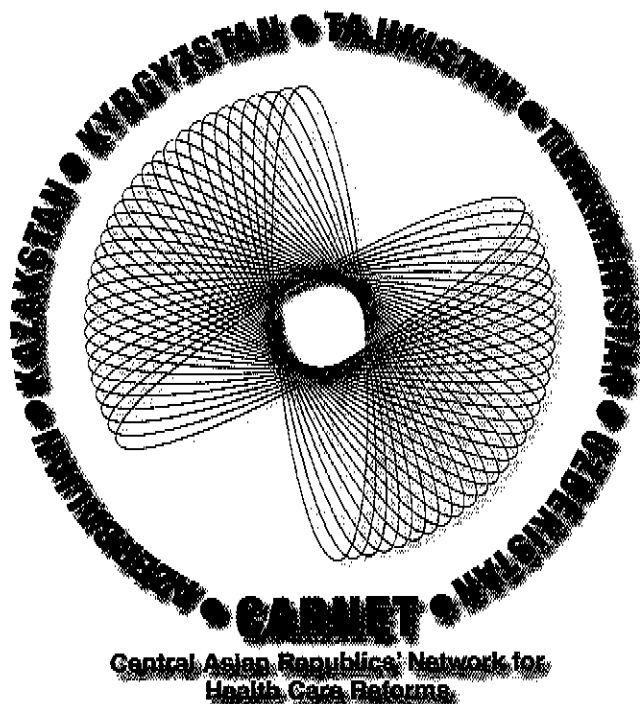


CARNET

Central Asian Republics' Network for
Health Care Reforms



September
1997

CARNET project highlights
including plans 1998

Contents



**CARNET:
working together 2**



**Making resource
allocation effective 4**



**Balancing the
public/private mix 5**



**MANAS: participatory
policy development 6**



**Moving from specialist
care to general practice 7**



**Evaluation of the
CARNET process 8**



Moving into the future 9

© World Health Organization 1999

All rights in this document are reserved by the WHO Regional Office for Europe. The document may nevertheless be freely reviewed, abstracted, reproduced or translated into any other language, but not for sale or for use in conjunction with commercial purposes. The WHO name and emblem are protected and may not be used on any reproduction or translation of this document without permission. Any views expressed by named authors are solely the responsibility of those authors. The Regional Office would appreciate receiving three copies of any translation.

EUR/ICP CARE060301 - HFA target 26

Keywords:

- Financing, health
- Delivery of care - economics
- Health care - organization and administration
- Health care reform
- Health policy
- Quality, assurance, health care
- Sustainability
- Asia, Central

Introduction

CARNET is a powerful mechanism to assist its members in their work to control and direct the process of change in their health care systems. It is a sensitive balance to maintain but not to lose control over the momentum of change.

Since 1994 several CARNET developmental cycles have been undertaken. Each focuses on a topic of interest to all participating countries. This document summarizes the background, activities and outcomes of four CARNET cycles.

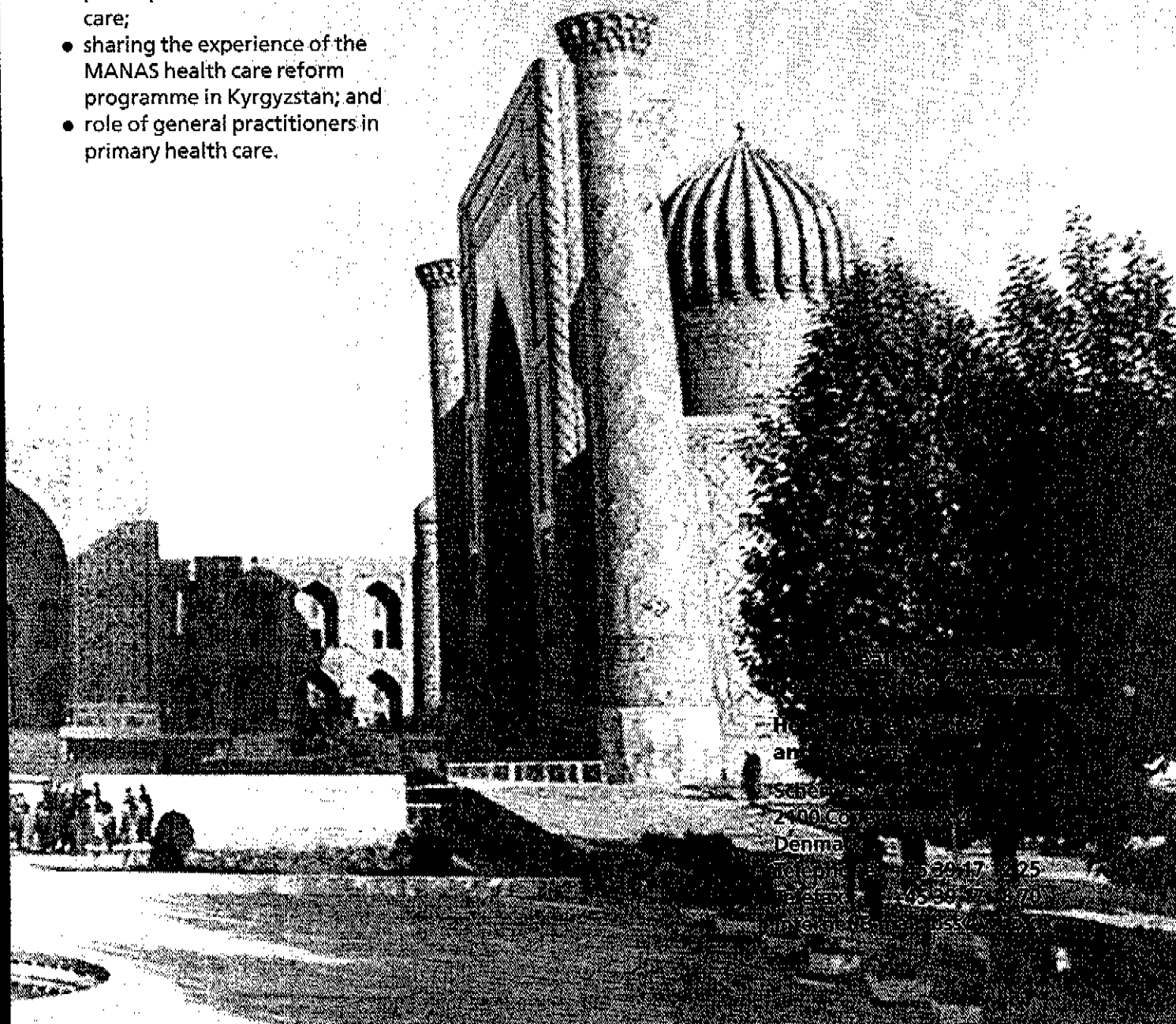
The topics covered include:

- financial resource allocation mechanism;
- public/private mix in health care;
- sharing the experience of the MANAS health care reform programme in Kyrgyzstan; and
- role of general practitioners in primary health care.

Many people and institutions have contributed to the success of this project. First, I would like to extend my gratitude to our technical counterparts in CARNET countries for their active participation; Dr Constantino Sakellarides, former Director and Dr Herbert Zöllner, Acting Director of the Department of Health Policy and Services for their constructive support; staff members at the Regional Office for Europe and WHO headquarters and other experts for sharing their knowledge and experience; and international and bilateral donor agencies for their valuable support.

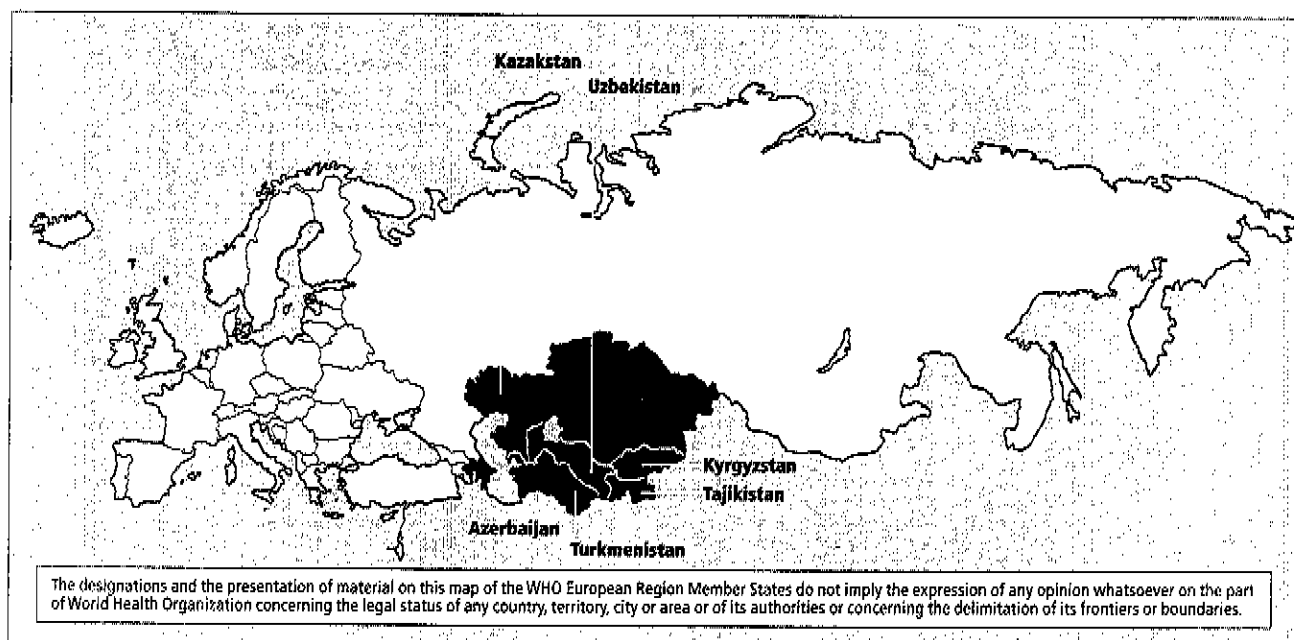
Finally, gratitude is due to Dr Gülin Gedik, Project Officer for CARNET Countries, Health Care Policies and Systems programme, for her dedicated efforts; WHO national professional officers in CARNET countries for their cooperation; Regional Office staff members Ms Sheila Schmidt, Ms Allison Powell, Mr Alexander Ivanov and Ms Simone Tetz for their administrative support; and the staff of the Ankara Project Centre and Dr Aziz Ustunel for their technical assistance.

Dr B. Serdar Savas
Regional Adviser
Health Care Policies and Systems



Health Care Policies and Systems
Ankara Project Centre
Senerbiyik Caddesi
24000 Çankaya
Denizli
Telephone: +90 308 471 225
Telex: 34530
Fax: +90 308 471 370
E-mail: hcps@who.int

CARNET: working together



CARNET is the **Central Asian Republics' Network for Health Care Reforms**. It serves as a tool:

- to ensure the exchange of information and experiences among the central Asian republics and other countries of the WHO European Region; and
- to provide technical support on issues related to health care reforms.

Background

The 1990s witnessed a significant transition process for central Asian republics (CAR). The changes in social and economic life have affected health care systems. While people's health needed improvement, the limited resources available was the main challenge. Careful consideration of resources and thorough assessment of possibilities for increased equity, efficiency, effectiveness and quality of services were necessities for the health sector. Service delivery, health care finance, and health care organization and management systems all needed development.

A WHO consultation on health care financing and management was held in Almaty in December 1993, to explore ways of supporting the health development and health care reform activities. The participants included representatives of the WHO Regional Office for Europe, delegations from Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan and the consultants who contributed to the

process. The participants made concrete suggestions to support the transition process in order to improve health status. They concluded that the establishment of a network mechanism for the CAR (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan), to support the health care reform process, would be most beneficial. Thus, the WHO Regional Office for Europe established CARNET.



CARNET workshop participants review policy options and prepare recommendations.

Azerbaijan applied to join CARNET¹ in 1994 and became the sixth member.

Objectives

CARNET supports health care development and health care systems reform in the CAR with the ultimate aim of significantly improving the health status of the people concerned.

The immediate objectives of CARNET are to help members:

- to orient health care reforms towards health gain;
- to promote equity of access to health care;
- to ensure sustainability of health care service provision;
- to improve the quality of care.

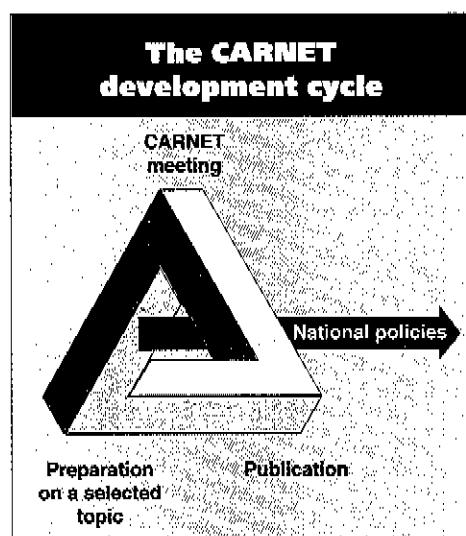
Organizational arrangements

CARNET is a programme of the WHO Regional Office for Europe. Each country identifies a professional as a CARNET focal point, to be the counterpart of WHO staff and consultants. The focal point is from either the health ministry or an institute involved in health care reform issues, and takes an active role in:

- identifying national technical staff to take part in the process;
- preparing a general background paper, and national working papers;
- in organizing the technical, policy-makers and national meetings.

CARNET meetings are held in member countries or in other countries should the need arise.

CARNET is financed by the country and intercountry budgets of the WHO Regional Office for Europe. International and bilateral agencies make some voluntary donations for specific meetings.



Identification of topics

The process starts with the identification of a relevant health care reform topic by the policy-makers of the CARNET countries and the Regional Office. Then a theoretical framework for the topic is prepared as a background paper, with the assistance of the Regional Office, followed by national papers that describe the situation for each country.

Meeting

This preparation process is followed by a meeting of 3-4 days involving experts and policy-makers of CARNET countries and WHO staff/consultants. During the technical meetings the consultants present the background informa-

tion, the policy choices and approaches in the other countries of the European Region. The country participants present their papers. The participants then review the experiences of other countries, and discuss different approaches to the topic. Considering the specific context of CARNET countries, they identify or develop the best policy options and prepare recommendations. Finally, they propose a fresh topic for the next cycle.

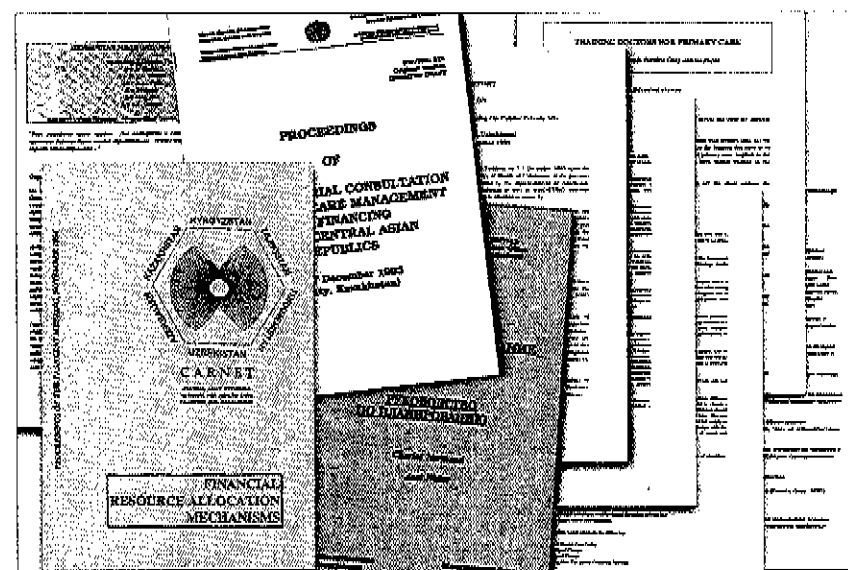
National seminars

After the CARNET meeting, each country is expected to organize a national seminar to disseminate the ideas developed.

Documentation

The country papers are reproduced and made available for use in the CARNET countries and others. Following a meeting, the accumulated knowledge is presented as the proceedings of the meetings and in WHO documentation.

¹ The term CARNET countries refers to Azerbaijan, Kazakstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.



CARNET documents.

Making resource allocation effective

Since gaining their independence, the CARNET countries have faced serious economic constraints that have resulted in drastic reductions in health expenditure. Governments spend less on health care – as both a share of the state budget and as a share of the gross domestic product – in CAR than in many other countries of the Region.



Action focus: creating incentives for more efficient use of resources.

Funds are allocated in these countries in accordance with norms based on the existing physical infrastructure and the utilization of services. The most important problem with this is that money is allocated to geographic areas and institutions primarily according to the needs of the existing infrastructure, not the health needs of the population. In addition, it gives no incentive to health professionals to provide services efficiently. In fact, such norms-based allocation creates perverse incentives, such as correlating the income of a hospital with the numbers of beds and doctors. Thus, it is in the interest of the local management to maintain or even increase over-provision.

Reductions in health expenditure have highlighted these problems and increased the need for the equitable allocation and efficient use of the available resources. While resources should be allocated according to the needs of the population, such needs are difficult to define. They can be approximated, first, by relating resource distribution to the size of the population. The indicators used as proxies for need will vary between countries, according to the conditions and availability of data. The main

indicators can be proposed in three groups:

- the population and its characteristics;
- morbidity;
- socioeconomic conditions.

Changing the method of resource allocation from normative to a population-based formula has important consequences for the health system. There are two main reasons for such a change: to discourage excess capacity and over-

use of inpatient care, and to base allocation on need.

From normative to needs-based

The CARNET 1 cycle highlighted mechanisms of resource allocation as one of the key issues in the reforms and emphasized the need to revise the strategies in countries to make the needs of the population the key determinant. Initial changes in resource

allocation mechanisms should focus on:

- geographic distribution of health care resources; and
- the prioritization of effective health care programmes.

Some CARNET countries are revising their financial resource allocation policies. Kazakhstan is moving towards per capita resource allocation to oblasts. Kyrgyzstan, Turkmenistan and Uzbekistan have developed capitation-based formulas.

Cycle 1: Tashkent 1994

A background paper was prepared and distributed in advance of the meeting; the participants prepared their country papers in line with the background paper and the guidelines provided by the WHO Regional Office for Europe.

The meeting was held in November 1994 in Tashkent, at which:

- a conceptual framework was presented;
- experiences from Germany, Romania and the United Kingdom were explored;
- participants presented the current practice and health care reforms in the CARNET countries;
- participants performed a simulation exercise in financial resource allocation.

Following the meeting, the proceedings were issued and a book on resource allocation in CARNET countries is under preparation.

Balancing the public/private mix

The CARNET countries are moving from centrally controlled systems to democracy and market economies. This entails the consideration of privatization in the public sector, including health. Privatization in health care, however, must be handled carefully to prevent disruption of people's access to health services.

The mix of private and public is likely to vary between health systems, with different possible combinations of ownership, financing, provision and control. Nevertheless, the introduction of the private sector in health care should be accompanied by a set of complementary policies designed:

- to provide information on the objective of privatization;
- to develop appropriate legislation, in accordance with the objectives of the national health policy, to regulate private sector;
- to define the financing mechanisms clearly; and
- to build capacity to manage both the process of change and privatized units and processes.

In all CARNET countries, the trend towards rapid privatization affects the health sector. The macroeconomic policies outside this sector encourage privatization to reduce public expenditure, and thus budget deficits. These pressures may lead to inequities in health, however, if the pace and extent of the privatization are not well planned and controlled.

Be cautious

The CARNET 2 cycle emphasized that a clear strategy for the health care sector should be developed to



Action focus: differentiating health care from other "market" goods.

identify the policy objectives and the roles of the public and private sectors in service delivery. The pace and extent of privatization should be determined to minimize the disruption of existing services, to create a manageable pace of change, and to ensure that necessary complementary actions have

been taken. In the short term, the scale and scope of privatization in the health sector should be limited to a small number of institutions that are clearly peripheral to a socially equitable health sector, until appropriate strategies for the social and health sectors can be made.

A conceptual approach to the public/private mix.

		Provision	
		Public	Private
Financing	Public	Government funding and provision, free at point of use.	Services contracted to private providers.
	Private	Supplementary direct user charges. Private beds in public hospitals.	Private health care funded by private insurance.

Cycle 2: Tashkent 1995

After a conceptual background paper was prepared, a meeting was held in Tashkent in December 1995, during which:

- each country provided an update on the developments on health care reforms since the previous CARNET meeting;
- a conceptual framework on the public/private mix was presented;
- experiences from Germany, Romania, the Russian Federation and the United States were explored; and
- changes in Uzbekistan were discussed as a case study.

This meeting was supported in part by the Know-How Fund of the Department for International Development, United Kingdom and the United States Agency for International Development (USAID).

MANAS: participatory policy development

All CARNET countries are introducing reforms in health care in accordance with changing economic and social policies. Each pursues a different approach; the MANAS Health Care Reform Programme is a comprehensive and systematic approach followed by Kyrgyzstan.



MANAS is a legend about an ancient Kyrgyz warrior king. The legend of Manas refers to the state of Kyrgyz Khanat, which existed from the sixth to the thirteenth centuries. The name Manas has come to symbolize freedom and unity.

The MANAS Programme was developed by the health ministry of Kyrgyzstan and the WHO Regional Office for Europe in 1994, to improve the health status of the population by ensuring a health care reform that promoted health gain, equity, the effective use of resources and cost-effectiveness. It had three main features:

- development of a strategic vision through a master plan to make comprehensive policy and plans for change;
- capacity building, a key element in ensuring the sustainability of and continuity in reform, which includes building the skills of

- key officials in the process and strengthening institutions; and
- creation of a tool for both national and international collaboration to ensure the more effective use of internal and external resources.

The Programme was carried out in three phases. In the first, the Programme started with a thorough situation analysis and identification of constraints and challenges. In phase 2, four policy options were developed for Kyrgyzstan using the situation analysis; the Government chose a combination of these options. In phase 3, the selected policy option was refined as a master plan and a draft policy was widely distributed and discussed.

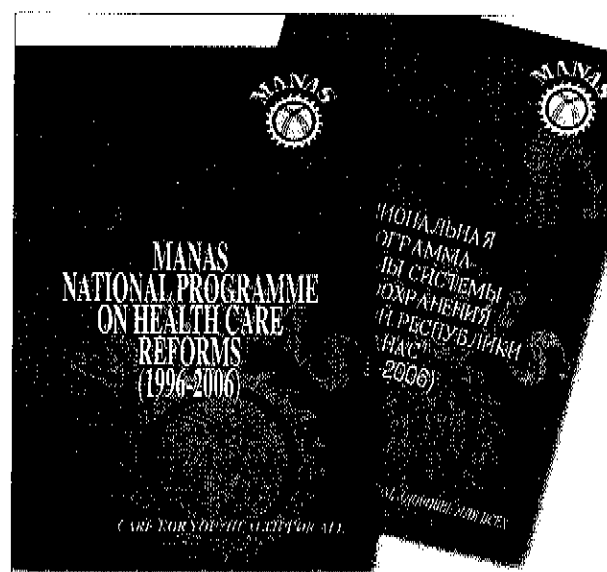
Through the intensive, and comprehensive work, Kyrgyz experts, with the assistance of international experts, developed the master plan, and the Government approved it.

Following the approval of the master plan, it was officially presented

to Kyrgyz officials, representatives of international and bilateral organizations and the representatives of CARNET countries.

Sharing experience

The MANAS Programme created the first comprehensive master plan for health care reforms in CAR. It provided valuable experience from which the other countries could learn. All gained insight from this opportunity for use in their own approaches. The health ministry of Turkmenistan observed the experience of Kyrgyzstan closely, and the LUKMAN project team was established to develop health care policy.



Cycle 3: Bishkek, 1996

A CARNET meeting on the MANAS Programme was held in Bishkek, Kyrgyzstan in October 1996. The presentation of the master plan to the participants, including those from CARNET countries, took up the first two days. All aspects of the plan were discussed.

The third day was dedicated to more detailed discussions between the other countries of CARNET and the MANAS team. The MANAS team members provided first-hand information on their experience.

Moving from specialist care to general practice

All the CARNET policy documents emphasize strengthening primary health care, and all countries intend to pay special attention to reforming primary health care services. Unfortunately, these good intentions sometimes fail in implementation.

Primary health care in CAR faces both challenges and constraints. Services are widely distributed so that they are accessible to the

whole population; this is a positive aspect of the system from an equity perspective. However, the system can also be considered inefficient, with unnecessarily high numbers of referrals and high hospitalization rates. Further, specialists provide all services, which leads to the inefficient use of human resources.

The quality of care arouses concern for many reasons, such as inadequate training and the lack of

equipment, supplies and drugs. Community care has not been adequately developed, as the health system focuses on hospitals. In addition, separate organizations provide curative services, community health services and environmental health services. The links between these services are quite weak.

Thus, primary health care services need strengthening, improvement and integration with other services

Cycle 4: United Kingdom 1997

In view of all CARNET countries' interest in strengthening primary health care by introducing GPs and demands for assistance with this task, a study tour to the United Kingdom was organized for 8-14 March 1997, instead of a meeting.

Before the tour, three background papers were prepared. The first described the National Health Service (NHS) in the United Kingdom and its recent reforms to provide a better understanding for the broader context in which GPs work. The second focused on primary health care and GPs' role in it. The third paper focused on GP training.

The first phase of the study tour focused on the NHS. LSE Health (a unit for health policy development in the London School of Economics and Political Science) held a one-day seminar. The participants visited the Lewisham, Southwark and Lambeth District Health Authority in London on the next day.

The second phase of the study tour focused on primary health care and GPs, and was hosted by the

Institute of General Practice at the University of Exeter. The participants discussed specific issues and visited some practices and training facilities. Further, the implications of the United Kingdom experience for CARNET countries were discussed.

Following the study tour, the countries prepared their country papers and the proceedings of the tour is under preparation.

The study tour was financed by the Know-How Fund of the Department for International Development, United Kingdom.



CARNET participants at the London School of Economics and Political Science.



Action focus: moving care closer to communities – taking more time with people.

in accordance with the conditions of each country.

CARNET countries have a common interest in introducing general practitioners (GPs) into the health care system. Key concerns include: the integration of GPs into the or-

ganizational systems of health care, their role in the primary health care team, training of GPs and payment mechanisms.

All these concerns raised the need to provide an opportunity for the representatives of CARNET coun-

tries to learn more about these issues.

Learning from others

The study tour enabled the participants to explore the experience of a country with a long history in developing GPs and general practices, and to examine developed community care systems and well trained primary health care teams. During the study tour, the participants received more information on the NHS, GPs' role in it, and GP training. The participants also had the chance to get first-hand information through field visits.

The discussions during the study tour raised the issue of reforming medical education and the participants proposed that CARNET focus on this issue next.

Evaluation of the CARNET process

A Business Meeting on the Activities of CARNET was held in Ankara in March 1996. Its objective was to evaluate the CARNET process and intensify Network activities. After the first cycles of the CARNET process, these were important tasks.

During the evaluation, the selection of topics and their relevance to the CARNET countries were discussed. It was agreed that the selected topics were responding to the reform agenda as of the countries. The process and frequency of

the CARNET cycle was also positively assessed. Furthermore, the criteria for participation in CARNET Meetings were more precisely defined.

The Meeting participants concluded that the CARNET process was a valuable and beneficial tool for health care policy development in which countries could share their experience and learn from one another. They recommended that steps be taken to strengthen CARNET and continue it as a programme of the WHO Regional Office for Europe.

The evaluation meeting was funded by the Turkish International Cooperation Agency (TICA).



Moving into the future



Fifth CARNET cycle – Reforming medical education: human resources for the reformed systems.

In the CARNET countries, the profound changes in health services create a need to adapt health care providers to the new situation and to examine how they are trained. Considering the introduction of GPs in these countries, it is crucial to plan how to implement optimal educational approaches to prepare future graduates to assume their new roles and responsibilities.

The CARNET 5 meeting is planned for December 1997 in Barcelona to explore mechanisms to facilitate the reform of medical education in the countries and to develop strategies for further action. Before the meeting, two consultants will perform an evaluation in two of the CARNET countries to identify, in collaboration with the officials in the countries, the main issues and possibilities for improvement. This will help to facilitate the discussions during the meeting.

Background documents will present case studies from other countries in the European Region

that have undergone changes in their medical curricula: Denmark, Israel, Lithuania, Spain, Turkey and the United Kingdom.

This cycle will be organized in collaboration with Health Care Delivery and Human Resources Unit, WHO Europe.

Sixth CARNET cycle – Improving hospital management: towards more efficient hospital services.

Hospital services in CARNET countries face many common problems, such as:

- excess bed capacity and numbers of hospitals;
- treatment methods that lead to unnecessarily long hospital stays;
- inadequate strategic management, and lack of autonomy and skills in facility management.

These lead to hospitals both taking up too large a share of health care resources and using these resources inefficiently.

CARNET 6 will focus on hospital services to explore ways to tackle

these issues. The process will have three perspectives:

- rationalizing hospital services;
- updating clinical practice;
- improving strategic and facility management of hospitals.

This cycle will be organized in collaboration with the Hospitals programme of WHO Europe.

Seventh CARNET cycle – Bridging care and prevention; Sanitary Epidemiological Services in Health Care.

The sanitary epidemiological services (SES) provide mainly preventive services in the CARNET countries and the relation with the other health care services is weak. Therefore, CARNET 7 is planned to focus on:

- the role and functions of SES in health care;
- integration of SES into health policy;
- the ways of reforming SES.

This cycle will be organized in collaboration with the Department of Environment and Health, WHO Europe.

Annex

Participants at CARNET meetings

CARNET Meeting on Financial Resource Allocation, Tashkent, 26–28 November 1994.

The meeting was opened by Dr Shavkat Karimov, Minister of Health of Uzbekistan.

Azerbaijan

Dr Oktay Musa oglu Abdullayev	Head, Centre of Apheresis, Institute of Haematology and Blood Transfusion
Dr Mamed Mamed oglu Jafarov	Ministry of Health
Dr Tair Ibad oglu Hadjiyev	Specialist in Health Care, Ministry of Health

Kazakhstan

Dr Maksut Kulzhanov	Deputy Ministry of Health,
Dr Sorbi Arystanova	Head, Department of Health Economics, Ministry of Health
Dr Alexander Okoneshnikov	Head, Department of New Economic Policy and Health Insurance, Ministry of Health

Kyrgyzstan

Dr Iryspai Djoldubaev	Deputy Minister of Health,
Dr Tilek Meimanaliev	Programme Coordinator, MANAS Health Programme, Ministry of Health
Ms Yphtamkhan Abdullaeva	Deputy Minister of Finance

Tajikistan

Dr N.A. Abduzhabbarov	Deputy Minister of Health
Dr R. Sanginov	Head, Department of Health of Dushanbe
Dr K.S. Razvejkina	Head, Department of Economics and Finance, Ministry of Health

Turkmenistan

Dr Jorajev Orazgeldy	Manager of Medical Service, Department of Lebap Velayet
Ms Ismailova	Ministry of Social Welfare

Uzbekistan

Dr Shavkat Karimov	Minister of Health
Dr Ravshan Sultanov	First Deputy Minister of Health
Mr S. Abdullaev	Deputy Minister of Finance
Mrs L. Ambartsumova	Head, Department of Health Care and Social Welfare Financing, Ministry of Finance
Mr K. Bakirhanov	Head, Department of Health and Culture, Cabinet of Ministers
Mr A. Kasimov	Head, Department of Social Welfare, Cabinet of Ministers
Mr Erkin Rakhimov	Adviser to the Minister of Health
Mr Mutal Turtaev	Head, Department of Health Economics, Ministry of Health

Temporary Advisers

Dr Dashzeveg	Deputy Minister of Health, Mongolia
Mr A. Tsend	Director General, Mongol DAATGAL Health Ins. Company
Dr Irakli Djaliachvili	Statens Seruminstitut, Department of Clinical Biochemistry, Denmark
Mr Timothy Ensor	Research Fellow, Centre for Health Economics, University of York, UK
Dr Claus Jacobs	IGES-Institut für Gesundheit-und Sozialforschung GmbH, Germany
Dr Silviu Radulescu	Institute for Health Services Management, Romania
Dr Michael Borowitz	Regional office Director, Abt Associates

WHO

Dr Constantino Sakellarides	Director, Health Services, WHO Regional Office for Europe
Dr B. Serdar Savas	Acting Regional Adviser, Health Care Policies and Systems, WHO Regional Office for Europe
Dr Andre Issakov	National Health Policies, Department of Strengthening of Health Services, WHO headquarters
Dr Gulin Gedik	Resident Technical Adviser, MANAS Health Programme, Health Care Policies and Systems, WHO Regional Office for Europe
Ms Scheila Schmidt	Programme Assistant, Health Care Policies and Systems, WHO Regional Office for Europe

CARNET Process on Public/Private Mix in Health Care, Tashkent, 5-7 December 1995.
The meeting was opened by DrShavkat Karimov, Minister of Health of Uzbekistan.

Azerbaijan	
Professor Nazim Agazade	Ministry of Health
Kazakhstan	
Dr Sarby Arystanova	Head, Health Economics Department, Ministry of Health
Dr Galina Berzina	Ministry of Health
Ms Inna Akataeva	Department of Social Sector, Ministry of Finance
Kyrgyzstan	
Professor Tilek Meimanaliev	Programme Coordinator, MANAS Health Programme, Ministry of Health
Dr Madamin Karataev	MANAS National Team, Ministry of Health
Tajikistan	
Dr T. T. Norkulov	Health Care Reform Department, Ministry of Health
Dr S. S. Jabirov	Head, Kuljab Oblast SES
Uzbekistan	
Mr Ravshan Sultanov	First Deputy Minister of Health
Mr Murtal Turtaev	Head, Department of Economics, Ministry of Health
Mr Erkin Rahminov	Advisor to the Minister, Ministry of Health
Temporary Advisers	
Dr Silvia Gabriela Scintee	Department of Health Services, Institute of Hygiene, Public Health services and Management, Romania
Professor Youri Kamarov	Director General, MedSocEconInform Institute for Public Health, Russian Federation
Dr Rolf Rosenback	Social science Research Institute, Germany
Dr Micheal Borowitz	Abt Associates Inc., USA
Professor Charles Normand	London School of Hygiene and Tropical Medicine, United Kingdom
WHO Regional Office for Europe	
Dr Aziz Ustunel	Health Care Policies and Systems
Dr Gulin Gedik	Resident Technical Adviser, MANAS Health Care Reform Programme, Health Care Policies and Systems
Dr Ljubomir Ivanov	The Regional Director's Special Representative to Tajikistan
Ms Allison Powell	Programme Assistant, Health Care Policies and Systems

CARNET Meeting on MANAS Health Care Reform Programme of Kyrgyzstan, Bishkek, 15-17 October 1996.
The Meeting was opened by Ms Djangaracheva, Vice Prime Minister of Kyrgyzstan, Dr Kasiev, Minister of Health of Kyrgyzstan, Dr Asvall, Regional Director of WHO Regional Office for Europe, Mr Ercan Murat, United Nations Coordinator in Kyrgyzstan, Mr Yasar Togo, Vice-President of the Turkish International Cooperation Agency (TICA).

Kyrgyzstan	
Professor Tilekbek Meimanaliev	Programme Coordinator, MANAS Health Programme
Professor Tashbolot Baltabaev	MANAS National Team
Dr. Ainagul Shayakmetova	MANAS National Team
Dr. Madamin Karataev	MANAS National Team
Mr Erlis Ileev	MANAS National Team
Dr Ainura Ibraimova	MANAS National Team
Dr Zuleikha Subanbaeva	MANAS National Team
Dr. Makhmud Sultanmuratov	MANAS National Team
Dr Kalyskan Kultaeva	MANAS National Team
Dr ChinaraSeitalieva	MANAS National Team
Dr Ainura Kadyralieva	MANAS National Team
Dr Iskender Abdyldaev	MANAS National Team
Mr Ormonbek Kudaiberdiev	MANAS National Team
Dr Elmira Mirrahimova	MANAS National Team
Azerbaijan	
Professor Nazim Agazade	Ministry of Health
Dr Vagif Djalilov	Ministry of Health
Dr Vakili Abbasov	Ministry of Health

Kazakstan

Dr Maksut Kulzhanov	Deputy Minister of Health
Dr Alexander Okonechnikov	Head of the Department
Ms Sarby Arystanova	Head of the Department for Economic Management

Turkmenistan

Dr Muhamed Charyev	Deputy Minister of Health
Dr Orazgul Amangeldyeva	LUKMAN Programme Team
Dr Gulsara Matpanaeva	LUKMAN Programme Team
Dr Julia Ivanova	LUKMAN Programme Team
Dr Gulnabat Dovietsohntova	LUKMAN Programme Team
Dr Mered Annamuhamedov	LUKMAN Programme Team
Dr Bachtigul Amaniazova	LUKMAN Programme Team
Dr Elena Shevkun	LUKMAN Programme Team
Ms Bakhtygul Amanniyazova	LUKMAN Programme Team

Uzbekistan

Dr Erkin Rahimov	Adviser to Minister of Health on Economic Issues
Professor O. Asadov	Director, Research Institute of Obstetrics and Pediatrics

GTZ

Mr Manfred Puter	Coordinator for Health Projects in Kyrgyzstan
------------------	---

WHO

Dr B Serdar Savas	Regional Adviser, Health Care Policies and Systems, WHO Regional Office for Europe
Dr Gulin Gedik	MANAS Resident Technical Adviser, Health Care Policies and Systems, WHO Regional Office for Europe
Mr Joseph Kutzin	Health Economist, Organization and Management of Health Services, HQ
Dr Almaz Imanbaev	National Professional Officer Kyrgyzstan, WHO Regional Office for Europe
Ms Zahide Kocadag	Resident Programme Officer, LUKMAN Programme, WHO Regional Office for Europe
Dr Seval Akgun	Ankara Project Centre for Health Care Policies, WHO Regional Office for Europe
Dr Fahrettin Tatar	Ankara Project Centre for Health Care Policies, WHO Regional Office for Europe

CARNET Study Tour on the role of General Practitioners (GPs) in Primary Health Care, London, Exeter, 8-16 March 1997.
The study tour was financed by the Know-How Fund of the Department for International Development, United Kingdom.

Azerbaijan

Dr Ismayil Mammed oglu Bagirov	National Coordinator of Health Reforms Programme, Ministry of Health
Professor Mehrab Magomed Oglu Salmanov	Head, National Health Care Quality Department, Ministry of Health

Kazakstan

Dr Omergali Kenzhebekov	Head, Almaty Oblast Health Administration
Professor Talgal Mousminov	Rector, Kazakstan State Medical University
Dr Erik Musin	Head, Curative-Preventive Department, Ministry of Health

Kyrgyzstan

Dr Tuigunaly Abdraimov	First Deputy Minister of Health
Professor Iskender Akylbekov	Rector, State Medical Academy
Dr Kalyskan Kultaeva	MANAS National Team, Ministry of Health

Tajikistan

Dr B.G. Muminov	Deputy, Head of the Dushanbe Health Authority
Dr Zukhra Mirzoeva	Deputy Minister of Health
Dr S.Z. Zariyov	Rector, Tajik Post-graduate Training Institute

Turkmenistan

Dr Ata Annaev	Rector, Turkmen State Medical Institute
Dr Muhametashir Charyev	Deputy Minister of Health
Dr Durdyev	Director, Health Care Authority, Tejen Etrap
Dr Achildurdy Tashliev	Head, Reform Planning and Coordination Department, Ministry of Health
Dr Gulsara Matpanaeva	National Coordinator, Lukman Health Programme, Ministry of Health

Uzbekistan

Dr Dmitry I. Arustamov	Director, Republican Centre of Urology and Operative Nephrology
Dr Turgunpulat A. Daminov	Rector, Tashkent State Medical Institute
Dr Parakhat Menlikulov	Director, Main Department of Medical Care, Ministry of Health

Temporary Advisers

Professor Julian Le Grand	London School of Economics
Ms Jane Falkingham	London School of Economics
Mr Giovanni Fattore	London School of Economics
Dr Peter Holland	Lewisham, Southwark and Lambeth Health Authority
Professor Denis Pereira Gray	Institute of General Practice, University of Exeter
Dr Anthony Lewis	Institute of General Practice, University of Exeter
Dr Philip Evans	St. Leonards Medical Practice, Exeter
Dr Martin Marshall	Mount Pleasant Health Centre, Exeter
Dr David Seamark	Honiton Surgery, Exeter
Dr Zerrin Baser	President of the Family Physicians Association, Turkey

WHO Regional Office for Europe

Dr B. Serdar Savas	Regional Adviser for Health Care Policies and Systems
Dr Gulin Gedik	Project officer for CARNET Countries, Health Care Policies and Systems
Mr Rasim Ceyhan	Visiting Scholar, Health Care Policies and Systems
Mr Alexander Ivanov	Administrative Support, Health Care Policies and Systems

Business Meeting on the Activities of CARNET, Ankara, 20-22 March 1996.

This meeting was funded by the Turkish International Cooperation Agency (TICA).

Azerbaijan

Professor Nazim Agazade	Ministry of Health
-------------------------	--------------------

Kazakstan

Dr Maksut Kulzhanov	Deputy Minister of Health
---------------------	---------------------------

Kyrgyzstan

Kalyskan Kultacva	MANAS National Team, Ministry of Health
-------------------	---

Uzbekistan

Dr Azad Najmitdinov	Department of Science and New Technology, Ministry of Health
---------------------	--

Representative of Turkish Ministry of Health

Dr Cemil Ozcan	Adviser to Minister of Health
----------------	-------------------------------

Temporary Advisers

Professor Osman Bayran	Department of Public Health, Marmara University Medical Faculty, Istanbul, Turkey
Dr Christopher Buttanshaw	Director, Corporate Development, Bucknall Hospital, UK
Dr Martin McKee	Health Services Research Unit, London School of Hygiene and Tropical Medicine, UK

TICA

Ms Melten Anli	Desk Officer for Health Projects
----------------	----------------------------------

WHO Regional Office for Europe

Dr Serguei Litvinov	Acting Director, Country Health Development
Dr B Serdar Savas	Regional Adviser, Health Care Policies and Systems
Dr Tom Marshal	Health Care Systems
Dr Remis Prokhorskas	Epidemiology, Statistics and Information
Dr Aziz Ustunel	Health Care Policies and Systems
Dr Hannu Vuori	WHO Representative to Turkey
Dr Mehmet Hulki Uz	Ankara Project Centre for Health Care Policies
Dr Fahrettin Iatar	Ankara Project Centre for Health Care Policies
Dr Seval Akgun	Ankara Project Centre for Health Care Policies
Ms Guldem Okem	Ankara Project Centre for Health Care Policies
Ms Didem Sezerler	Ankara Project Centre for Health Care Policies
Dr Gulin Gedik	Resident Technical Adviser, MANAS Health Care Reform Programme of Kyrgyzstan
Ms Alison Powell	Health Care Policies and Systems

Epilogue

The political, social and economic changes occurring in the WHO European Region during the last decade have loaded the WHO with additional responsibilities. We at the WHO Regional Office for Europe had to adapt ourselves to the new conditions, react quickly to the needs of our Member States and provide the best possible policy advice to pave the way to the future.

CARNET is one of our attempts to fulfil our duties to the newly independent states of the former USSR, and specifically to the Central Asian Republics and Azerbaijan. CARNET provides a forum for discussion among the policymakers of these countries and also acts as a bridge between them and the regional WHO Region on health care policies.

I would like to thank the health ministers of the CARNET countries for their excellent cooperation in making this initiative a success.

Dr Jo E. Asvall
WHO Regional Director
for Europe



EUROPE

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania,
Andorra,
Armenia,
Austria,
Azerbaijan,
Belarus,
Belgium,
Bosnia and Herzegovina,
Bulgaria,
Croatia,
Czech Republic,
Denmark,
Estonia,
Finland,
France,
Georgia,
Germany,
Greece,
Hungary,
Iceland,
Ireland,
Israel,
Italy,
Kazakhstan,
Kyrgyzstan,
Latvia,
Lithuania,
Luxembourg,
Malta,
Monaco,
Netherlands,
Norway,
Poland,
Portugal,
Republic of Moldova,
Romania,
Russian Federation,
San Marino,
Slovakia,
Slovenia,
Spain,
Sweden,
Switzerland,
Tajikistan,
The Former Yugoslav Republic of Macedonia,
Turkey,
Turkmenistan,
Ukraine,
United Kingdom,
Uzbekistan,
Yugoslavia