

2/3/2008					
Response to Tina's Questions -- Turkmenistan					
Not start work in Turkmenistan until ZdravPlus					
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					
See ZdravPlus II Project Regional Conceptual/Technical Overview Paper Distributed to USAID Evaluation Team for General Definition of Project Components					Tina's
Just intended to provide a general picture, not fully specified, activities not always fit precisely across projects, generally allocated to time where most accomplished					Scale
				ZdravPlus II Remainder	+R for
Project Component	At Independence	ZdravPlus	ZdravPlus II To Date	and Beyond	Roll-out
Stewardship					
Legal and Policy	No comprehensive policies, patchwork of laws/regulations, governing done by decree	Receive approvals of activities and training participants	Still largely just to receive approvals but due to development of relationships and trust some broader dialogue on some topics	Almost totally dependent on general country environment	○
Institutional Structure, Roles, Relationships (ISRR)	MOH monopoly with complete command and control	Minimal	Some thinking and discussion about roles, for example, role of Fund for VHI in broader health financing, institutionalizing HIS training in TSMU Health Management Center, relationships service delivery and medical education, etc.	Almost totally dependent on general country environment	○
Policy Marketing	Command and control, little dialogue	None as environment not allow dialogue	At start none, over time environment becoming slightly more open for dialogue	Almost totally dependent on general country environment	○
Monitoring and Evaluation	Politically driven	initially very difficult as partners not allow access for M&E	Improved significantly due to MCH Center increase in interest and confidence as well as collaboration with WHO to improve IMCI M&E	Continue to expand and improve	○
Donor/Project Coordination	None	Generally good although some quirks	Generally good although some quirks	Expect to remain generally good	○
Resource Use					
Health Delivery System Structure	Inverted pyramid	minimal. Strong Presidential support for PHC (probably strongest in CAR) resulted in development of PHC sector. Turkmenistan general perspective is right what but the how could use some support, for example, right that need to restructure hospitals but statement that close all hospitals outside of Ashgabat probably not right way to do it (didn't happen...)	Largely same as ZdravPlus	Almost totally dependent on general country environment	○
Human Resources Planning	None	None and minimal information	None and minimal information	Almost totally dependent on general country environment	○

Project Component	At Independence	ZdravPlus	ZdravPlus II To Date	and Beyond	Roll-out
Health Financing	See writing on fragmented financing, no separation of purchaser/provider, wrong incentives in provider payment systems (PPS), etc.	Co-sponsored seminar with WHO went well, strong Turkmen desire to retain universal coverage for all citizens and some understanding of health financing functions. Some dialogue on mandatory health insurance.	Second seminar on provider payment systems also generated interest, agreed to discuss HIS for VHI and distribute manual and discuss case-based hospital payment but no follow-up after death of President and change in MOH leadership. Turkmenistan showed WB some interest in engaging in health financing, probably connected to financial pressure due to reduction of health budget and allocation of funds for buildings required by the President but this door seemed to close...	Almost totally dependent on general country environment	O
Health Information Systems (HIS)	Excessive but data poor, politicized and not used	None	Implemented automated hospital database and HIS first in pilots and then minimal roll-out	Can expand as far as resources will allow	O
Health Management	Command and control, politics equated with management	None	Institutionalized HIS training in TSMU Health Management Center, other opportunities may arise	May be some opportunities...	O
Service Delivery					
General Health System Functions					
Postgraduate Medical Education	Old system collapsed	Minimal	Some linkage with Family Medicine Training Center supported by AIHA	Potential to develop over time	O
Graduate Medical Education	Not based on EBM, no outpatient clinical bases	Minimal	Minimal	Potential to develop over time	
Undergraduate Medical Education	Not based on EBM, theoretical with little practical clinical training or patient contact	Initiated integration of IMCI	Largely completed integration of IMCI and engaging in dialogue on other programs	In contrast to other CAR countries there is movement on improving undergraduate ME early in the reform process	O
EBM/CPGs	Nature of clinical practice not based on evidence	None outside of WHO programs	One roundtable demonstrated a lot of interest	Potential to develop over time	O
Quality Assurance	Punishment	None	None	Unclear	
Pharmaceuticals	Pharmatsiya (some different names across country) monopoly	Some dialogue on sustainability of IMCI drugs	Some dialogue on sustainability of IMCI drugs	Unclear	O
Infrastructure	All owned by state, massive and deteriorating	None	None	Unclear	
Service Delivery Priority Programs					
General Practice/Hypertension	Problems inherent in system including weak PHC	Laboratory training (clinical) Healthy Pregnancy training to improve prenatal care and communication with population. Very close collaboration and cost-share with Healthy Family Project	Evolved laboratory training to a broader PHC training linking family doctors and laboratory specialists	Can expand geographically and programmatically (other PHC topics) as resources allow	O
Maternal (Safe Motherhood) and family planning	Problems inherent in system including weak PHC and not evidence-based		Evolved into broader Safe Motherhood, national program approved, initiated 1 pilot site, great acceptance and enthusiasm, want to expand. Some collaboration with Healthy Family.	Want to expand slowly to address issues and ensure quality but likely can expand as far as resources allow	P, O

Project Component	At Independence	ZdravPlus	ZdravPlus II To Date	and Beyond	Roll-out
Child Health	Problems inherent in system including weak PHC and not evidence-based	Initiated and rolled-out physician IMCI. Very close collaboration and cost-share with Healthy Family Project	Continued roll-out of physician IMCI. Initiated and rolled-out nurse IMCI. Preliminary activities hospital IMCI. Very close collaboration and cost-share with Healthy Family Project	Can expand geographically as resources allow. Continue to integrate into broader PHC and family medicine	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	Minimal, largely support for health promotion	Collaborated with Project HOPE on integrating TB DOTS into medical education, IPCS, and health promotion	Continue integrate into medical education, other activities may be possible over time...	O
HIV/AIDS	Not yet emerge	Minimal, largely support for health promotion	Link to Safe Motherhood and health promotion activities	Continue link to Safe Motherhood and health promotion	O
Population and Community Health					
Marketing the Reforms	Population role not seen as important	None	None	Almost totally dependent on general country environment	
Health Promotion -- Government	Not yet emerge	Healthy Lifestyles Center surprisingly active, collaborated on a number of activities	Healthy Lifestyles Center surprisingly active, collaborated on a number of activities	If current perspective continues, is potential for activities	O
Health Promotion -- Providers Linked to Service Delivery	Not yet emerge	Keeping Children Healthy Campaigns linked to IMCI and healthy lifestyles training for providers	Keeping Children Healthy Campaigns linked to IMCI and healthy lifestyles training for providers	Seems a lot of potential to continue or expand	P, R, O
Health Promotion -- Community-Based Entities	Not yet emerge	None	None	Almost totally dependent on general country environment	