients, thus initiating fewer referrals to specialists for cases that they now know they are able to manage themselves. With these results in hand, Dr. Safarov made a facility-wide decision earlier this year that prevents patients from bypassing family doctors for specialist care without a written referral from a family doctor. This new standard points patients in the right direction – toward family practitioners who are focused on preventive care and who have the tools to make diagnoses and treatment decisions that put the patient first. Of course, the new referral system leaves room for specialist interventions where needed, but emphasizes the capacity and professionalism of family doctors.

The partnership ZdravPlus shares with PGMI and HC #1 has meant access to improved primary healthcare services for the 70,000 individuals assigned to this Center of Excellence in Dushanbe. For Tajikistan as a whole, it will translate into even greater achievements as the curriculum, tools, and best practices that ZdravPlus and its partners have developed are adapted to new Centers of Excellence in Khatlon and Sugd Oblasts.

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