

Road to Results

ACHIEVING SUCCESS STEP BY STEP

Program Successes in Kyrgyzstan

August 2004

Improving Health Workers' Skills: Increasing Access to Reproductive Health Services for Rural Populations

As a result of efforts by the USAID-funded ZdravPlus project to train midwives and mid-level health staff to provide IUD and other reproductive health (RH) services, women in rural areas are gaining improved access to RH services. As in most countries, the majority of doctors are concentrated in urban areas of Kyrgyzstan, while mid-level personnel are providing many of the basic health services in rural areas. Before the ZdravPlus IUD/RH-training pilot project, only obstetrician-gynecologists were officially authorized to provide IUDs—creating problems of inaccessibility for women in rural areas. It was often difficult and costly to travel to the larger cities, particularly during the colder winter months.

Now, however, due to the success of two pilot projects which demonstrated that with appropriate training, mid-level staff can provide basic primary health care services, women in rural areas have access to additional services including IUD insertion and removal. The first pilot project took place in the Bazar-Korgon region of Jalal-Abad Oblast and included 18 rural midwives. The success of this project led to a second pilot project in Suzak rayon, also of Jalal-Abad Oblast, where 25 rural midwives were trained in June-July, 2003. One newly-trained midwife commented, "In the past, I did not think that mid-level personnel could provide such services. Today I can counsel others on all of the methods of contraception and, most importantly, I can insert an IUD myself."

Average test scores began at 52 percent and increased to as high as 80 percent after trainings. The newly-trained midwives were monitored during follow-up visits, where scores for various skills were even higher. It is hoped that the continued success of this program will lead to further rollouts in rural areas of Kyrgyzstan and will provide more rural women with the care they need locally.

Integrating STI Treatment into Primary Health Care

In Kyrgyzstan, patients with STI signs or symptoms are traditionally required to see a physician who specializes in dermatovenereology at STI clinics or STI hospitals. However, services and treatments are not patient-friendly and costly, largely unnecessary, hospitalization for STIs is common. Additionally, patient confidentiality is not protected and to avoid the embarrassment and stigma of visiting a special STI clinic, many people choose to treat their symptoms with self-prescribed medications from pharmacies or visit private clinics outside of the mainstream health care system. Because of this, many STI cases go undiagnosed or improperly treated—making the current situation more difficult to monitor. However, with support from the Kyrgyz Ministry of Health (MOH), ZdravPlus is working to change this.

Two pilot projects were carried out by ZdravPlus in Tokmok and Jalal-Abad and have shown positive results toward integrating these much-needed services into the primary health care sector. The goal of these pilots was to assess the feasibility of having family doctors provide confidential treatment and prevention services for the most common sexually transmitted infections, close to people's homes. The pilots used the World Health Organization's (WHO) syndromic case management approach; it simplifies diagnosis and treatment, is far less expensive, does not require costly and time-consuming lab tests, and stops infection as quickly as possible. By making confidential treatment services available on the primary care level, it was anticipated that people would be more willing to seek STI treatment, therefore reducing the spread of these infections and decreasing the incidence of their most serious complications—including decreased female and male fertility, ectopic pregnancy, and even death.



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

Twenty-six family doctors completed the WHO training and over 2,300 patients were treated during the six-month pilots. Research showed significant cost savings by using the WHO approach in a PHC setting, with the average cost per case approximately one third to one tenth the cost of treating a similar case in the dermatovenereology outpatient dispensary.

These pilots demonstrated that family doctors can care for the majority of routine STI patients in a PHC setting. Based on these successes, the MOH and ZdravPlus are eager to integrate the WHO syndromic case management approach into PHC practices throughout Kyrgyzstan.

Single Payer System Rolled Out to Batken and Jalal-Abad Oblasts

As of the end of 2003, the single-payer system—the key building block for creation of a rational, sustainable health financing system—had been rolled out to Batken and Jalal-Abad Oblasts. Thus six of the Kyrgyz Republic's eight oblasts plus the capital are now covered by the system—meaning that realistic, reliable health care funding mechanisms are in place for the majority of the country's population. This achievement is the result of nearly nine years of reform of the health financing system in Kyrgyzstan, and represents a huge step towards the creation of a nationwide sustainable, equitable, and transparent health delivery system.

In the early 1990s, newly-independent Kyrgyzstan found itself with an unwieldy health delivery system that it could not afford. This meant that health care facilities did not receive their full operating budgets from the State, forcing them to request unofficial payment for services from patients. To address this problem, beginning in 1994, the ZdravReform Project (predecessor to ZdravPlus) began working closely with the government of Kyrgyzstan to implement reform in health finance, beginning in the pilot regions of Issyk Kul and Chui Oblasts. A step-by-step implementation process first introduced new provider payment systems to Family Group Practices (FGPs) and hospitals and then moved to pool city, rayon, and oblast health care funds at the oblast level, merging those facilities' budgets and replacing the previous system of multiple, overlapping budgets. This provides for a more equitable allocation of health care resources across geographic areas, an ability to plan a realistic health care budget, and the eventual elimination of the duplicative system of health care facilities.

Based on the success in Issyk-Kul and Chui Oblasts, the Government of Kyrgyzstan decided to roll out the reforms nationally and convert to a single-payer system which involves pooling of funds, new provider payment systems, new health information and accounting systems, a new salary payment system for health workers, a Guaranteed Benefit Package, formalized co-payments, and a new outpatient drug benefit package. This meant converting the temporary legal framework of prikazes in to a national framework of laws. ZdravPlus worked closely with the government to develop the six necessary elements: the Health Reform Concept, the Law on Single Payer System, and Amendments to the Law on Health Insurance were all passed by parliament in Summer 2003. The Law on Health Organizations was passed in June 2004, and the Law on Social Protection and the Law on Guaranteed Benefits Package are under discussion in parliament. Altogether these laws will provide a permanent legal basis for the single-payer system in Kyrgyzstan, creating a transparent, rational, equitable, and understandable health care system, which is both viable for the provider and understandable and usable to the consumer.

With the legal framework now in place, it is expected that the single-payer system and accompanying reforms will be rolled out nationwide in the near future with ZdravPlus continuing to work with the government to ensure a smooth transition to the new system.

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Since 1994, the ZdravPlus project (and its predecessor ZdravReform) has been working in Central Asia to reform the health care system and improve the quality of medical care provided to the population.

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