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WHO

REGIONAL OFFICE FOR EUROPE

COORDINATION OF OPERATIONAL AND TECHNICAL ASPECTS OF THE MANAS HEALTH PROGRAMME

Report on a Joint Meeting
Ministry of Health of the
Kyrgyz Republic/UNDP/WHO

Bishkek, 13 June 1994

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1994

EUR/HFA targets 26, 27

TARGET 26

HEALTH SERVICE POLICY

By the year 2000, all Member States should have developed, and be implementing, policies that ensure universal access to health services of quality, based on primary care and supported by secondary and tertiary care.

TARGET 27

HEALTH SERVICE RESOURCES AND MANAGEMENT

By the year 2000, health service systems in all Member States should be managed cost-effectively, with resources being distributed according to need.

Keywords

HEALTH SERVICES – trends
DELIVERY OF HEALTH CARE – economics
DELIVERY OF HEALTH CARE – organization and administration
HEALTH PLANNING
INTERNATIONAL COOPERATION
INTERNATIONAL AGENCIES
KYRGYZSTAN



Meeting for the Coordination of
Operational and Technical Aspects of
the MANAS Health Project
Bishkek, 13 June 1994

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ABSTRACT

During the current transitions in the health care system, the Ministry of Health of the Kyrgyz Republic has, over the past two years, managed increased responsibilities in maintaining the day-to-day functioning of health services while undertaking the burden of planning for a comprehensive health care reform. Several international and donor agencies (e.g. UNDP, WHO/EURO, UNICEF, World Bank, TICA (Turkish International Cooperation Agency), ODA (Overseas Development Administration), USAID, DANIDA) have expressed interest in assisting the Kyrgyzstan Health Authorities with its health care reform.

In February 1994, the Ministry of Health declared that the proposed health care reform process should be undertaken in a comprehensively planned approach. In relation to this issue, the Minister of Health of the Kyrgyz Republic requested the assistance of the World Health Organization Regional Office for Europe (WHO/EURO) in a dual capacity: in an *advisory role* in health services policies, health sector reforms and management; and in assisting the Kyrgyz Ministry of Health to ensure effective coordination of donor organization inputs, to increase the impact of this assistance to the health care sector in the Kyrgyz Republic. The MANAS Health Care Reform Programme was then developed with UNDP and the programme calls for the development of a master plan comprising short-term (1995-96), medium-term (1995-2000), and long-term (2000-2005) strategies.

In an initial effort to ensure the coordination of international and donor agencies' interests in the Kyrgyz health care sector, the Ministry of Health of the Kyrgyz Republic, in joint collaboration with WHO/EURO and UNDP, organized the Meeting for the Coordination of Operational and Technical Aspects for the MANAS Health Care Reform Programme. The meeting was attended by 47 participants from UNDP, UNICEF, WHO, WORLD BANK, IFRCRCS, DANIDA, GTZ, ODA, USAID, TICA, ABT ASSOCIATES, the Swiss Red Cross Society and the Government of the Kyrgyz Republic.

The Ministry of Health described the MANAS Health Care Reform Programme as an umbrella framework which encompasses the reorganization of the health sector services and under which all international and bilateral assistance could be constructively placed to serve the population of the Kyrgyz Republic.

Participating agency representatives shared their respective mandates with regard to the health care sector in Kyrgyzstan and expressed their support to the Programme and their appreciation of such an effort in ensuring coordination.

**REPORT OF MEETING FOR THE COORDINATION OF OPERATIONAL AND
TECHNICAL ASPECTS OF THE MANAS HEALTH PROGRAMME
(BISHKEK, 13 JUNE 1994)**

The meeting, organized by the Ministry of Health of Kyrgyzstan in collaboration with WHO/EURO and UNDP, was attended by 47 participants. These comprised 23 participants from the following IGOs and NGOs: UNDP, UNICEF, WHO, WORLD BANK, IFRCRCS, DANIDA, GTZ, ODA, USAID, TICA, ABT ASSOCIATES, the Swiss Red Cross Society as well as 11 official participants from the Government of Kyrgyzstan, including the Vice Prime Minister (see Annex I for full list of participants). Approximately 13 additional experts comprising members of the press and the MANAS Health Programme Local Team attended as observers to the meeting.

WELCOME SESSION

The meeting was opened by Dr N. Kasiev, Minister of Health of Kyrgyzstan, who welcomed the participants and announced his chairmanship of the morning session. The Vice Prime Minister, Mr O. Ibraimov, explained the transition in health care in Kyrgyzstan as moving from a free curative system to one of a more prophylaxis orientation with more cost-consciousness. He also took the opportunity to share an account of the legendary national hero "MANAS", the first social protector of Kyrgyzstan whose commemorative millenium will be celebrated in 1995, the year planned for the development of the MANAS Health Care Reform Programme Master Plan. The UNDP Resident Representative, Mr Ercan Murat and the Director of Country Health Development, WHO Regional Office for Europe, Dr Marc Danzon, greeted the participants on behalf of their respective organizations. Mr Murat underscored the significance of this meeting in light of the recent consultative group meeting on Kyrgyzstan (Paris, June 1994) during which donor agencies expressed their interest in supporting various sectors in the country, including the social sector. Dr Danzon explained the scope of WHO/EURO's activities in the CCEE/NIS and its particular interest in the health care reform of Kyrgyzstan.

THE MANAS HEALTH CARE REFORM PROGRAMME

Dr K. Subanbaev, Deputy Minister of Health of Kyrgyzstan, introduced the major characteristics of the MANAS Health Care Reform Programme and offered epidemiological highlights of the country to justify the consequent need for the Ministry of Health to develop the Programme. He described the new Programme as a Master plan for reform of health services as part of the overall national health programme of Kyrgyzstan (for 1994-2000). The MANAS Health Care Reform Programme would

benefit from international expertise and experiences of other countries. Some of the needs to be met by the Programme include the increased requirements for medical services by the 4.4 million population of the country (1.4 million being women of reproductive age and 1.6 million children under 14 years of age). Enrichment of human resources within the sector was another important challenge.

In an effort to further explain the current health status, the infant and maternal mortality rates are major social indicators, emphasizing the significantly increased rates in these categories from 1992 onward with major causes associated mainly with preventable perinatal complications. Increased morbidity rates are associated with disorders of the digestive and nervous systems as well as with genital and urinary tract diseases.

The principles, on which the MANAS Health Care Reform Programme should be based, include: (a) retention of the strengths of the former health care system (e.g. accessibility of medical services), (b) change in the priority of tasks in the health services (e.g. more preventive services and promotion of healthy lifestyles) and finally (c) treatment and rehabilitation of patients.

Other gradual reform areas are related to: training of general practice personnel, introduction of a stringent certification system; financing of more target-oriented research, changes in ownership in the area of pharmaceuticals and encouragement to establish private polyclinics and hospitals; departmental restructuring of institutions and facilities to include short-term intensive resuscitation departments; and finally to encourage reduction in beds and increased surgical performance.

Crucial to the challenges to be met by the Programme are the financial means to support it. The allocation of financing to the health services was 3.3% of the GNP in 1991 (which met only 11.9% of the total costs); and a planned 2.2% of the GNP in 1994 to meet only 8.1% of the total costs. To counteract this problem health financing reforms must be considered, e.g. a shift to a per capita basis accounting system to replace the current bed days; consideration given to introducing a non-item payment system; and introduction of a medical insurance system to which preventive care could be associated.

Dr Subanbaev mentioned the assistance to date of several donor agencies, e.g. USAID, UNICEF, UNDP, TICA, World Bank, Swiss Red Cross and WHO. He stressed, however, that often there was a duplication of country requirements, admittedly with some errors made by the Ministry of Health. For this reason, it is believed that one sole strategic plan would be of invaluable assistance in rectifying the situation. He continued by explaining the organigram of the management and advisory functions in relation to the implementation of the MANAS Health Care Reform Programme, underscoring the overall management role of the Ministry of Health in this regard. This would allow the Ministry to select between international experience and background offered by external consultants.

In conclusion, Dr Subanbaev described the MANAS Health Care Reform Programme as an umbrella framework which encompasses the reorganization of the health services and under which all international and bilateral assistance could be constructively placed to serve the population of Kyrgyzstan. He was convinced that the Programme would allow his country a gain in international experience to be consequently shared in the future with other needy Republics.

SUPPORTING INTERNATIONAL COORODINATION FOR THE MANAS HEALTH CARE REFORM PROGRAMME

Dr Savas, Consultant, Health care Policies, WHO/EURO, summarized the coordination mechanism for external assistance within the MANAS Health Care Reform Programme, offering a three-tiered coordination model (a) within a strategic framework; (b) at the operational level and (c) through continuous information exchange. It is essential that the Ministry of Health in collaboration with the MANAS Local Team be the key actors in this respect.

INTERNATIONAL COOPERATION

Representatives of participating or interested international and bilateral organizations in health care development in Kyrgyzstan shared their respective mandates and contributions to the MANAS Health Care Reform Programme through presentations and round-table discussion. The roundtable discussion was chaired by the Deputy Minister, Mr Subanbaev. Highlights from these sessions are offered below.

UNDP:

Five areas of technical priority for UNDP were itemized by Mr Murat. These include, national capacity building, democratization, health, and human development. The ultimate objective of this organization is the improvement of human life. Contrary to the former developmental objective of economic growth it is now necessary to look beyond this indicator and focus on human development. UNDP sees health as an essential component of development. Ongoing health related activities of this organization in Kyrgyzstan include developmental projects related to AIDS, birth control, construction of hospitals, and managerial capacity building within the Ministry of Health as well as national capacity building within the health care sector. With the development of the MANAS Health Care Reform Programme which directly challenges these areas, UNDP has pledged \$300,000 and hopes to mobilize an additional \$250,000 from other organizations to finance the Programme.

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES/SWISS RED CROSS:

Ms Carol Jacobsen, Regional Health Delegate for the Newly Independent States, described the major mandate of the IFRCRCS as strengthening and giving capacity to national Red Cross societies to operationalize the seven major principles of that umbrella organization. Three of these principles included: humanity, impartiality and neutrality. In terms of direct assistance to Kyrgyzstan, activities are coordinated by the Almaty Regional Delegation of the IFRCRCS whose mandate it is to assist the Central Asian Republics. The IFRCRCS has offered Kyrgyzstan to date nursing and medical kits, and coverage of salaries for a visiting nurses programme. An area of concern is the vulnerable groups in the population who in a time of general reform may have fallen through the safety net of the former system. Another concern is lack of a national strategy for disaster preparedness in the country, and the level of basic training needs of primary health care personnel. Future support of the IFRCRCS in Kyrgyzstan will additionally include nutritional aid and activities related to increased sanitation measures.

DANIDA:

Mr Finn Kroch, resident representative of DANIDA to Kyrgyzstan, announced the recent (February 1994) signing of an agreement between the Ministry of Foreign Affairs of Denmark and its counterpart Ministry in Kyrgyzstan for a three year assistance Programme. This bilateral grant agreement for \$10 million will support developmental activities within the sectors of education, agriculture, health and democratic reform. 60% of the funding is dedicated to activities within the health sector mainly focussing on commodity support and contributions to the sector reform. Beneficiaries would include infants and pregnant women, patients with diabetes and audiological patients. Six main objectives permeate the DANIDA strategy: improved quality of diabetes management (including insulin supply and accessories from Denmark); improved quality of basic surgical supplies; improved management of audiological related problems; reorientation and reform of primary health care teaching programmes; and dental care reform through a scholarship programme. The first phase of this programme will be dedicated to supply indications; and detailed planning (June-July 1993). As a natural part of longer term development, DANIDA fully supports the MANAS Health Programme.

ODA:

Ms Gillian Holmes, British Government Regional Health Adviser for the CCEE/NIS, accounted for the British Programme in Kyrgyzstan over the past 18 months. In 1993, ODA undertook an analysis of the social services provision, including health provision, in collaboration with the World Bank. Technical assistance was offered to test alternative health financing options. This includes assistance in designing new financing policies, provision of computers for the accounting system as well as pilot testing and

implementation of a new health financing system. This assistance focuses on using the existing budgetary systems more efficiently as well as exploring the introduction of a simple system of charges and exemptions. A study on items paid for health by rural and urban populations in Kyrgyzstan is foreseen for Fall 1994. This could serve as a direct contribution to the situation analysis phase of the MANAS Health Care Reform Programme. ODA assistance in health financing is done through the London School of Health Economics. A study tour, undertaken by the Minister of Health of Kyrgyzstan and other administrators to the United Kingdom and Sweden was organized last year to observe the experiences of health financing in these countries. A cost accounting specialist will work with ABT Associates (USAID) to consider the feasibility of introducing a health insurance scheme in a pilot area of the Issuk Kyl Oblast. \$400,000, over a two-year period has been earmarked by the ODA for this health financing component. In addition, a grant for an additional \$400,000 (over a one year period) has been given to the WHO Drug Action Programme to render assistance in the area of pharmaceuticals in a number of NIS including Kyrgyzstan. Issues to be dealt with by this grant include drug policy development, procurement and distribution, regulation, pricing and training in rational prescribing practices. ODA is fully supportive of the 10 year strategy of the MANAS Programme and will coordinate efforts, expecting to directly assist the Programme in the area of pharmaceuticals. In addition, ODA agrees to work closely with WHO and the Ministry of Health of Kyrgyzstan, in collaboration with the World Bank and USAID in the area of health financing.

GTZ:

Mr Manfred Kaiser, Adviser to the Ministry of Labour and Health Protection of Kyrgyzstan, described German assistance to Kyrgyzstan in various fields including a tax project, ecology and within the field of health. He concluded that GTZ interests in Kyrgyzstan are compatible with the mandate of the MANAS Health Care Reform Programme and for this reason his organization was prepared to support the MANAS initiative.

CENTRAL ASIAN PARTNERS:

Central Asian Partners, a small American humanitarian aid organization was described by Mr Ken Pattersen, its representative to the meeting, as being of direct assistance to the Ministry of Health of Kyrgyzstan. Examples of assistance by this organization include the establishment of a national immunization centre, revision of medical school curricula and fund-raising for resources towards a national maternal hospital in Bishkek. This non-governmental organization sees its role in Kyrgyzstan as having the ability to recognize gaps and spaces between larger donor inputs and responding to these needs.

USAID:

Ms Katie Maconald, USAID Washington D.C., offered an overview of the short- and long-term activities in Central Asia which were mainly related to health care financing and health care reform. Activities are coordinated and managed by USAID, Almaty. Health care financing activities are related to the design and implementation of a model system and enjoys a multidisciplinary team of US experts to undertake this task. Additionally, work is undertaken in collaboration with ODA who will provide assistance in the area of cost accounting and pricing. A more inter-regional project is being launched by USAID in the NIS (including Kyrgyzstan) which is related to health care financing and service delivery reform. This will be a three year programme with funds for the Central Asian Republics budgeted at \$11 million, with an option to extend funding for a further five years depending on the results achieved. The overall objective of this project is to improve financing, management and quality of care. It was emphasized that quality would focus particularly on financial incentives to reinforce quality improvements. Activities would include: technical assistance, training, information dissemination, (including a management information system) evaluation and monitoring as well as a small grant for organizations applying for grants on a competitive basis. The project has recently begun. Ms Macdonald expressed her favourable impression of the MANAS Health Care Reform Programme to challenge the problems currently faced by Kyrgyzstan. USAID activities related to women's reproductive health may be considered to fit within the MANAS framework.

ABT ASSOCIATES:

Mr Jack Langenbrunner, Health Economist for ABT Associates Inc., described his company as the prime contractor for USAID working in a number of areas in collaboration with the Government of Kyrgyzstan. This work on health care financing will focus on the accuracy and appropriateness of finances (new payroll contribution coupled with other sources of revenue) which will necessitate the development of a computer based model to assist in decision-making. Another area will look at alternative forms of payment to hospitals and polyclinics as well as to other providers. A third area is to develop a simple cost recovery structure (ref. ODA). Finally, development of a quality assurance system will be investigated to complement the alternative payment system. Efforts will be made to investigate impact issues of importance and designing and implementing a demonstration. This short-term project will involve Kyrgyz health policy technicians and policy makers and can be used as a starting point for future activities related to technical assistance, training, grants, information dissemination and evaluation and monitoring.

TICA:

Mr S. Turktan, Department Head, Economic, Technical and Trade Cooperation, TICA, Ankara, explained the direct association with TICA to the Turkish Ministry of Foreign Affairs as a sub-organization entrusted with cooperation and assistance to countries in need. The mandate of this bilateral organization is to promote cooperation in the economic, technical, and social fields, as well as in the area of environment. TICA's mandate is expressed through analysis, planning and coordination of projects in these fields. The MANAS Health Care Reform Programme is exemplary of the type of assistance and cooperation which TICA promotes and this is reflected in its provision of 50% of the total required technical expertise and coverage of related expenses for materials (up to a total of \$40,000). TICA's financial assistance will continue for the duration of the Programme.

WORLD BANK:

Ms Carol Hoppy, Task Manager for development of a World Bank Health Project in Kyrgyzstan, offered the contribution of the World Bank to the reforms. The World Bank is providing support through a \$60 million rehabilitation credit, \$1.5 million of which will be for the provision of emergency drugs. A social protection project has been successfully negotiated between the Kyrgyzstan Government and the World Bank which aims to build capacity within the Government to strengthen ability to identify the poor, make social programmes more effective in targetting and delivery of social assistance to the most vulnerable groups (including reinforcement of employment services and training to assist unemployed in the country). The social protection project comprises four components: social assistance, employment services, training and poverty monitoring. The project will be financed by a \$20 million credit, pending World Bank approval in early July 1994. In addition, the World Bank sees the health system in Kyrgyzstan under considerable strain coping with the deterioration of the health situation since 1989. \$15 million may be available as additional resources to support the Government to immediately improve the efficiency of health service delivery. This proposed project would call for close and direct collaboration with the Ministry of Health of Kyrgyzstan and coordination with other donors. The contents of this proposed project would include the following components: essential drugs and consumables, public health programmes for tuberculosis and sexually transmitted diseases; and institutional and management strengthening measures targetting the Ministry of Health. Ms Hoppy informed that the World Bank will open a resident office in Kyrgyzstan from September 1994. On a final note, Ms Hoppy expressed the willingness of the World Bank to cooperate in the MANAS Health Programme and in the implementation of the State Programme for a Healthy Nation.

UNICEF:

Dr Gulsana Turzubekova, Programme Assistant, UNICEF Representative Office, Bishkek, shared her organization's mandate and activities directed to Kyrgyzstan. Included in these initiatives, primarily for the wellbeing of mothers and children, were campaigns related to diabetes, immunization, vaccination, eye deficiency disorders and more recently breast-feeding. Support to the MANAS Health Programme was expressed on behalf of UNICEF.

WHO/EURO:

Dr S. Litvinov, Regional Adviser for CCEE/NIS at WHO/EURO, provided an historic briefing of WHO's collaboration with Kyrgyzstan over the past three years. A two year (1994-95) Country Collaborative Agreement was signed between the Ministry of Health of Kyrgyzstan and WHO/EURO in May 1994 to support health care in the country within the areas of disease prevention and quality of care. Activity areas include: control of communicable diseases (diarrhoeal diseases, cholera, T.B. and vaccines), control of non-communicable diseases (with a focus on cardiovascular diseases, hypertension and the CINDI Programme - an integrated approach to prevent non-communicable diseases); maternal and child health; upgrading of the nursing profession; environment and health management; pharmaceutical support (through ODA assistance), support and planning for mental health policy and legislation and finally action plans related to alcohol and tobacco abuse, AIDS and HIV, and diabetes management. Representation by Kyrgyzstan in a Central Asian Republics Network for health care financing and management. - CARNET is included. In conclusion, Dr Litvinov informed of the recent establishment of a WHO health information centre for Central Asia in Bishkek as well as a Liaison Office to sustain the abovementioned efforts.

In concluding this session, Dr Kasiev, on behalf of his Ministry, expressed gratitude at the willingness of the organizations represented at the meeting to assist in the realization of the MANAS Health Programme. He emphasized that financial investments alone could not improve the immediate situation but that the improvement of health services is dictated by the state of the economy. Dr Kasiev informed of the need to preserve the strengths of the former system - the most valuable principles and foundations of which are incorporated both in the National Health Programme as well as in the MANAS Health Care Reform Programme. The Ministry chooses not necessarily to follow the plan of a specific country to reform the health services in Kyrgyzstan but stressed the need for a unique, and specific reform strategy which focuses on the Kyrgyz population. The gathering of organizations within the MANAS Health Care Reform Programme was an important historic step and contribution to Kyrgyzstan in this respect.

CONCLUSIONS AND RECOMMENDATIONS:

The following conclusions and recommendations of the meeting were accepted:

Conclusions:

1. The MANAS Health Programme is an ongoing process rather than a blue print for reform. The programme is also a vehicle for the Ministry of Health to set a framework to facilitate coordination of external resources into the health care sector. The Programme will call for a Master Plan which assumes three major phases: Phase I - situation analysis; Phase II - development of strategic policy options; and Phase III - refinement of selected strategic policies. A second component of the Programme will be to strengthen the management capacity of key actors in the health care system at both national and regional levels to sustain the reform movement. The implementation phase of the programme starts in 1995 and comprises short-, medium-, and long-term operational strategies from 1995-2005.
2. Incorporating the inputs of international and bilateral organizations interested in contributing to the health services in Kyrgyzstan into the framework of the MANAS Health Programme will increase the effectiveness of these efforts. The coordination of inputs by international and bilateral organizations goes beyond avoidance in duplication of activities and ensures that all inputs are complementary.
3. It will be an asset to retain the individual identity of each contributing organization reflected in their experiences contributing to the MANAS Health Programme.

Recommendations:

1. Coordination of inputs by international and bilateral organizations to the MANAS Health Programme should be undertaken by the Programme Office which reports direct to one of the Deputy Ministers of Health. WHO and UNDP will help to strengthen the capacity of the Programme Office in this role. Exchange of information between participating organizations should be seen as an effective coordination tool.
2. The Programme Office should prepare progress reports periodically for use by the Steering Committee for purposes of monitoring and evaluating the Programme. In addition, the Programme Office will facilitate information sharing amongst interested parties.
3. The same spirit of cooperation during the design of the MANAS Health Programme should be continued into the implementation phase and inclusion of new participants should be encouraged.
4. The Government of Kyrgyzstan should take the measures to sustain the continued services of the local team trained under the Programme.

CLOSURE

Dr Kasiev closed the meeting with a plea to the representatives of the bilateral and international organizations to consider immediate assistance to Kyrgyzstan as the endurance of its people under current conditions could not continue. Health care is a substantial part of the Government policy on which the stability of the Republic is reliant. More important is the number of people lost to the currently poor health care services. In concluding, Dr Kasiev expressed his gratitude for the sincere proposals offered during the meeting as external assistance to Kyrgyzstan.

Annex 1

PARTICIPANTS

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