

Road to Results

ACHIEVING SUCCESS STEP BY STEP

Reforming Financing and Management of the Uzbek PHC Program: The Journey from “Experimentation” to Nationwide Replication

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USAID-funded ZdravPlus initiatives to reform the financing and management systems of the rural primary healthcare (PHC) sector in Uzbekistan are now at an important turning point. ZdravPlus is currently well positioned to widen the reforms geographically by rolling out across new oblasts and linking lessons learned from pilot sites with national-level policymaking. Elements of reform that have been successful during the experimental phase are now set to be replicated nationwide.

ZdravPlus’ work on health financing has contributed to the expansion of financial reforms to Sirdaryo and Navoiy Oblasts within the World Bank-funded “Health” Project; has further consolidated the reform process in the three original experimental rayons in Ferghana Oblast; and has initiated preliminary discourse on sustainable financing strategies. ZdravPlus work on health management has been specifically focused on providing training to financial managers of PHC facilities, developing various training modules, organizing competence-based incentive programs to effect enhanced motivation and professional improvement of PHC managers, and above all, institutionalization of training for the new financial managers.

Continuation of the intensive technical assistance in Ferghana, Sirdaryo and Navoiy Oblasts during the past few months has succeeded in further increasing the per capita allocations for PHC in the pilot rayons. For example, in Ferghana, the per capita allocation for PHC rose from 964 sums in 2001 to 1305 sums during the first half of 2002; and in Navoiy it increased from 1485 sums to 1658 sums during the same period. In addition, pooling of rayon resources for PHC at the oblast level has enabled a more equitable distribution of these resources among pilot rayons. The new provider payment

system based on the capitated rate has provided incentives to PHC facilities to focus on preventive care and to target resources to the most vulnerable populations. Thanks to these developments, PHC facilities have been able to emerge as independent entities with sufficient management autonomy to use resources to improve health service delivery and to respond to community health needs.



Thus, not only have financing and management reform efforts been solidified in the three original experimental rayons in Ferghana Oblast, but their extension has also been initiated in three additional rayons in Ferghana Oblast and three pilot rayons each in Navoiy and Sirdaryo Oblasts. This last achievement is particularly important as it signifies a shift in national and oblast-level thinking about health reform. That is, PHC financing and management reform strategies have been accepted as successful approaches that need to be refined and rolled out rather than be tested further through “experiments”.

The following elements have proven vital to successful reform, and subsequently have been put forward as important elements to be incorporated into the national rural PHC model:



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

- Timely accomplishment of the plans for construction of new SVPs (Russian acronym for Rural Medical Points) or conversion of existing PHC facilities into SVPs;
- Inclusion of all rural PHC facilities into the new financing system;
- Strengthening of PHC facilities with needed resources;
- Independent legal status for PHC facilities (with their own bank accounts);
- Pooling of healthcare funds for PHC to ensure equitable redistribution between rayons;
- Capitated payment-based financing (per capita systems) for PHC facilities; and
- Financial and managerial autonomy for PHC facilities.

An expansion plan has been agreed with the World Bank "Health" Project and Government of Uzbekistan to scale-up these reform elements across all the rayons of the three pilot oblasts of the "Health" Project (Ferghana, Sirdaryo and

Navoiy) by the end of next year. Rollout of these elements has attained a new dimension with the recent agreement of the Ministry of Health and local authorities to replicate and adapt them in Surkhandaryo and Andijon Oblasts. Initially, rollout has been planned for three rayons each in Surkhandaryo (Termez, Muzrabod and Djarkurgan rayons) and Andijon (Boz, Ulugnor and Hadjabod). ZdravPlus will conduct orientation seminars and planning sessions with local policymakers and health managers in September 2002 to initiate financial and management reform of the PHC program in these two new oblasts.

For the first time, ZdravPlus reform initiatives in Uzbekistan are being expanded to areas outside the "Health" Project pilot sites. This bears testimony to the success achieved by ZdravPlus work on financial and management reform of the PHC program in Uzbekistan, and the readiness of the government to implement phased-in nationwide replication.

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