

2/3/2008						
Response to Tina's Questions -- Uzbekistan						
Not start work in Uzbekistan until mid-way through ZdravReform and minimal activities						
Most activities done in collaboration with other donors/projects, documented elsewhere, not included due to space constraints						
Same situation at independence for all countries although level of health financing collapse varied						Tina's
See ZdravPlus II Project Regional Conceptual/Technical Overview Paper Distributed to USAID Evaluation Team for General Definition of Project Components						Scale
Just intended to provide a general picture, not fully specified, activities not always fit precisely across projects, generally allocated to time where most accomplished						For Z+II
Project Component	At Independence	ZdravReform	ZdravPlus	ZdravPlus II To Date	ZdravPlus II Remainder and Beyond	+R for Roll-out
Stewardship						
Legal and Policy	No comprehensive policies, patchwork of laws/regulations, governing done by decree	No general policy dialogue, focus is on the opening created by Uzbek desire to invest in and improve rural health care	Generally same situation, broad health policy dialogue not possible but dialogue expands as initiatives expand. Environment characterized by difficult struggle to reach agreement but then move forward and not go back.	Dialogue continues to expand as initiatives and scope of reform expands but still no broad health policy dialogue or a critical mass to create a general health sector strategy. Environment remains characterized by difficult struggle to reach agreement but then move forward and not go back.	In the short-term likely to remain the same, the scope of initiatives drives dialogue rather than a broad health sector strategy driving initiatives. Not too damaging as long as scope of initiatives continues to expand, it can even be seen as positive as time is given for initiatives to develop	O
Institutional Structure, Roles, Relationships (ISRR)	MOH monopoly with complete command and control	Only related to implementation of rural PHC model	No broad approach but progress in specific institutional structure and roles including establish health purchaser, some PHC facility autonomy, establish GP Training Centers, establish EBM Center. Some movement on forming or supporting NGOs and working with Mahalla's	Continue step-by-step establishment of institutional structure and roles. Substantial institutionalization and capacity building although how to realign the roles and increase the long-term capacity of the MOH central apparatus remains a concern. Government shut-down NGOs and didn't allow direct linkages to community so found alternative mechanisms. Began working with Republican Institutes as well as EBM Center and merger of two medical academies created some openings.	Likely Uzbek environment remains difficult and more conducive to step-by-step establishment of overall institutional structure, roles, and relationships and capacity building rather than broad realignment. No major issues with this approach and could continue to be effective. Expect continued shut-down of NGOs and lack of access to community	O
Policy Marketing	Command and control, little dialogue	Minimal, Government decreeing investment in rural health care	Minimal as govern by decree and very difficult to broaden participation. Not good for long-term -- agree on policy and then implement	Minimal as govern by decree and very difficult to broaden participation, current environment more difficult than ZdravPlus I.	In short-term likely to remain the same, hopefully in longer term there is more participation in policy dialogue and greater potential and need for policy marketing	O
Monitoring and Evaluation	Politically driven	Minimal	Developing through monitoring inherent in QI processes and special studies on health financing implementation	Developing through monitoring inherent in QI processes and special studies on health financing implementation. Generally, a growing interest from UZ partners to monitor the results of their reforms.	The Uzbeks are interested in assessing progress and potential for M&E activities should continue to increase	O
Donor/Project Coordination	None	Generally good and very close with WB	Generally good and very close with WB	Generally good and very close with WB and ADB	Unclear if more formal donor/project coordination mechanisms will develop	O
Resource Use						
Health Delivery System Structure	Inverted pyramid	Rural PHC model: establish independent SVPs in 1 oblast	Rural PHC model: establish independent SVPs in 3 oblasts	Rural PHC model: close to completing roll-out nationwide. Urban PHC model: pilot reorganization and restructuring. Lack of hospital restructuring troubling but inherent in Uzbek step-by-step approach	Rural PHC model -- solidify. Urban PHC model -- complete piloting and roll-out. Hospital: initiate hospital restructuring linked to financing	P, R, O
Human Resources Planning	None	Minimal	Some HR planning linked to PHC development and ME improvement	Some HR planning linked to PHC development and ME improvement	Unclear how it will develop...	O

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Health Financing	See writing on fragmented financing, no separation of purchaser/provider, wrong incentives in provider payment systems (PPS), etc.	Rural PHC model: develop methodology for per capita payment system	Establish oblast pooling of funds and OHD as health purchaser. Rural PHC model: implement per capita payment system in 3 oblasts	Solidify oblast pooling of funds and OHD as health purchaser. Rural PHC model: close to completing roll-out of per capita payment system nationwide. Urban PHC model: pilot per capita payment system. Hospital: initiate design of case-based hospital payment system.	Rural PHC model: solidify. Urban PHC model: complete pilot and roll-out. Hospital: implement new hospital payment system. Solidify oblast pooling, continue strengthen OHD as health purchaser, ensure harmonization with Treasury System, strengthen linkage to BBP	P, R, O
Health Information Systems (HIS)	Excessive but data poor, politicized and not used	Rural PHC model: design financial and HIS	Rural PHC model: implement financial and HIS in 3 oblasts	Rural PHC model: close to completing roll-out of financial and HIS nationwide. Urban PHC model: pilot financial and HIS. Hospital: implementation of automated HIS in pilot oblast of Ferghana	Continue consistent with country implementation strategy -- solidify national roll-out of rural PHC model, continue piloting and plan roll-out of urban PHC model, and initiate pilot of case-based hospital payment system. Over time, integration and improvement of overall country HIS.	P, R, O
Health Management	Command and control, politics equated with management	Rural PHC model: design practical health management training and systems linked to health financing	Rural PHC model: implement practical health management training and systems linked to health financing in 3 oblasts	Rural PHC model: close to completing institutionalization and roll-out of health management training and systems nationwide. Urban PHC model: pilot health management training and systems. Hospital: develop health management training and systems. All health management training continues to be linked to health financing implementation	Continue consistent with country implementation strategy -- solidify national roll-out of rural PHC model, continue piloting and plan roll-out of urban PHC model, and initiate pilot of case-based hospital payment system. Over time, develop long-term health management education.	P, R, O
Service Delivery						
General Health System Functions						
Postgraduate Medical Education	Old system collapsed	Modular training courses in Ferghana to fill time gap while GP training process developed	GP trainer TOT, establishment of GPTCs, initiation of GP retraining for PHC doctors	GP trainer or faculty development, improvement of GP training curriculum including incorporation of priority or vertical programs, integration into medical education, dialogue on CME	Continue support GP faculty development and GP retraining, convert to a long-term CME system linked to licensing	O
Graduate Medical Education	Not based on EBM, no outpatient clinical bases	None	Minimal movement although general practice introduction extends across education levels in Uzbekistan better than other CAR countries so linkages established	Strengthen linkages related to general practice introduction	Solidify linkages in general practice introduction and continue broad strengthening of medical education	O
Undergraduate Medical Education	Not based on EBM, theoretical with little practical clinical training or patient contact	None	Link with TashME I and TashME II on general practice introduction, dialogue through Regional Council of Rectors,	TashME I and TashME II merge into TSMA, work with TSMA and TashPeds to unify the curriculum across the two institutes to gradually produce general doctors capable of serving adults and children, link to regional medical education accreditation dialogue and detailed specification and adaptation of WFME standards to CAR	Continue broad strengthening of medical education	O
EBM/CPGs	Nature of clinical practice not based on evidence	None	Begin promoting EBM, establish EBM Center	Continue promoting EBM, support EBM Center but also support broader participation in CPG development by involving Republican Institutes	Continue promote EBM, solidify CPG development process, obtain further recognition of facility level QI as CPG implementation process	O
Quality Assurance	Punishment	None	None	Establishment of health professional licensing	Unclear, broader strategy needed on licensing and accreditation and determination of linkages to health purchasing	O

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Pharmaceuticals	Pharmatsiya (some different names across country) monopoly	Minimal	Drug Information Center in Ferghana	Dialogue on how to ensure accessibility of drugs in PHC models, link drug-related information to EBM/CPG and service delivery priorities, minimal support for contraceptive logistics system	Unclear, broader strategy needed, sensitivities related to Dori Dorman and central procurement remain	O
Infrastructure	All owned by state, massive and deteriorating	Contribute to specification of WB equipment and SVP renovations	Contribute to specification of WB equipment. Uzbeks renovate or built SVPs.	Contribute to specification of WB equipment. Uzbeks renovate or built SVPs. Although tougher for local governments due to tightening budgets, has resulted in creating new rural PHC sector	Solidify PHC infrastructure, where possible provide TA on hospital level equipment and renovations	O
Service Delivery Priority Programs						
General Practice/Hypertension	Problems inherent in system including weak PHC	Modular courses in Ferghana	Piloted hypertension quality improvement (QI) projects	Roll-out hypertension QI projects including within Ferghana Oblast, through links to GP training, through links to other donors/projects	Evolve into long-term, sustainable linkages and synergies between system level EBM promotion and CPG development and facility level QI and CPG implementation	P, R, O
Maternal (Safe Motherhood) and family planning	Problems inherent in system including weak PHC and not evidence-based	Modular courses in Ferghana	Piloted anemia quality improvement (QI) projects. Piloted and rolled-out midife/IUD program. Developed and implemented contraceptives logistics system in Ferghana.	Roll-out anemia QI projects including within Ferghana Oblast, through links to GP training, through links to other donors/projects. Dialogue and initial activities for Safe Motherhood implementation. Continued limited support for midwife/IUD program and contraceptives logistic system.	Further support and solidify Ferghana Safe Motherhood site as Center of Excellence, collaborate and guide development of donor consortium supporting expansion of Safe Motherhood, link Safe Motherhood and FP, possibly expand FP.	P, O
Child Health	Problems inherent in system including weak PHC and not evidence-based	Modular courses in Ferghana	Piloted IMCI quality improvement (QI) projects	Roll-out IMCI QI projects including within Ferghana Oblast, through links to GP training, through links to other donors/projects. Link closely with Navoiy Oblast child survival project to expand QI.	Evolve into long-term, sustainable linkages and synergies between system level EBM promotion and CPG development and facility level QI and CPG implementation	P, R, O
TB	Excess capacity in vertical system, not evidence-based treatment, reach of vertical system no longer able to control all TB-related issues	None	Minimal	Not comprehensive activities initiating integration of general health system and vertical TB system due to strength of vertical system. Activities focused on integration into medical education, incorporation of IPCS, and health promotion	As Uzbekistan moves to Phase III of the reforms with a greater focus on hospital restructuring, the vertical health systems and their relationship to the general health system will likely become a higher priority issue.	O
HIV/AIDS	Not yet emerge	None	Minimal	Link to Safe Motherhood, link to GP training, include as priority health promotion topic in patronage nurse program	Many constraints and challenges but a comprehensive strategy needed on the relationship between the general health system and the vertical HIV/AIDS system	O
Population and Community Health						
Marketing the Reforms	Population role not seen as important	Minimal	Activities marketing the reforms through NGOs and CBOs such as Mahallas	Due to crack-down on NGOs, the mechanism changed from direct work with NGOs to reaching out from SVPS which are government entities to communities through town meetings and other activities	Need will grow, nature and scale of activities dependent on country environment	O
Health Promotion -- Government	Not yet emerge	None	Limited support for Institute of Health in their health promotion campaigns	Limited support for Institute of Health in their health promotion campaigns	Limited support for Institute of Health in their health promotion campaigns	O

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Health Promotion -- Providers Linked to Service Delivery	Not yet emerge	General health promotion activities in pilot oblast of Ferghana	Expand health promotion activities by establishing SVPs as community resource centers	Strengthen linkage between health promotion activities and service delivery priority programs. Initiate national patronage nurse program where nurses become a channel for informing the population.	Continue patronage nurse program and strengthen linkage with service delivery priority programs.	O
Health Promotion -- Community-Based Entities	Not yet emerge	Minimal	Establish Mahalla Initiative Groups (MIGs) and work with them to empower the population and involve the community in health.	Due to crack-down on foreign firms, activities are more limited and the mechanism changed from direct linkages to MIGs to reaching out to Mahallas from SVPs	Nature and scale of activities dependent on country environment	O