

3. 質問表

Questionnaire
to
The Ministry of Health

The Preparatory Study on
Comprehensive Program for
the Reform of Health Care Services in Navoi Region

To whom it may concern:

The Japan International Cooperation Agency (JICA) conducted “The Study on the Restructuring of Health and Medical System in the Republic of Uzbekistan” (hereinafter referred to as “the phase 1 Study”) from November 2002 through December 2004. The Master Plan, formulated by the JICA Study Team in close collaboration with Ministry of Health, addresses the long-term policy and strategic framework for an innovative health system.

Since continuous cooperation for formation of Regional health action plan would be essential, the Government of Uzbekistan requested to conduct “The Study on Comprehensive Program for the Reform of Health Care Services in Navoi Region ” (hereinafter referred to as “the phase 2 Study”).

JICA will dispatch the Preparatory Study Team from July 12 to 22, 2005 to discuss and agree on the Scope of Work (S/W) for the phase 2 Study.

Your response to the following questions and comments would help us for evaluation of the necessity and background of your request on the above-mentioned Study. We kindly request you to answer the questions below or provide us the documents relevant to the specific questions. We would really appreciate for your kind cooperation.

July 2005

Preparatory Study Team
Japan International Cooperation Agency (JICA)

Respondent:

Name and Title of person completing the form: _____

Telephone & Fax No.: _____

E-mail address: _____

I . National Program of Health Care Reform (1998-2005)

- (1) Please describe progress of National Program of Health Care Reform. To what extent the implementation procedure of this Program has reached now?

- (2) Please provide us the list of hospitals which have already introduced user charges.

- (3) Please provide us the latest number of medical personnel and specialists which you expected to train in this Program.

- (4) What kind of actions/procedures will be taken after the completion of this Program in 2005?

II . Health Financing System

- (1) Please provide us the latest statistics on health budget which indicate following points:
 - Sources of financing Government health expenditures.
 - Rules for allocating health budget for regions and hospitals
 - Share of private sector health expenditure
 - Table of government officials' salary by occupation and rank.

- (2) Please describe the procedure and achievement of improvement of health financing system.

III . Hospital Services

- (1) Please describe your vision of how to improve the secondary and tertiary medical services.

(2) Please provide us the staffing norm for each (tertiary, secondary, PHC) hospital level.

IV. Navoi Region

(1) Please describe health issues in Navoi region. Please provide us health statistics on Navoi region if any.

(2) Please describe your plan for an executive unit to be established for the new JICA Study in MOH or in Navoi Regional Health Care Administration.

V. International cooperation

Please provide us the information of ongoing projects which you have received assistance from foreign countries or international organizations. Please fill out the following table.

Name of donor	Project title	Name of Focal Point in MOH	Project period	Budget (US \$)

V. Health Statistics

Please provide us the latest national health statistics and reports on national health programs.

Thank you for taking time to complete this questionnaire.

Questionnaire
to
Navoi Regional Health Care Administration

The Preparatory Study on
Comprehensive Program for
the Reform of Health Care Services in Navoi Region

To whom it may concern:

The Japan International Cooperation Agency (JICA) conducted “The Study on the Restructuring of Health and Medical System in the Republic of Uzbekistan” (hereinafter referred to as “the phase 1 Study”) from November 2002 through December 2004. The Master Plan, formulated by the JICA Study Team in close collaboration with Ministry of Health, addresses the long-term policy and strategic framework for an innovative health system.

Since continuous cooperation for formation of Regional health action plan would be essential, the Government of Uzbekistan requested to conduct “The Study on Comprehensive Program for the Reform of Health Care Services in Navoi Region ” (hereinafter referred to as “the phase 2 Study”).

JICA will dispatch the Preparatory Study Team from July 12 to 22, 2005 to discuss and agree on the Scope of Work (S/W) for the phase 2 Study.

Your response to the following questions and comments would help us for evaluation of the necessity and background of your request on the above-mentioned Study. We kindly request you to answer the questions below or provide us the documents relevant to the specific questions. We would really appreciate for your kind cooperation.

July 2005

Preparatory Study Team
Japan International Cooperation Agency (JICA)

Respondent:

Name of organization: _____

Address: _____

Name and Title of person completing the form: _____

Telephone & Fax No.: _____

E-mail address: _____

Q1. Basic Information

- Please provide us the latest health related information of Navoi Region as follows:
- Population (crude birth rate, crude death rate, annual increasing rate, urban/rural population)
- Health indicators (IMR, U5MR, MMR, TFR, Coverage of EPI, Coverage of Contraceptives, Life expectancy, literacy rate)
- Main diseases and main cause of death
- No of hospitals and health facilities, and its trend in these 5 years
- No of medical and health personnel and its trend in these 5 years
- Health budget over the past 5 years (including breakdown of revenue and expenditure, sources of the budget)
- Rules for allocating health budget for districts and hospitals
- The staffing norm for each (tertiary, secondary, PHC) hospital level.
- Table of government officials' salary by occupation and rank.

Q2. Health Issues

Please describe main health issues in your region.

Q3. Health I Project

(1) The World Bank has implemented the Health I Project in your region.

Please describe activities and achievement of this Project in your region.

(2) Has the PHC level services capacity strengthened and improved after this project in your region?

Q4. International cooperation

Please provide us the information of ongoing projects which you have received assistance from foreign countries or international organizations. Please fill out the following table.

Name of donor	Project title	Name of Focal Point in MOH	Project period	Budget (US \$)

Q4. Others

Please provide us the following documents:

- (1) Annual Health Development Plan of the Navoi Region
- (2) Medium-term Plan
- (3) Project Plans
- (4) Latest organization chart

Thank you for taking time to complete this questionnaire.

Questionnaire
to
Hospitals in Navoi Region

The Preparatory Study on
Comprehensive Program for
the Reform of Health Care Services in Navoi Region

Dear Sir/Madam:

The Japan International Cooperation Agency (JICA) conducted “The Study on the Restructuring of Health and Medical System in the Republic of Uzbekistan” (hereinafter referred to as “the phase 1 Study”) from November 2002 through December 2004. The Master Plan, formulated by the JICA Study Team in close collaboration with Ministry of Health, addresses the long-term policy and strategic framework for an innovative health system.

Since continuous cooperation for formation of Regional health action plan would be essential, the Government of Uzbekistan requested to conduct “The Study on Comprehensive Program for the Reform of Health Care Services in Navoi Region ” (hereinafter referred to as “the phase 2 Study”).

JICA will dispatch the Preparatory Study Team from July 12 to 22, 2005 to discuss and agree on the Scope of Work (S/W) for the phase 2 Study.

Your response to the following questions and comments would help us for evaluation of the necessity and background of your request on the above-mentioned Study. We kindly request you to answer the questions below or provide us the documents relevant to the specific questions. We would really appreciate for your kind cooperation.

July 2005

Preparatory Study Team
Japan International Cooperation Agency (JICA)

Respondent:

Name and Title of person completing the form: _____

Telephone & Fax No.: _____

E-mail address: _____

1. Name of Hospital _____
2. Status of Hospital _____Regional _____District _____PHC(SVP)
3. Type of Hospital _____Teaching _____General _____Special
4. Name of Director _____
- 5 Working days/time _____Weekdays _____Sat. _____Sun. / from _____AM to _____PM
6. Population in the catchment area _____
7. Brief history of Hospital established in _____ (year)
Please describe history or outline.

8. Organization Please attach the organization chart.

9. Department Total No. of departments _____
OPD: _____Emergency _____ICU
_____Surgery (_____General _____Neuro _____Cardio _____Urology)
_____Int.Med. _____OB&GY _____Pediatrics _____ENT _____Eye
_____Orthopedics _____Dermatology _____Dental _____Anesthesia
Other departments _____

10.No of staff Total No of staff _____;
No. of Medical officers_____ No of assistant Med. officers_____
No of Nurses _____No of Midwives_____
No of Pharmacists_____ No of Labo technicians_____
No of engineers_
No of Administrative staff _____

11 Hospital activities: please fill out the following table

	2002	2003	2004	2005(First half)
No of Beds (existing)				
No of outpatients				
(referral cases, if any)				
No of inpatients				
(referral cases, if any)				

Bed occupancy rate				
Average length of stay				
No of delivery				
No of operations				

12. Major diseases (top10)

Outpatient		Inpatient	
Name of Diseases	Cases in 2004	Name of Diseases	Cases in 2004
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

13. Cause of death (top5) in 2004

1. _____ 2. _____ 3. _____
 4. _____ 5. _____

14. Budget : please fill out the following table

Items	2001		2002		2003		2004	
	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%
Income		100		100		100		100
Subsidy from Central MOH								
Subsidy from Regional Health Care Administration								
User fees								
Donation								
Others								
Expenditure		100		100		100		100
Salary								
Maintenance								
Heating & Lighting								
Medicine								
Consumables & Regents								

Education & Training								
Others								

14. Assistance from donors and NGOs

Please make list of projects which you have received assistance from foreign countries, organizations or NGOs over the past 5 years.

Project title/ objective	Name of Donor	Project period	Budget (US\$/Mil Rs)

Thank you for taking the time to complete this questionnaire.

**Questionnaire
to
The World Bank**

**The Preparatory Study on
Comprehensive Program for
the Reform of Health Care Services in Navoi Region**

Dear Sir/Madam:

The Japan International Cooperation Agency (JICA) conducted “The Study on the Restructuring of Health and Medical System in the Republic of Uzbekistan” (hereinafter referred to as “the phase 1 Study”) from November 2002 through December 2004. The Master Plan, formulated by the JICA Study Team in close collaboration with Ministry of Health, addresses the long-term policy and strategic framework for an innovative health system.

Since continuous cooperation for formation of Regional health action plan would be essential, the Government of Uzbekistan requested to conduct “The Study on Comprehensive Program for the Reform of Health Care Services in Navoi Region ” (hereinafter referred to as “the phase 2 Study”).

JICA will dispatch the Preparatory Study Team from July 12 to July 22, 2005 to discuss and agree on the Scope of Work (S/W) for the phase 2 Study.

Your response to the following questions and comments would help us for evaluation of the necessity and background of your request on the above-mentioned Study. We kindly request you to answer the questions below or provide us the documents relevant to the specific questions. We would really appreciate for your kind cooperation.

July 2005

**Preparatory Study Team
Japan International Cooperation Agency (JICA)**

Respondent:

Name of organization: _____

Name and Title of person completing the form: _____

Telephone & Fax No.: _____

E-mail address: _____

Q1. Health I Project

1. Please provide us the information on major activities and achievement of the Health I Project.
2. To what extent management and financing reforms has been achieved by the Project?
3. What kinds of effects and improvement have been observed after the implementation of the Project in Navoi region?
4. Please describe main health issues, which have been identified from the Project, in Navoi region.

Q2. Others

1. How do you evaluate the national program of health care system reform by the Government?

Q2. Please provide us the main feature of your country cooperation strategy in Uzbekistan.

Q3. Please provide us the information relating the future health programs/projects in Uzbekistan.

Thank you for taking the time to complete this questionnaire.

Questionnaire
to
Asian Development Bank

The Preparatory Study on
Comprehensive Program for
the Reform of Health Care Services in Navoi Region

Dear Sir/Madam:

The Japan International Cooperation Agency (JICA) conducted “The Study on the Restructuring of Health and Medical System in the Republic of Uzbekistan” (hereinafter referred to as “the phase 1 Study”) from November 2002 through December 2004. The Master Plan, formulated by the JICA Study Team in close collaboration with Ministry of Health, addresses the long-term policy and strategic framework for an innovative health system.

Since continuous cooperation for formation of Regional health action plan would be essential, the Government of Uzbekistan requested to conduct “The Study on Comprehensive Program for the Reform of Health Care Services in Navoi Region ” (hereinafter referred to as “the phase 2 Study”).

JICA will dispatch the Preparatory Study Team from July 12 to July 22, 2005 to discuss and agree on the Scope of Work (S/W) for the phase 2 Study.

Your response to the following questions and comments would help us for evaluation of the necessity and background of your request on the above-mentioned Study. We kindly request you to answer the questions below or provide us the documents relevant to the specific questions. We would really appreciate for your kind cooperation.

July 2005

Preparatory Study Team
Japan International Cooperation Agency (JICA)

Respondent:

Name and Title of person completing the form: _____

Telephone & Fax No.: _____

E-mail address: _____

Q1. Woman and Child Health Development Project

5. Please provide us the information on major activities of the WCH Project.
6. To what extent efficiency of health service delivery has been improved by the Project?
7. How do you evaluate the present referral mechanism and quality of PHC services?
8. What kinds of equipment and supplies will be provided by the Project?
9. Please describe main health issues, which have been identified from the Project, in six target regions.

Q2. Others

1. How do you evaluate the national program of health care system reform by the Government?

Q2. Please provide us the main feature of your country cooperation strategy in Uzbekistan.

Q3. Please provide us the information relating the future health programs/projects in Uzbekistan.

Thank you for taking the time to complete this questionnaire.

**Questionnaire
to
USAID**

**The Preparatory Study on
Comprehensive Program for
the Reform of Health Care Services in Navoi Region**

Dear Sir/Madam:

The Japan International Cooperation Agency (JICA) conducted “The Study on the Restructuring of Health and Medical System in the Republic of Uzbekistan” (hereinafter referred to as “the phase 1 Study”) from November 2002 through December 2004. The Master Plan, formulated by the JICA Study Team in close collaboration with Ministry of Health, addresses the long-term policy and strategic framework for an innovative health system.

Since continuous cooperation for formation of Regional health action plan would be essential, the Government of Uzbekistan requested to conduct “The Study on Comprehensive Program for the Reform of Health Care Services in Navoi Region ” (hereinafter referred to as “the phase 2 Study”).

JICA will dispatch the Preparatory Study Team from July 12 to July 22, 2005 to discuss and agree on the Scope of Work (S/W) for the phase 2 Study.

Your response to the following questions and comments would help us for evaluation of the necessity and background of your request on the above-mentioned Study. We kindly request you to answer the questions below or provide us the documents relevant to the specific questions. We would really appreciate for your kind cooperation.

July 2005

**Preparatory Study Team
Japan International Cooperation Agency (JICA)**

Respondent:

Name and Title of person completing the form: _____

Telephone & Fax No.: _____

E-mail address: _____

Q1. Quality Public Health and Primary Health Care Program

10. Please provide us the information on major activities of the Program.

11. Has access to and utilization of quality primary health care in Uzbekistan improved?

12. Please describe per capita payment systems and hospital payment reforms which are being implemented in the target regions including Navoi.

13. How do you evaluate the present quality of PHC services?

14. Please describe main health issues, which have been identified from the Program, in Navoi region.

Q2. Others

1. How do you evaluate the national program of health care system reform by the Government?

Q2. Why the health care program. in Uzbekistan has been significant expanded since 2003?

Q3. Please provide us the information relating the future health programs/projects in Uzbekistan.

Thank you for taking the time to complete this questionnaire.

有料化対象病院における有料化進捗状況（2005 年上半期現在）

医療機関名			2005 年上半期進捗度%	
			計画	実績
共和国医療機関				
1	1	Clinic of 1 st Tashkent Medical Institute (TashMI-I)	80	33.9
2	2	1 st Clinic of 2 nd Tashkent Medical Institute (TashMI-II)	80	30.3
3	3	2 nd Clinic of 2 nd Tashkent Medical Institute (TashMI-II)	80	22.3
4	4	Clinic of Samarkand Medical Institute (SamMI)	80	19.1
5	5	Clinic of Andijan Medical Institute (AndMI)	80	32.4
6	6	Clinic of Traumatology and Orthopedics RSI*	80	42.7
7	7	Clinic of Medical rehabilitation and Physiotherapy RSI	80	57.4
8	8	Clinic of Obstetrics and Gynecology RSI	80	56.4
9	9	Republican Clinic Hospital No1	80	39.9
10	10	Scientific Center for Neurosurgery	80	9.1
11	11	Medical Sanitary Unit of the Academy of Science of Uzbekistan	80	10.8
12	12	Medical Sanitary Unit "Algorithm"	80	11.1
13	13	Center of Allergology	80	9.4
14	14	Clinic Hospital of Ophthalmology	80	38.2
共和国専門病院				
15	1	Republican Specialized Center for urology	80	38.6
16	2	Republican Specialized Center for surgery	80	37.4
17	3	Republican Specialized Center for eye microsurgery	80	81.0
18	4	Republican Specialized Center for cardiology	80	75.4
Republic of Karakalpakstan				
19	1	Republican Hospital No2	80	12.9
20	2	Nukus Branch of Surgery Scientific Center named after Vohidov	80	7.4
21	3	Nukus city Hospital	80	1.6
22	4	Republican Cardiology Dispensary	10	10.4
23	5	Obstetrics Branch of Obstetrics and Gynecology SRI	25	15.0
24	6	Republican Hospital No1	30	15.3
25	7	Republican Ophthalmology Dispensary	30	19.4
Tashkent city				
26	1	City Hospital No1	65	41.5
27	2	United City Hospital No2	40	20.2
28	3	City Clinic Hospital No17	65	54.1
29	4	Emergency Care Clinic Hospital	35	25.9
30	5	Central City Hospital	65	30.0
31	6	Medical Sanitary Unit of Textile Industrial Copmlex	80	50.0
32	7	Medical Sanitary Unit of Aircraft Construction Association	65	32.3
33	8	Medical Sanitary Unit of Tashkent Tractor Building Plant	65	35.9
34	9	Medical Sanitary Unit of "TashGorPasstrans"	80	56.8
35	10	Medical Sanitary Unit of "Uzselmash"	80	33.6
36	11	Children's Hospital No14	50	1.9
37	12	Maternity complex No 3	100	11.4
38	13	Maternity complex No6	100	10.1
39	14	Maternity complex No7	100	12.2
Andijan region				
40	1	Buz district Hospital "mother and Child"	60	1.9
41	2	2 nd Andijan City Hospital	80	7.1
42	3	2 nd Andijan City Maternity Hospital	80	8.3
43	4	2 nd Asaka City Hospital	80	71.7
44	5	4 th Andijan City Hospital	80	32.3
45	6	Rehabilitation Hospital	80	0.0
46	7	Physiotherapy Hospital	80	53.1

47	8	Jalaquduq District Dental Polyclinic	80	95.6
48	9	Andijan Regional Dental Polyclinic	80	19.6
49	10	Asaka City Dental Polyclinic	80	63.4
50	11	Shahrihan District Dental Polyclinic	80	100.0
51	12	Bulakboshi District Medical Sanitary Unit	80	39.6
52	13	Jalaquduq District, Olamushuk Medical Sanitary Unit	80	12.6
53	14	Marhamat District, Polvontosh Medical Sanitary Unit	80	5.2
54	15	Dardok Area Hospital of Kurgantepa District	80	7.1
55	16	Oyim Area Hospital of Jalaquduq District	80	1.8
56	17	Chinobod Area Hospital of Baliqchi District	80	49.2
Buhara Region				
57	1	Central Regional Hospital	80	32.2
58	2	Ophthalmology Regional Hospital	80	19.5
59	3	Regional Clinic Hospital	50	30.1
60	4	Regional Cardiology Dispensary	80	51.7
61	5	Buhara City Hospital	80	23.6
62	6	Regional Center for Mother's Health Improvement	80	36.9
63	7	Regional Specialized Maternity Complex	35	17.7
Djizzak Region				
64	1	Djizzak city Children's Hospital	10	7.9
65	2	Djizzak city Central Hospital	50	1.8
66	3	Regional Hospital	80	42.4
67	4	Branch of Obstetrics and Gynecology RSI	20	7.0
Kashkadarya Region				
68	1	Regional Hospital No1	80	26.7
69	2	Regional Cardiology Dispensary	80	14.0
70	3	Regional Ophthalmology Hospital	80	18.3
71	4	Regional Diagnostic Center	90	42.5
72	5	Regional Blood Transfusion Station	80	27.3
73	6	Karshi city Central Hospital	80	26.9
74	7	Karshi City Maternity Hospital	15	5.6
75	8	Shahrisabz city Ophthalmology Hospital	80	100.0
76	9	Yakkabag District 2 nd Hospital	80	7.0
77	10	Shahrisabz District Gynecology Division	80	0.0
78	11	Shahrisabz District Rural Hospital Dukchi	80	0.0
79	12	Shahrisabz District Rural Hospital Miraki	80	0.0
80	13	Jeynov 2 nd Hospital	80	0.0
81	14	Bahoristan District Rural Hospital Chandir	80	0.0
82	15	Nishan District Rural Hospital Tallimarjon	80	0.0
83	16	Koson District Rural Hospital Bulmas	80	0.0
84	17	Kamashin District Rural Hospital Chim	80	0.0
85	18	Kamashin District Rural Hospital Qoratepa	80	0.0
86	19	Kamashin District Rural Hospital Kuk-buloq	80	0.0
87	20	Mubarak District Rural Hospital Karlik	80	0.0
88	21	Chirakchi District Rural Hospital Eski Anhor	80	0.0
89	22	Chirakchi District Rural Hospital Chiyli	80	0.0
Namangan Region				
90	1	Regional Ophthalmology Hospital	80	30.8
91	2	Medical Sanitary Unit of Water Industry	80	32.7
92	3	Branch of RSI for Medical Rehabilitation and physiotherapy	80	15.4
93	4	Regional Cardiology Hospital	80	39.1
94	5	Regional Maternity Hospital No2	20	0.6
95	6	Regional Traumatology Hospital	80	18.6
96	7	1 st Central Hospital	80	26.1
97	8	Regional Center for Urology	80	56.8
98	9	Regional Multi-field Hospital	80	14.9
99	10	2 nd City Hospital	80	2.7

100	11	3 rd City Hospital	80	1.3
101	12	4 th City Hospital	80	6.3
102	13	5 th City Hospital	80	1.0
103	14	6 th City Hospital	80	3.7
104	15	District Rural Hospital Tepakurgon	80	2.6
105	16	District Rural Hospital Beshkapa	80	1.2
106	17	District Rural Hospital Uzbekiston	80	1.1
107	18	District Rural Hospital Honobod	80	2.3
108	19	Chust city Hospital	80	9.6
109	20	District Rural Hospital Varzik	80	5.8
110	21	District Rural Hospital Shoyanbaymok	80	6.1
111	22	District Rural Hospital Karnon	80	9.4
112	23	District Rural Hospital Olmos	80	10.5
113	24	District Rural Hospital Mashad	80	2.6
114	25	District Rural Hospital Jiydkapa	80	1.6
115	26	District Rural Hospital Chodak	80	1.4
116	27	District Rural Hospital Sang	80	3.0
117	28	District Rural Hospital Chorkesar	80	4.0
118	29	District Rural Hospital Gurumsaray	80	7.4
119	30	District Rural Hospital Notukima	80	4.1
120	31	District Rural Hospital Norinkapa	80	0.7
121	32	District Rural Hospital Birlashgan	80	1.5
122	33	District Rural Hospital Shark Yulduzi	80	6.2
123	34	District Rural Hospital Nanay	80	6.5
124	35	District Rural Hospital Zarkent	80	7.9
125	36	District Rural Hospital Zarbdor	80	9.0
126	37	District Rural Hospital Bekobod	80	3.7
127	38	District Rural Hospital Ahsi	80	1.5
128	39	District Rural Hospital Hazratisho	80	4.7
		Navoi Region		
129	1	Ophthalmology Hospital	80	57.0
		Samarkand Region		
130	1	Regional 1 st Unified Hospital	50	39.4
131	2	Regional Unified Central Hospital	50	2.4
132	3	Regional Cardiology Dispensary	80	45.6
133	4	Regional Hospital for Traumatology and Orthopedics	80	22.6
134	5	Regional Ophthalmology Hospital	80	26.2
135	6	Regional Physiotherapy Polyclinic	80	36.3
136	7	Regional Center for Children Surgery	50	1.6
137	8	Regional Narcology Dispensary	100	0.0
138	9	1 st Clinic Hospital of Samarkand City	80	42.7
139	10	4 th Medical Association of Samarkand city	80	5.4
140	11	5 th Medical Association of Samarkand city	80	2.5
141	12	7 th Medical Association of Samarkand city	80	2.8
142	13	1 st Maternity Hospital of Samarkand city	20	4.0
143	14	1 st Children's Hospital of Samarkand city	10	5.7
144	15	Medical Sanitary Unit No1 of Samarkand city	80	1.3
145	16	Medical Sanitary Unit No2 of Samarkand city	80	7.1
		Syrdarya Region		
146	1	Regional Unified Central Hospital	80	22.0
147	2	Regional Center for Maternity and Childhood care	80	20.3
148	3	Regional Ophthalmology Hospital	80	54.8
149	4	Regional Cardiology Dispensary	80	44.4
150	5	Regional Physiotherapy Hospital	80	32.6
151	6	Central Hospital of Gulistan city	80	15.4
152	7	Laundry	80	12.2
		Surhandarya Region		
153	1	Regional Hospital No1	50	21.6

154	2	Regional Hospital No2	80	8.2
155	3	Regional Hospital No3	80	8.0
156	4	Jayranhona Hospital of Termez district	80	9.0
157	5	Regional Ophthalmology Hospital	80	43.3
158	6	Omonhona Hospital of Boysun District	80	0.0
159	7	Vandob Hospital of Sherabad District	80	0.0
160	8	Hodjaykon Hospital of Sherabad District	100	0.0
161	9	1 st Hospital of Termez district	80	6.2
162	10	1 st Hospital of Denow district	80	6.6
163	11	Ophthalmology Hospital of Denow District	80	32.1
164	12	Clinic of RSI Semashko of Termez district	80	15.3
165	13	Shorgun 1 st Hospital of Sarosiyoy district	80	5.4
166	14	Maternity Complex of Termez city	50	3.9
		Tashkent Region		
167	1	“Nurobod” Hospital of Angren city	80	19.6
168	2	“Korabog Hospital of Angren city”	80	37.3
169	3	“Kimyogar” Hospital of Almalik city	80	55.3
170	4	Diagnostic Center of Bekabad city	80	75.3
171	5	Medical Sanitary Unit of Uzmatal Bekabad city	80	70.5
172	6	“Chorvok” Hospital of Bostanlik district	80	19.5
173	7	1 st Hospital of Kibray District	80	61.6
174	8	“Najot” Hospital of Urta Chirchik district	80	41.2
175	9	Nursing Care Hospital of Urta Chirchik district	80	0.0
176	10	Traumotology Hospital of Yukori Chirchik district	80	29.2
177	11	2 nd Regional Hospital of Tashkent district	80	11.9
178	12	Regional Central Hospital	80	40.4
179	13	Regional Clinic Hospital	50	6.9
180	14	Regional Hospital for Cardiology	80	66.5
181	15	Regional Dental Hospital	95	92.4
		Fergana Region		
182	1	3 rd City Hospital of Fergana city	80	37.7
183	2	Medical Sanitary Unit of Oil-refining Plant of Fergana city	80	41.6
184	3	Medical Sanitary Unit ‘Azot’	50	29.6
185	4	Medical Sanitary Unit of “Textile Enterprise”	50	29.0
186	5	Children’s Hospital of Fergana city	20	6.4
187	6	Center for Urology of Fergana City	80	40.7
188	7	Ophthalmology Hospital No1 of Fergana city	80	42.9
189	8	Center for Heart Disease of Fergana city	80	46.8
190	9	Regional Dental Hospital	80	32.6
191	10	2 nd Ophthalmology Hospital of Kokand city	80	49.6
192	11	4 th City Hospital of Kokand city	80	51.3
193	12	Central Medical Sanitary Unit of Fergana and Margilan	80	21.2
194	13	MSU of Oil-refining plant of Oltiariq district	80	41.7
195	14	“Ultarma” Rural District Hospital of Bagdad district	80	100
196	15	“Ohunboboev” Rural District Hospital of Bagdad district	80	29.4
197	16	“Rabkon” Rural District Hospital of Besharik district	80	16.5
198	17	“Naymancha” Rural District Hospital of Dangarik district	80	66.1
199	18	“Nursuh” Rural District Hospital of Uzbekistan district	80	23.7
200	19	“Yakkatut” Rural District Hospital of Uzbekistan district	80	52.8
201	20	“Oksuv” Rural District Hospital of Uchkuprik district	80	38.5
202	21	“Ohunboboev” Rural District Hospital of Uchkuprik district	80	16.9
203	22	4 th Therapeutic Hospital of Fergana city	80	12.7
204	23	“Shohimardon” Hospital of Respiratory Tract disease of Fergana district	80	0.6
205	24	“Ingichka” Rural District Hospital of Furkat district	80	43.6
206	25	“Begat” Rural District Hospital of Kuva district	80	11.4
207	26	“Akbarobod” Rural District Hospital of Kuva district	80	2.5

Khorezm Region				
208	1	Regional Hospital No1	50	42.6
209	2	Regional Hospital No2	50	33.9
210	3	Regional Ophthalmology Hospital	80	34.2
211	4	Regional Dispensary of Physical Training	80	10.9
212	5	Regional Hospital for Blood vessels disease	80	51.7

有料化の進捗状況

1999年の段階で、全国467の保健医療機関での導入が計画されていたが、2002年時点で導入済みなのは226施設、2004年で234施設にとどまっている。また以下の例のように、導入が予定されたものの、導入が延期・中止された施設もある。

1. カラカルパクスタン共和国

2005年のカラカルパクスタン共和国保健省令により、19保健医療機関における有料化が延期された。

2. タシケント州

Physical Culture dispensary は民営化された。

3. アンディジャン州

保健省令により、Second Multi-Field Hospital はPHCサービスを提供する施設へ転換した。

4. スルハンダリヤ州

Denau 地区にある Khazarbog Hospital への有料化導入は、地区議会の決定により中止された。

保健制度改革国家プログラムの進捗状況

Results of implementation of State Program of health care reform of the Republic of Uzbekistan in 1998-2004.

In accordance with the Law of the Republic of Uzbekistan "On health care of citizens" and in order to ensure constitutional rights of the population to receive qualified medical care and social protection. To create of institutional, economic and legal conditions for quality improvement of the medical services, raising healthy generation, brining health care system in accordance with current transformations in the country, the President of the Republic of Uzbekistan has issued decree #UP-2107 "On state program of health care reform in the Republic of Uzbekistan".

This decree has identified the concept of the reform program and its main directions and comprehends the following:

- Improvement of the legal basis of heath care system;
- Formation of fundamentally new, modern, holistic emergency health care system;
- Simplification of primary medical-sanitary care and improvement of its effectiveness, by setting up new extended network of rural health care stations, operating on the basis of general iatric practices;
- Improving efficiency of maternity and childhood care;
- Ensuring combination of health care types guaranteed by the state with gradual transformation of certain medical institutions to provision of paid health care services;
- Fostering development market of medical services of the non-government sector of health care.
- Provision of sanitary-epidemiological wellbeing in all the regions of the country;

I. Improvement of the legal base

Legal base for the health care has been created in Uzbekistan after the independence. Laws "On Health Care of the Citizens", "On State Sanitary Inspection" and series of laws regarding HIV/AIDS, tuberculosis, medicaments etc. have been adopted.

For further improvement of the legal base for continuing modifications of the health care system, amendments have been made to the number of acting laws of the Republic of Uzbekistan. The amendments have been made to the following laws "On Health Care of the Citizens", "On State Sanitary Inspection", "On Prevention of AIDS", "On Medicaments and Pharmacological activity", "On Forced Treatment of Alcoholics, Drug Addicts and Substance Abusers".

Also, to the following laws of the Republic of Uzbekistan "On Prevention of Disease Caused by Human Immune Deficit Virus (HIV-infection)", "On Narcotic Substances, and Psychotropic

substances”, “On Psychiatric Care of the Citizens”, “On Protection of the Citizens Against Tuberculosis”, “On Donorship of Blood and its Components”.

Improvement of legal basis of health care system has allowed bringing legislative and sub-legislative documents that regulate activities of health care institutions, in compliance with modern realities and current stage of social-economic transformations of the society.

More than 60 documents for development of the health care reform program issued since the adoption of the President’s decree. Among those, 5 Laws, 2 Decrees of the President, Resolutions of the President 2, 32 Provisions of the Cabinet of Ministers, 17 sector – normative documents.

II. Organization of fundamentally new modern and holistic system of emergency health care.

The government guarantees of free and popular access of the public to the whole range of medical services when there is a threat for life became the main peculiarity in organization of emergency health care system in the Republic of Uzbekistan. Currently these services are provided on the highest modern level, and the system operates clearly and perfectly.

Before beginning of root level reforms of health care system in 1999, the emergency health care did not exist as separately organized and governed subsystem of the health care sector of the country. Certain health care institutions and their subdivisions were independent from each other elements of the service. These institutions provided both prearranged and emergency health care services. However, these medical institutions did not have common mission, common philosophy, and common methodology of providing emergency health care.

Qualification of the specialists, availability of necessary equipment, living conditions, availability of medicaments was at different levels in each of these institutions. Emergency Medical Care “03” service was also institutionally independent. Thus, the united emergency health care system and uniform state policy of supporting emergency medical services did not exist. Besides, material and technical base of the was morally and physically obsolete and the staffing was unsatisfactory.

Considering specifics of the health care system that has existed before 1999 and specifics of the transition period of the Republic’s Economy, the original model of emergency health care services was selected. To achieve broadest access, economical and medical effectiveness, emergency health care services were organized as a single multi-level structure. All organizational and structural levels of the emergency health care were unified into one service, with sustainable organizational and methodological vertical and horizontal connections.

Structure of the Emergency Health Care Service includes, first of all, the head Center in Tashkent i.e. Republican Center for Emergency Medical Care (RCEMC), that provides main volume of the medical care on basic surgical and resuscitation services to the residents of the capital and surrounding districts,

dealing most frequent types of emergency health care. It also includes, Regional Centers in each of the regional capitals of the Republic of Uzbekistan. These centers are responsible for provision of the whole package of emergency health care services to the residents of their regions.

The system of Emergency Health Care Service also includes, newly created Departments for Emergency Health Care at Central District Hospitals and Central Town Hospitals of 173 habituated areas of the Republic of Uzbekistan. Another component of the Service is, the "03" emergency health care service, that disposes 194 stations and 1485 first aid teams. In addition to mentioned stationary subdivisions Medical subdivisions of the Ministry for Emergency Situations were transferred under control of the emergency health care system.

The Emergency Health Care Service of the country employs approximately 44000 persons. More than 7500 doctors, and approximately 20000 paramedics.

Activity scheme of the Emergency Medical Care Service is based on operational efficiency, involvement of high technology and effectiveness on all levels of the service.

By the provision of the Cabinet of Ministers of the Republic of Uzbekistan the Emergency Health Care Service was transferred under control of functional subsystem of State System of Prevention and Actions During the Emergency Situations (SSES). Service for Emergency Health Care During Crisis Situations became integral part of entire Emergency Medical Service. In 1999, "Provision on State Service of Emergency Medical Care in Crisis Situations of the Republic of Uzbekistan" has been issued. This provision outlines main tasks, organizational structure, management scheme, and organization of medical care provision to the population during liquidation of medical-sanitary consequences of the crisis situations. It also outlines issues of material and technical, financial support, and legal and social protection of medical personnel of State Service of Emergency Medical Care During Crisis Situations.

39 permanent readiness teams were created for provision of care during the crisis situations (3 teams in (RCEMC) and its 12 local subdivisions). 182 teams for emergency health care have been created at the Central District Hospitals and Central Town Hospitals of the Republic of Uzbekistan.

Emergency Health Care Service and its subdivisions, along with subdivisions of the Ministry for Emergency Situations, Ministry of Internal Affairs, Ministry of Defense and other agencies are integrated in the whole emergency rescue system. New system has allowed not only to improve the effectiveness and operative efficiency of emergency medical care, but also significantly assisted in reduction of overall costs.

Every year, the Emergency Health Care Service provides in-patient medical care to more than 500000 patients. Approximately the same number of persons receives outpatient care. Emergency Medical Care

Service responds to approximately 5 million calls a year. It is worth to mention, that approximately 17,2% percent of the in-patients are treated in the system of emergency health care, despite the fact that number of beds at the disposal of the service is only 6,3% of the overall number of country's beds. This fact draws attention not only as indicator of intensiveness of activities of the service, but also serves as a prove of accessibility of emergency health services.

The emergency health care system disposes 8240 beds. This is 6% of overall number of available at the health institutions of the Republic of Uzbekistan. In 2004, these beds were used to provide in-patient care to approximately 513'114 patients, who needed immediate health care. This is a 14% of all treated in-patient.

During 2004, the RCEMC has provided in-patient care to 212'000 patients. 67'500 of these patients were subjected to surgical intervention. Surgical activity varies from 45 to 67 percent depending on the region. Average duration of stay in the in-patient clinic does not exceed 5,3 days.

In order to develop the material and technical base of the emergency medical care institutions the state involved in several projects with participation of foreign investment. The aim of these projects is to provide modern diagnostic and intensive care equipment to the RCEMC and its regional subdivisions. The Provision of the Cabinet of Ministers of the Republic of Uzbekistan specified credit offers by Spain, Germany and Israel. The loans will be used for purchase of modern diagnostic and intensive care equipment for RCEMC and its regional subdivision. Total volume of funds allocated for our Centers is 113 million USD.

The Government of Japan has granted 742 million Japanese yen for procurement of equipment for RCEMC.

Within the framework of the financial agreement between the Republic of Uzbekistan Islamic Development Bank, in 2005 financing the project of providing medical equipment to 12 regional subdivisions of RCEMC will be started. Expected cost of the equipment is 23,8 million USD. During 2004 through the humanitarian aid the state has received and distributed among the treatment and prevention medical facilities, and emergency health care institutions, medical equipment and machinery, medicaments for more than 200'000 USD.

The Provision of the Cabinet of Ministers No. 537 "On Measures for Further Improvement of Emergency Medical Care Service for the Population" issued on December 02, 2003, approved the "Regulation on the Fund for Support and Development for the Emergency Health Care". This provision also established the Board of the Fund. In December 30, 2003 with allocation of 200 million sums from the reserve fund of the Cabinet of Ministers, the fund started its operations.

Besides, the regional subdivisions of the fund established extra-budgetary funds for support and development of Emergency Health Care Service. Each of these extra-budgetary funds has its own operational bank account.

During 2004 the Fund received 573,8 million sum. Of this amount, 76,7 million sum were used for additional training of doctors and specialists, in the leading clinics of Commonwealth of Independent

States countries and abroad. 155,8 million sum were spent for procurement of medical equipment and expendables for high-tech medical equipment. 102,5 million sum for financial stimulation of the employees of the service, including additional 100% of the original salary rate payments to distinguished specialists.

In the center of attention of the Ministry is training and additional training of highly qualified personnel. For further utilization of their knowledge and experience by the institutions of the Emergency Health Care Service. All leading specialized institutes, clinics and centers of the Republic of Uzbekistan are involved in fulfilling this task. In 2004 mentioned institutions have trained 423 doctors and 295 members paramedical personnel. Among trained staff, 73 doctors were trained in Commonwealth of Independent States countries and abroad. In total, since establishment of RCEMC, 2089 doctors and 614 members paramedical personnel went through training.

For execution of the Provision of the Cabinet of Ministers No. 298 of 22.08.2002 "On Measures for Further Improving Material and Technical Base of the Emergency Health Care Service in 2003-2005" prescribing capital renovation of 67 stations and divisions. However the renovation has been conducted at 75 locations and 1,77 billion sums were spent. From the beginning of year 2004, 104 ambulance vehicles were procured. In addition, 44 ambulance vehicles were purchased by the local khokimiyats (authorities). According to the "Health-1" project Tashkent city and Navoi and Sirdarya regions received 105 portable radio sets. Additionally 14 GAZ-31 vehicles have been purchased; their delivery is scheduled in February 2005. Recently sponsors granted the health care institutions 6 cars. Activities on improving the quality of the emergency health care provided to the population, have achieved the following results:

- Provision of operational efficiency of immediate health care to the population on whole territory of the republic, substantial decrease of time between receipt of the emergency call and provision of qualified medical care;
- Provision of immediate health care institutions, especially on republican and region level with modern equipment for diagnostics and treatment;
- Supply with medicaments of institutions of immediate health care essentially improved;
- Activities of the immediate health care are implemented on the scientific basis.
- Improvement of the immediate health care service due to progressive modifications and innovations in the medical science and health care related equipment;
- Improvement of material and technical base of the "03" – Emergency Health Care, as one of the essential parts of the immediate health care system.

III. Reform of Health Care Primary Element.

Improving and developing primary element of the health care, especially in the rural areas is priority concern of the State Programme of health care system reform. This has been stipulated by the Decree of

the President of the Republic of Uzbekistan UP-2107 of November 10, 1998 and the Provision of the Cabinet of Ministers of the Republic of Uzbekistan No. 182 of May 21, 1996.

The World Bank supported strategy paper of the Government of the Republic of Uzbekistan on reforming primary elements. In November, 1998 between the Government and the Republic of Uzbekistan, and International Bank for Reconstruction and Development (IBRD) loan agreement No. 4396 concerning the project "Health" has been signed. This project is aimed for reform the primary element of the health care in Ferghana, Navoi and Sirdarya regions. In March 2003 the second amendment has made to the mentioned agreement. According to this amendment project "Health-1" will also include regions experiencing shortages of water i.e. Republic of Karakalpakstan and Khorezm region. It is planned that the project will use funds saved in a result of cost reducing measures and the loan obligations of the state will not increase. Cost saving of is achieved by attracting assistance of international donor organizations (USAID, DFID, and WHO), and cost effective procurement.

The main goal of the project was creation on examples of Ferghana, Navoi and Sirdarya regions of pilot models of primary health care for the rural residents of Uzbekistan. Selection by the Government of Uzbekistan of the mentioned regions was the first stage of the program of broad health care reorganization. Participation of the different regions with various population rates, density of the population, geographic and economic conditions and health indicators was especially important. This approach has allowed considering multitude of the varying conditions while planning further measures on developing primary element of health care. The project includes (a) provision of medical equipment to newly constructed/reconstructed immediate care stations, (b) training of the doctors and general practice nurses; (c) experimental elaboration of new models of financing and management of primary health care element.

Total cost of the project is 77,3 million USD. Achievement of the project goals required bilateral participation in the project implementation process of the Government of the Republic of Uzbekistan and the World Bank. These two bodies participated in construction of new, reconstruction of already existing and utilization of the stations for immediate medical care services. Reconstruction of the rural treatment and prevention health care facilities was contribution of the Government of Uzbekistan to the project realization process. It is equivalent to 47,3 million USD. The World Bank provided equipment, medical hardware, medicaments as well as training of personnel and introduction of new mechanisms financing. The total cost of the World Bank contribution is 30 million USD.

To achieve the tasks and goals mentioned before, four main components have been introduced into the structure of the project:

- Strengthening primary element of the health care;
- Teaching doctors and nurses general medical practises;
- Strengthening management and finance systems of the primary health care element;
- Project management.

The following measures have been implemented within the framework of each project component:

Reform of the health care system has started in 1996. The reform planned to shut down most of the medical assistant and obstetric stations, rural medical ambulatory and rural district hospitals. These institutions were supposed to be replaced with the new type of health care institution type, the rural health care station.

Development of rural health care stations and their best possible dislocation in direct proximity with the habituated areas brought the following results:

- Enabled population to access the potentials to get first medical care from a doctor. Formerly, before the rural health care system has been rearranged, 70% of the rural residents received first medical aid from medical assistants at the medical assistant and obstetric stations.
- Created conditions for simplification of primary medical sanitary care structure in the rural areas and to switch from multi-stage (medical assistant, rural medical ambulatory, rural district hospital, central district hospital) to double staged (rural health care station-central district hospital) scheme of primary health care.

Currently there are 712 operational and fully functional rural health care stations in Uzbekistan.

Distribution of the rural health care stations by region is as follows: 214 in Ferghana region, 135 in Sirdarya region, 118 in Navoi region 137 in Khorezm region and 108 in the Republic of Karakalpakstan. According to the decree of the President of the Republic of Uzbekistan No. UP-2107 and Provision of the Cabinet of Ministers No.182 "On the Program of Social Infrastructure Development in Rural Areas for 1996-2001", 2823 rural health care stations started its operations during 1996-2005. Among these, 1699 have been newly constructed and 1124 rehabilitated.

Before January 1, 2005, 2606 rural health care stations started to operate, among these 1196 are newly constructed stations, and 1410 rehabilitated stations. In 2004, 243 rural health care stations were put into operation (the annual plan of 250 rural health care stations), this includes 77 newly constructed and 166 have been rehabilitated stations.

214 rural health care stations were provided with necessary equipment in Ferghana region, 121 in Sirdarya region, 89 in Navoi region, 121 in Khorezm region and 108 in the Republic of Karakalpakstan. Besides, following proposition of the Government 20 rural health care stations are being equipped in Samarqand region, 2 in Tashkent region and 2 in Buhara region. These institutions are equipped with modern equipment that allows providing qualified medical care services to the rural population.

The medical equipment for rural health care stations includes the following types of medical equipment: equipment for physical appraisal of patient, equipment laboratory tests, therapeutic medical equipment, paediatric medical equipment, obstetrical –gynaecological medical equipment, ophthalmologic medical equipment, otorhinolaryngologic care equipment. For the first time primary health care doctors have an opportunity to use ophthalmoscopes, fetal Dopplers, blood flow meters, sets gynaecological and surgical instruments.

210 rural health care stations, which received equipment purchased in the first order, in addition to the equipment also received medicaments necessary for provision of immediate care.

Additionally, taking into consideration tight connection between Central District Hospital and Rural Health Care Station, project reconstructed and equipped laboratories of Central District Hospitals. Currently 59 laboratories of Central District Hospitals are provided with modern laboratory equipment and stock of expendables for these laboratories. It is two times more than initially planned by the project (32).

In order to improve access to the health care by population of remote and difficult to access districts, the project procured and delivered 98 special off-road vehicles.

For timely provision of emergency and immediate health care to the rural population it is planned to create radio network in Navoi and Sirdarya regions. It would allow providing necessary communication lines between remote rural health care stations and district, regional and republican centres.

Installation of 55 stationary and 16 mobile radio stations in Navoi region and 39 stationary and 4 mobile radio stations in Sirdarya region has already been completed.

In addition, following the request of the Government of Uzbekistan the World Bank provided Central District Hospital of the regions experiencing water shortages, with immediate care medicaments, obstetric instrument sets, x-ray film, anaesthesia-respiratory equipment, ECG equipment and chemical reagents. Funds gained through the cost reduction measures were used for implementation of these activities.

Moreover, during the final year of project implementation, funds saved in the result of cost reduction measures were used for procurement of 16 ultra sonic scanners, 16 gastrofibrosopes, 15 anaesthesia-respiratory apparatuses, electric suction sets and as 62 large surgical instrument sets. 60 electric generators were procured for the rural health care stations experiencing interruptions with electric power supply.

In Uzbekistan health care system reform started with the first years of independence and includes medical education and postgraduate training of medical personnel. Laws "On education" and "State Programme of Health Care Reform", created a legal base for introducing health care education reform. Health care education reform is basing on the following components: provision of steadiness, and multiple staging of education; integration of medical education with medical science and practical experience; improving quality of training of the doctors and paramedical personnel.

Health care reforms envisioned decrease in the variety of medical services provided by functional specialists on the primary level of health care. The reforms also planned to increase the multitude of medical care types provided by general practitioners. It was planned that current system will gradually transform into the system where general medical practices is the main component. In reforming medical

education it was necessary to note, that extensive development of health care resulted in appearance of a number of problems in creating the staffing resources. For elimination of these problems certain time was necessary. The most specific of these problems are:

- Irrational use of medical personnel, excessive number of doctors in the towns and cities and inadequate number in rural areas;
- Excessive number of medical personnel in hospitals, inadequate in outpatient care system, especially in institutions of primary medical and sanitary care;
- Inadequate level of qualification of most of the practitioners due to the lack of material stimulation and payment of salaries. The scarcity of diagnostic equipment, outdated treatment schemes and lack of contemporary medical information.

In this regard, the introduced health care reforms envision improvement of the curricula of training medical personnel and were aimed for strengthening primary element of the health care with introduction of general medical practice. Therefore, the central segment of the primary element health care reform is training main providers of health care services i.e. the doctors and nurses about general practice.

16 medical training centres at the medical institutes, on the basis of operating city/town outpatient clinics were organized to achieve these goals. This is more than planned (10) by 1,6 times. There are also 8 training rural health care stations what is 1.5 times more than initially planned (5). These training centres were supplied with medical, learning, computer equipment and printed materials.

Also, 15 medical colleges and training schools were provided with modern study, medical and computer equipment. This is more than initially planned (7) by 214%. Mentioned equipment would allow to train specialist on the contemporary level.

Jointly with participation of international specialist, 10-month curricula (1 academic year) for training teachers of medical institutions and doctors of rural health care stations as general practitioners has been developed. Training of teachers was mainly conducted by specialists from Great Britain within the framework of the grant by Department for International Development of the United Kingdom (DFID).

Until this moment 105 teachers of medical institutions of higher education have been trained by this programme, that is by 1,6 times more than initially planned (64). Additionally, 71 teachers went through 2-week internship in Great Britain, 34 teachers through training in Estonia, 72 teachers of the medical colleges of pilot regions and Tashkent city have been trained. 14 of these teachers went through 2-week internship in Copenhagen (Denmark). 898 doctors of the rural health care stations and 61 doctors representing town outpatient clinics also have been trained. This is 4,7 times more than initially planned by the project (200). 94 doctors of the rural health care stations and town

outpatient clinics went through internship in Estonia. The program of continual medical education involves 1500 doctors and 585 nurses of the rural health care stations.

The centre for licensing of doctors and pharmacists and commission for accreditation curricula have been established and provided with proper office and computer equipment.

The standards for diagnostics and treatment of the most common deceases were developed jointly with WHO specialists. To insure constant qualification upgrade of the rural health care stations' doctors the general practitioner's bulletin is published. 27 types of leaflets for the population were published in cooperation of the Institute of Health. These leaflets describe main methods of prevention and provision of the first aid in occurrence of most common diseases.

Directives on standard programs of WHO for the doctors and directives for teachers of medical colleges and nurses of rural health care stations are published.

Regularly, monthly the newspaper "Health Care in Uzbekistan" publishes an annex on implementation of the "Health" project. During implementation of the "Health" project the documentary was filmed with financial support of the USAID project "ZdravPlus".

Present system of the health care management and financing is based on the leftover principal of financing primary medical and sanitary care institutions. Frequently, the funds received by these institutions were only enough to pay the salaries of its personnel. Inadequate level of financing for these institutions did not allow providing rural residents with medical care of high quality. Uneven and unjust financing of primary medical and sanitary care institutions without consideration of full-grown structure of the served population, absence of mechanisms for priority financing of the primary medical and sanitary care institutions, discrepancy between volume of financing of primary medical and sanitary care institutions and their real needs did not allow to increase efficiency of the health care budget expenditures.

Basing on the conditions of the loan agreement and Provision of the Cabinet of Ministers of the Republic of Uzbekistan of March 5, 1999, No. 100 "On Implementation of the Reform Project of the Primary Health Care in Ferghana Region" an experiment was carried in Ferghana region. Currently the coverage of the experiment within the framework of the "Health-1" project has extended to the territories of Navoi and Sirdarya regions and 3 districts of the Republic of Karakalpakstan and Khorezm Region.

Main tasks of the implemented financing and management reforms are as follows:

- Provision of legal independence of the institutions of primary health care;
- Modification of financing scheme i.e. these institutions should be financed from the regional level budget instead of district level budget;
- Establishing the budget of an institution by calculating needs per-capita taking in to the account correctional coefficients that include full-age structure and density of the population;

- Monthly financing institutions with one sum equivalent to 1/12 of the annual budget;
- Provision these institutions with qualified financial managers;
- Provision of autonomy to the head of the rural health care station in staffing related issues;

The following measures have been taken to fulfil this task:

- 635 institutions of primary medical and sanitary care gained legal autonomy;
- 47 information centres, supplied with modern computer equipment were established, this exceeds initially planned number of information centres by 2,5 times;
- 678 financial managers have been trained.

Analysis of rural health care station activities proved that in comparison with 1998 number of visits at each rural health care station has doubled. There is also 33,5% decrease in the number of referrals for the consultancy services of the specialists and 26,8% decrease of the hospitalisations to the inpatient clinics. These figures demonstrate increased trust of the rural habitants to the quality of medical services provided by the rural health care stations. Additionally, there is a yearly increase in the number of patients preferring treatment in daily in-patient clinic of rural health care station to the 24 hour treatment at central district hospitals. All the rural health care stations indicated decrease in the number of patients with acute intestinal infection, respiratory infections, and viral hepatitis. There is also quality improvement of care provided to children and women, treated at rural health care stations. The number of pregnant women who receive an early observation has increased, and as a result the number registered cases of toxicosis has also increased.

From 97 to 99 percent of children until 6 month old get breast-feeding and full immunisation. Number of detections of cases of diabetes, asthma, ischemic heart disease and other inveterate diseases has increased.

Introduction of new methods of management and financing of rural health care institutions has allowed to:

- Switch to more effective system of financing, based on quantity of served population, instead of old methods of financing based on capacities of institutions (number of personnel, size of an institutions, etc.); Increase budgets of primary medical and sanitary care institutions by rationalizing and decreasing expenditures for the secondary (hospital) health care. For example in Ferghana region relative share of primary medical and sanitary care institutions expenditures increased from 13,6 % in total expenditures for health care in the region, to 24,3% in 2004. Uniform per-capita rate increased from 367 sums in 1999 to 1815 sum in 2004.
- Direct more resources for serving women and children through use of full age coefficients in the process of drawing budget for primary medical and sanitary care institutions;
- Ensure financial independence, autonomy and flexibility in managing financial resources and personnel;
- Increase proprietary interest of primary medical and sanitary services in providing their services to the population;

- Rationalize expenditure structure of the budgetary funds. For example, expenditure share for salaries of personnel decreased from 56,3% in 1999 to 54,8% in 2003 and expenditures for medicaments for the same period increased from 5,2% to 6,2%. Increase of the budget of primary medical and sanitary health care institutions is achieved by structural modification of health care network. In 1997-2004 the following cutbacks have been executed:
 - 817 medical assistant and obstetric stations (including: 383 in Ferghana, 105 in Navoi, 205 in Sirdarya, 61 in Khorezm, 27 - Republic of Karakalpakstan)
 - 292 rural medical ambulatories (including: 114 in Ferghana, 60 in Navoi, 66 in Sirdarya, 25 in Khorezm, 27 in the Republic of Karakalpakstan);
 - 87 rural district hospitals (including: 34 in Ferghana, 3 in Navoi, 32 in Sirdarya 18 in the Republic of Karakalpakstan):
 - 7257 beds (including 4938 in Ferghana, 461 in Navoi, 1373 in Sirdarya, 485 in Khorezm);
- Average duration of stay in bed decreased by 3,2 days (including: 4 in Ferghana, 4 in Navoi, 3 in Sirdarya, 3 in Khorezm, 3 in the Republic of Karakalpakstan)

The implemented measures allowed to save 4 billion 768 million sum. These funds are redirected first of all, for funding newly created rural health care stations and improving material and technical base of these institutions.

Implementation of measures for stabilization of financial situation and improvement of primary medical and sanitary care institutions financing system has allowed increasing the volume and quality of primary level of health care services, provided to the population on the of pilot districts. Thus, in the primary health care, conditions have been created for the new health care system based on the general practices. In the nearest future this will allow providing effective, qualified medical care to the rural population of the Republic of Uzbekistan.

According to the state programme the system of financing of health care institutions is currently being reformed.

In pilot, Sirdarya, Navoi and Ferghana regions mechanism of financing primary health care institutions is based on per-capita estimations. This enables including such factors as climate, geographical location, and population health indicators in the budget planning process.

Basing on gained practical experience, starting in 2005, it is planned to extend this mechanism in all the regions of the Republic of Uzbekistan. In accordance with the state program for health care system reform, the whole system will be gradually changed to the following system of budgeted financing of the health care:

- For emergency, immediate and primary health care, immunisation and vaccination of the population against transmittable diseases – according to the expenditure estimations per capita;
- Obstetric aid, ambulatory examination, and treatment of privileged categories of patients, specialised health care of diseases having social importance, diseases representing danger for the surrounding public should be financed on the according the number of the treated patients corresponding to the established norms;

- Organization of prophylactic, ecological, sanitary and hygienic and anti-epidemic measures should be financed in accordance with adopted state programmes, basing on the allocated amount of funds for per-capita of population of given location.

Despite the reforms implemented in the system, volume of finance allocated by the state budget does not decrease. Thus, in 2004 medical and preventive treatment facilities of health care system of the Republic of Uzbekistan received 267,8 billion sum. In comparison with 2003 the volume of financing increased by 23,3% (2003-217,2 billion sum).

It is necessary to mention, that in 2004, taking in to the account proposal of Ministry of Health to improve material and technical base, the state allocated for capital renovation and procurement of equipment 11,4 billion sum, or 2,1 times more, than in 2003 (2003 – 5,4 billion sum).

Volume of budget funds allocated for the needs of the health care is accounted for 10477 sums (in 2003 – 8755 sum).

In 2004 of total amount of funds allocated for the health care system, the outpatient services received 111,6 billion sum, what is more by 23% in comparison with 2003.

For free health care of privileged groups of patients in outpatient clinics the state allocated for purchase of medicaments 2,1 billion sum, the increase constituted 40% (comparing to 1,5 billion sum in 2003).

In accordance with the state program of health care system reform the sources of financing and the volume of financing increases of health care system. Thus if in 2002 the budget received additional unplanned contributions with the total amount 9,7 billion sum and 14,7 billion sum 2003, in 2004 this figure has almost doubled i.e. additional 18,1 sum have been received. Mostly because of the development of commercial medical services i.e. 13,7 billion sum.

Health care system of the Republic of Uzbekistan possesses adequate material and technical and staffing potential. Health care services in Uzbekistan are provided by more than 1000 various types of inpatient clinics, 4000 outpatient institutions, 501 rural medical ambulatoriums, 2606 rural health care station etc.

As of 01.01.2004 medical and preventive facilities and scientific and educational institutions of the health care of Uzbekistan employed 71623 doctors.

Number of doctors per 10000 population is 27,8 (29,8 in 1999).

Reforms currently implemented in Uzbekistan, and reconstruction of health care institutions promoted decrease of medical staff number. Starting from 1999 and until this moment their number has decreased by 1272 doctors, and a number of doctors per 10000 declined from 29,8 to 27,8.

Qualitative analysis of medical personnel grading shows, that in 2004 34737 doctors or 48,5 % of all the doctors have grading i.e. 11261 doctors are in the highest grade (15,7 % of total number of doctors); 21103 doctors hold the first grade (29,5%); 2373 doctors hold the second category (3,3%).

Doctor staffing level in the health care institutions through the Republic of Uzbekistan was 91,9 % (91,3 % in 1999).

Number of paramedics as of 01.01.2004 was 256 183 persons or 99,8 per 10000 residents. Despite increase in absolute number of paramedics, the indicator of staffing level sufficiency remains stable (1999 – 99,9, 2000 –100,4 2001 100,1, 2002 100,2 2003 99,7)

Qualification grading is possessed by 93144 paramedics (36,7%), among these: highest grade is held by 15,3% (39144 specialists), first grade is held by 19,8% (50678 specialists).

Paramedic staffing level in the health care institutions of the Republic of Uzbekistan in 2004 is 97,4% (in 1999 96,2).

Medical staff training scheme was fundamentally reviewed, and transferred to two level system of higher medical education (bachelors degree and master's degree). This measure has allowed providing better training for execution of diagnostics and treatment, prevention as well as organizational tasks.

In accordance with the State health care reform program, the curricular of Higher Medical Institutions was completely reconsidered and in 2000 first general practicing doctors graduated medical institutions of the country. During 2000-2004 5344 general practitioners including 1160 general practitioners in 2004 graduated from the institutions of higher medical institutions of the country.

According to the financed by the World Bank "Health" project, 351 general practitioners have been trained during the first six months of the 2004. Currently 514 general practitioners are undergoing training.

All medical institutes of the Republic organized departments for training nurses with higher education. For this moment the mentioned departments are training 400 students. In 2004, 136 bachelor nurses have graduated their respective institutes. \

During 2004, qualification of 10834 and 28435 paramedics has been upgraded. In 2004/2005 414 persons have been enrolled for the masters degree program in 49 various specialties.

In 2004 45 nurses from Buhara, Andijan and Ferghana regions have been going through training in Israel. On JICA program, 6 nurses were sent for training in Japan. According to the existing treaties, 72 doctors (pediatricians, obstetricians-gynecologists, child anesthesiologist-resuscitators, traumatologist-orthopedists) have upgraded their qualification in Kharkov Medical Academy for postgraduate education.

210 heads of treatment and prevention institutions, accounting personnel, managers and personnel responsible for staffing have been trained in the Institute of Management at the University of the World Economy and Diplomacy.

In accord with the target program of medical college reorientation (Provision of the Cabinet of Ministers of the Republic of Uzbekistan for No. 473 of 29.11.03) commission of 6 new colleges is planned in 2004. The colleges will be newly constructed or reconstructed.

IV. Improvement of effectiveness of motherhood and childhood protection system.

From the moment Uzbekistan gained its independence the issues of motherhood and childhood protection have been given a status of the state policy, several state programs and provisions have been accepted.

Ministry of health together with other Ministries, Agencies and Non-governmental organizations implements the following programs and provisions.

- No. 140 of April 1998 “Mother and child screening”
- No. 46 of February 15 2000 “Healthy Generation”
- No. 68 of February 5, 2001 “Mother and Child”
- No. 32 of February 25, 2002 “On additional measures for improvement of health of women, and growing generation”.
- No. 242 of July 5 2005 2002 “On measures of priority spheres in improving medical culture in the family, improving health of women, delivery and raising healthy generation”.

The main directions of the program are as follows:

1. Improvement of reproductive health protection system.
2. Mother and child screening.
3. Elaboration of continual education system, upgrading qualification of the specialists and knowledge level of the population on reproductive health care, improvement of medical culture.
4. Expending of international cooperation on improving reproductive health of women, delivery and raising children.
5. Improving material and technical base of childhood and obstetric institutions.
6. Development of hematological service of Uzbekistan.

In all the regions of Uzbekistan, institutions of primary medical and sanitary care examine women of reproductive ages. In order to prevent unplanned pregnancies and to increase interim between deliveries, women who need contraception are provided with such means. Starting from 2004 implementation of the measures under Provision of the Cabinet of Ministers No. 365 of August 25, 2003 “On approval of regulation of medical examination of marrying persons” has been started.

Starting of year 2000, the program “Improving reproductive health” project is implemented jointly with UNFPA. The project supplied contraceptives and regularly conducts seminars for the heads of the reproductive health centers and specialists working in the field of motherhood and childhood care and on reproductive health care.

Beginning from 2002 Ministry continues to implement the joint program with the KFB (Germany). The title of the project is “Reproductive health care of the women I-II”, the cost of the program is 5,6 million EVRO. With in the framework of the program 7 pilot regions of Uzbekistan: Andijan, Ferghana, Namangan, Surhandarya, Kashkadarya and Tashkent have been supplied with all types contraception mean. 12 Reproductive health centers have been equipped with audiovisual and computer equipment.

Starting from 1998 the series of measures are implemented on execution of the State Program “Mother and Child Screening”. These measures are aimed to prevent birth of children with inborn diseases accompanied by mental tardiness as well as to conduct examinations of pregnant women to identify the anomalies in development of a fetus. The organizational structure of screening centers consists of 8 regional (in the following cities: Andijan, Buhara, Karshi, Namangan, Nukus, Samarqand, Termez, Ferghana) and republican screening center in Tashkent. These centers are supposed to screen newborn children and pregnant women in entire country.

Construction of screening centers in Urgench and Navoi cities is on its final stage.

Educational program for specialists on motherhood and childhood care is being implemented in Ukraine starting from 2002. In total 215 obstetrician-gynecologists and pediatricians upgraded their qualification in Kharkov Medical Academy for Postgraduate Education.

In year 2004 for the first time, 25 obstetrician gynecologists representing districts experiencing shortages of this type of specialists (Bagdad, Kushrabod, Jondor, Shuchi, Bekabad etc.) have completed targeted clinical residential training.

Starting with year 2003 Ministry of Health in collaboration with European Society of anesthesiologists and resuscitators organize 2 week seminar-trainings on current issues of obstetric and pediatric anesthesiology and resuscitation. The seminar-trainings are organized for anesthesiologists and resuscitators representing obstetric and child care institutions from all over Uzbekistan. Leading scientists from France, Poland in Russia take part in these seminar trainings.

In order to improve existing reproductive health facultative courses for the school students, the joint order No. 232/113 has been issued together with the Ministry of Public Education on May 26, 2004. Ministry of Public Education together with the Ministry of Health organizes facultative courses in all schools, academic lyceums and professional colleges of Uzbekistan. The courses are led by medical specialists.

Starting from the year 2003 Tashkent State Medical Institute 1 Clinic cooperates with "Sog'lom Avlod Uchun" fund. Within the frame word of grand provided by American "Smile Train" and German "Friezendorph International" plastic surgeries have been made to 400 children from low income families from all over Uzbekistan. Mentioned plastic surgeries have been made to correct inborn defects with lip and mouth roof.

The RCEMC with assistance of specialists from South Korea has made plastic surgeries to 19 children with inborn dentofacial thoracic defects.

Realization of the joint programs on motherhood and childhood care realized in collaboration with WHO, UNICEF, UNFPA, USAID is continued.

- Uzbekistan has been recognized as a regional model for introduction of the "Increasing Effectiveness of Prenatal Care" project.
- 24 maternity hospitals of Uzbekistan received Child Friendly Hospital certificates;
- IVBDV strategy has been introduced in primary level of health care in pilot districts in Republic of Karakalpakstan, Khorezm, Ferghana and Andijan regions, as well as in the curricula of Institutions of Higher Medical Education and 8 Institutions of Secondary Medical Education;
- Supplementation with ferrum containing medicaments and folic acid has been introduced in 7 pilot regions;
- 3 stages of Vitamin A supplementation program have been implemented. Vitamins have been supplied to children younger than 5 years old, among mothers during the first 8 weeks following the delivery.
- For broader coverage in by the mass media of the issues related to reproductive health, and medical culture of young families, girls and women Ministry of Health organizes seminars where representatives of mass media are invited.

Material and technical base of maternity and childcare institutions is being improved. The following medical institutions have been brought into the operation: Republican Perinatal Center, Namangan subdivision of Institute for Scientific Research of Obstetrics and Gynecology as well as Regional Maternity Hospital and Regional Children's Hospital in Khorezm Region. Full renovation and reconstruction of Children's Cardio surgical Department of Tashkent Medical Institute of Pediatrics Clinic has been completed. This department has been supplied with medical equipment with total cost 1,0 million USD. The equipment has been provided by international organization "Care Lift International".

Between 1995 and 2002 the Government of Japan has provided free of charge assistance, supplying necessary medical equipment for maternity hospitals and child care institutions of

the Republic of Uzbekistan. In 1996, within the framework of this assistance Clinic of Tashkent Pediatrics Institute and Scientific Research institute of Pediatrics have been provided equipment with total cost 650 million Japanese yen.

In 1997 medical 470 million Japanese yen worth equipment has been provided for maternity hospital No. 3 children's hospital No. 1 and women's consultancy center in Andijan. In 1998 in accord with the program of non repayable aid to obstetrics and childhood care institutions of Samarqand and Navoi regions were fully reequipped with modern 676 million yen worth equipment.

Medical equipment has been supplied to Regional Multi-field Children's Hospital of the Samarqand city and regional Mother and Child Center, as well as to Regional Maternity Hospital and Regional Multi-field Children's Hospital of Navoi. Mentioned equipment has been also provided to Central District Hospital of Khatircha.

In 1999-2000, 450 million yen worth modern equipment has been provided to subdivision of Scientific and Research Institute of Obstetrics and Gynecology, Republic Multi-Field Children's Hospital and the City Children's Hospital in Nukus.

The UNFPA has provided maternity departments of all Central District Hospitals of Khorezm with 129000 USD worth necessary medical equipment.

Within the framework of "Healthy Family" project (USAID) medical equipment has been supplied to maternity departments of rural health care stations of 12 districts of Surhandarya and Kashkadarya regions. The total cost of provided equipment is 500000 USD.

As result of measures implemented to improve vaccination of children against controlled diseases, no cases diphtheria among children have been registered during last 5 years. On 27-28th of September, 2001 at the VIII session of WHO organization the Uzbekistan has approved its certificate "Republic of Uzbekistan is Free of Wild Strains Causing Poliomyelitis".

Implementation of the State programs has produced notable positive on improving health of mothers and children. The number of women using contraception has increased from 13,0% in 1991 to 62,4 % in 2004. Infant mortality has decreased from 35,5 in 1991 to 15,1 in 2004 per 1000 of life born.

Maternal mortality has decreased from 65,3 in 1991 to 30,2 per 100000 of life born in 2004.

There is also increase of interim between deliveries, proportion of infants delivered in less than 1 year after previous delivery has decreased from 5,9% in 1995 to 0,3% in 2004.

Proportion of infants delivered in less than 2 years has decreased from 20,1% to 7,6 %.

V. Provision of Combination of Health Care Service Types Guaranteed by the State with the Process of Gradual Transition of Series of Medical Institutions to Paid Medical Services.

Ministry of Health regularly monitors of the activities of medical treatment and prophylactics facilities are converted to gradual provision of paid health care services and self financing in accordance with the annex No. 3 to the Decree of the President of the Republic of Uzbekistan "On State Program of Health Care System Reform in the Republic of Uzbekistan".

Currently 234 medical treatment and prevention facilities are converted for provision of paid health care services and self financing and 440 more provide additional paid services (the list of institutions converted to mixed financing is mentioned in the annex 1).

In connection with establishment of paid medical services there is an increase of the income gained by the extra-budgetary sources of financing of medical treatment and prevention facilities that provide paid services and gradually becoming self financed institutions. Thus, if in year 2002 in addition to the budget 9,7 billion sum has been gained and during 2003 14,1 billion sum, in 2004 increase almost doubled, 18,1 billion sum has been gained, mostly due to provision of paid health care services, 13,7 billion sum.

The activities related to implementation of Decree of the President of the Republic of Uzbekistan No.3214 of February 26, 2003 "On Measures for Further Implementation of the State Program of Health Care Reform" are continued by the Provision of the Cabinet of Ministers of the Republic of Uzbekistan No. 140 of 17.03.2003 and No. 264 of 08.06.2004.

In the health care system of Uzbekistan there are four centers operating in accordance with the new principles of management and financing. These centers provide high-tech specialized health care (surgery, cardiology, urology, and eye microsurgery).

Uniform methods of establishing tariffs for health care services, standards of diagnostics and treatment of patients in the Republican specialized centers, have been approved and introduced starting from year 2004.

In order to normalize hospitalization of patients to these Centers, the procedure of referring privileged patients to the Republican specialized centers has been fully reconsidered.

The number of patients belonging to the specialized categories, treated on the indent basis has decreased in comparison with year 2003 by 48,5 % and reached 3349 patients, or 19,4% of total number of patients treated in 2004.

Correspondingly, in comparison with 2003 there is 18% increase in the number of patients who received paid medical services.

In year 2004 the centers carried out 8664 surgical interventions including 3192 in the Surgical Center, 2112 Center of Urology and 3360 in the Center of Eye Microsurgery. The index of surgical activity in the Centers during 2004 in comparison with 2003 in average increased from 80% to 84%.

The Centers of urology and surgery, that unlike two remaining centers are equipped with modern equipment, provide high-tech and expensive surgical interventions. Thus in 2004 these centers carried out 3947 high-tech, costly surgical interventions, 2322 (59%) of these surgeries have been carried out at reduced tariff. In 2004 the centers received in total 4192,4 million sum, including 1510,8 million sum or 36%, from the state budget, 1070,4 million sum (26%) of fund received from state budget have been a target allocation and were assigned for development of technical and material base. 1611,2 million sum has been gained through provision of paid medical services.

35,8 % or 1152 million sum of total volume of expended budgetary funds has been used for treatment of privileged categories of patients.

30% of total volume of funds or 973,7 million has been spent for procurement of equipment and development of material and technical base. In comparison with 2003 this index has increased by 1,3 times (775,3 million sum has been expended for these purposes in 2003).

As a result of exempt from all the taxes, customs duties and contributions to pension and road funds, the volume of funds remained in the disposal of the centers reached 149,8 million sum. In comparison with 2003 this figure increased by 3 times. Provision of mentioned privileges has allowed creating necessary reserve for development of material and technical base.

For further normalization of provided highly qualified and high-tech health care in the Centers, the Cabinet of Ministers has issued a Provision No. 264 of 08.06.2004. Mentioned provision specifies quotas and sequence of reimbursement of the expenditures for treatment of patients requiring emergency medical care.

For the Center of Urology this quota is 2%, for Center of Eye Microsurgery 3%, for Center of Cardiology 5% and for Center of Surgery the quota is 8%.

Starting with July 1, hospitalization of emergency patients is carried out according to the established regulations. The order of reimbursement of emergency health care costs has been also defined.

Mentioned provision of the Cabinet of Ministers established schedule for conversion Centers to operations on the basis self financing, self sufficiency. According to the schedule starting with 2005 the Center of Eye Microsurgery will be converted to operations on these principles, Center of Cardiology in 2006 and Center of Urology and Center for Surgery named after Academician V. Vakhidov in 2008.

Currently, there is acute problem with resupply of the centers with modern high tech medical equipment. To solve this problem the Ministry of Health is currently planning to attract funds of foreign credit institutions and grants of international organizations.

VI. Development of Non-Governmental Health Care Sector

One of the main principles of health care reform program is to create competitive non-governmental sector of health care.

Along with state owned treatment and prevention facilities there is also developing private health care services sector.

To improve organization of private sector health care services the Cabinet of Ministers of the Republic of Uzbekistan has adopted Provision No. 477 "On approval of regulations and licensing of medical and pharmaceutical activities".

For this moment there are more than 1500 private medical institutions in Uzbekistan and more than 1500 doctors providing health care services to the population.

Expansion of private health care sector network is a stable trend. If in 2002-2003 license commission of the Ministry of Health issued only 412 licenses to the private health care institutions, only 2004 the number of issued licenses reached 356.

All abovementioned has led to creation of market for health care service, i.e. currently there is an alternative to state health care. Population has a choice between state and private health care services.

VII. Sanitary and Epidemiologic well-being.

One of the main orientations of the State program is provision of sanitary and epidemiologic well being of the population.

In 2004 sanitary and epidemiologic services prevented delivery of quarantine and other especially dangerous infections from the territories of the nearby states. It also prevented local epidemic complications with acute intestinal infections, malaria, viral hepatitis and other infections. The efficiency of State Epidemic Control over facilities having epidemiologic importance: water supply, sewerage, sanitary purification, children and preschool, catering, treatment and prevention medical facilities, industrial plants and agricultural activities.

In the result of targeted and timely execution of complex prevention and anti-epidemic measures carried out in 2004, there is substantial decrease in many infectious diseases.

The plan of vaccination and revaccination against controlled infections in 2004 was executed with the results 95,6-98,2%.

In 2001 Uzbekistan was awarded certificate "Country free of wild poliomyelitis virus". In 2004 in order to prevent import of poliomyelitis from the bordering countries, in the 8 regions bordering with Tajikistan and Afghanistan the national days of immunization were held. Works in accordance with the "Elimination of measles" program are in process.

No case of diphtheria, anthrax, and tetanus among newborns has been registered during last few years in the Republic. In comparison with year 2003 there is also notable 55,7% decrease in the number of cases of epidemic parotitis, 35,3% decrease of number of cases of influenza, 11,4% decrease of number of cases of acute respiratory infections. The number of patient with paratyphoid has decreased by 25,2%, with melitensis by 15,5%, with pertussis by 15,8%, other salmonella infections by 6,4%, bacterial dysentery by 10,2%.

During (1990-1997) the number viral hepatitis cases per 100000 residents was from 627,3 to 882,0. In 2004 viral hepatitis morbidity rate per 100000 residents reached 149,8 cases.

Preventive measures against viral hepatitis "B" are implemented on the state level. Starting from October 2001 the viral hepatitis B immunization of all newborns is carried out. 98,6% -99,1% of all newborns is vaccinated.

Due to these measures the number of patients with viral hepatitis B in 2004, has decreased in comparison with 1991 by 11,3 times.

To prevent infiltration and dissemination of especially dangerous infections on the along the borders of the Republic of Uzbekistan 96 sanitary control stations have been set. These stations are located at the border crossing points. 34 special teams studied epizooty of plague in the hot spots located in steep and mountainous areas of Uzbekistan. By virtue of the Ministry of Health the Republic of Uzbekistan has won all three grants of the Global fund on HIV/AIDS, tuberculosis and malaria. The total amount of provided grants is more than 40 million USD. It is necessary to note that only 2 countries of the European region Georgia and Uzbekistan have won grants of the Global Fund to fight all these three diseases.

Special attention is paid to the issues related to provision of quality and security of food produced and imported. During year 2004 state agencies for sanitary and epidemic control rejected as not corresponding to the quality requirements of existing sanitary rules and regulations 84 tons of food including 48 tons of imported food.

For prevention of anemia and iodine deficiency among the population of the country, five regions of Uzbekistan (Republic of Karakalpakstan, Khorezm, Djizzak, Ferghana and Tashkent) have organized production of flour enriched with ferrum, vitamins, potassium iodated salts. Sanitary epidemic services strictly control sale of iodated salt. In the result of inspections during 2004 more than 850 tons of salt have been defined as unacceptable for sale, due to low concentration or absence of iodine in the latter. By virtue of implemented goal-oriented measures in 2004 the sanitary and epidemic well being of the population of Uzbekistan has been ensured.

Respondent	
The name and position of person Who filled this form	Rakhimov Malik Chulponovich Deputy head of Chief department for Development of material and technical base Of the Ministry of Health
Telephone and Fax:	+998 71 139 44 81
E-mail:	minzdrav@uzpack.uz

V. International cooperation

Donor	Project Title	Coordination unit in the Ministry of Health	Project Duration	Budget in mln. USD
International Development Association	Primary Element of Health Care Reform "Health- 2"	Head Department of Development of	2005-2009	40
Asian Development Bank			2005-2009	40

Islamic Development Bank		Material and Technical Base	2005-2007	23,799
The Government of the Peoples Republic of China			2005	3,62

II. Health Care Financing System

During first 6 months of 2005 the Government of the Republic of Uzbekistan has allocated for the health care system of Uzbekistan 163,6 billion sums of budget funds (2004 125,0 billion sum). From this amount 4,9 billion sum has been allocated for "Enlightenment", 57,5 million sum for "Culture", 0,6 billion sum for "Science" and 158,0 billion sum for "Health Care" (in 2004 -120,5 billion sum).

158,0 billion sums allocated for treatment and prevention medical facilities of the health care system have been used for the following purposes:

"Payment of Salaries" 101,0 billion sum or 63,9 percent of total amount (in 2004 73,5 billion sum or 61%), "Catering" 10,8 billion sum or 6,8% of total amount (2004 9,3 billion sum), "For purchase of medicaments" 12,9 billion sum or 8,1% of total amount (2004 9,7 billion sum). Entire allocated amount has been spent.

During the first 6 months of 2005 treatment and prevention medical facilities, in addition to the finances allocated by the state budget, received 13,5 billion sum from extra-budgetary sources (in 2004 this figure was 7,6 billion sum) or 8,5% (6,3% in 2004) of total health care budget. 10,8 billion sums have been gained through provision of paid health care services, 1,4 through provision of paid catering services and 1,3 billion sum of sponsor contributions and other sources.

Average salary rate of doctors in outpatient clinics is 46208 sums; salary rate of paramedical personnel is 34736 sums.

Average salary rate in the inpatient general profile institutions:

Doctor-specialist without grade – 33586 sums;

First grade doctor-specialist – 38507 sums;

First grade surgeon – 47404 sums.

Emergency medical care service:

First grade surgeon – 53638 sums;

First grade nurse – 38624 sums.

ナボイ州における保健医療の状況

Population of Navoi regions is 807'000 residents.

There are 38 hospitals, 178 outpatient clinics, 13 rural medical outpatient clinics 116 rural health care stations and 113 feldsher-obstetric points in this region.

Health care institutions of the region employ 1540 doctors, 6822 paramedics. There are 19,1 doctors per 1000 residents of the region (general index for Uzbekistan is 27,3 doctors per 10000 residents). The lowest proportion of paramedics per each 10000 residents is in this region. There are 84,45 paramedics per each 10000 residents (general index for Uzbekistan is 99,4 paramedics per 10000 residents).

In 2004, 334 doctors and 6822 paramedics have upgraded their qualification. There is also low percentage of rural doctors holding various grades. Only 34,5% of doctors in the region hold grades (general index for Uzbekistan is 41,6%).

In total, health care institutions of the region dispose 3265 stationary beds. Analysis of situation with specialized beds indicates serious miscalculations in planning their number. Thus, annual average occupancy of cardiology bed is 328,13 days (through out Uzbekistan 308,5 days), average occupancy of therapeutic bed is 351,6 days (throughout Uzbekistan 323,1 days), oncological bed for adults 360,0 (throughout the republic this index is 312,35 days). Average occupancy of 25 beds for rehabilitation treatment for adults, installed in 2003 is 279,2 days.

In the regions there is a tendency toward reduction in the number of oncological diseases cases (from 85,1 in 2003 to 73,6 in 2004, per 100000 residents). However the number of cases of gonorrhoea increased from 17,4 to 19,8 per 100000 residents (average index for Uzbekistan is 24,4). Number of cases of tuberculosis decreased from 83,2 in 2003 to 75,4 (average index for Uzbekistan is 75,4).

In 2004, the number of deliveries in the region has increased in comparison with 2003 has increased by 4,5% or 714 deliveries, especially evident this increase was in Kizil Tepa (11,3%) and Navbakhor (6,2% districts). The number of pregnant women, registered in the region has increased by 6,3% or 909, especially in the Hatirchi district (3,6%) and Navoi city 2003. Maternal mortality rate has decreased in comparison with 2003, from 11 maternal mortalities (70,3 per 100000 of liveborn) to 9 (57,7 per 100000 of liveborn) in 2004 (general rate for Uzbekistan is 30,2). Majority of maternal mortality cases has been registered in Nurata and Kizil tepa districts. 2 cases in Nurata district (116,8) and 2 cases in Kizil tepa district (98,3). Infant mortality rate in the region has decreased in comparison with 2003. In 2003 the infant mortality rate was 15,7 per 1000 liveborns, in 2004 this rate is 12,4 (average rate for Uzbekistan is 15,2).

There is a increase in general sickness rate in the region from 110879,30 in 2003 to 114682,3 in 2004 per 100000 residents (average rate for Uzbekistan is 87984,59). Level of primary sickness has also increased from 49626,88 in 2002 to 58821,95 in 2003.

According to the State Programme of Health Care Reform for 1998-2003 it is planned to set 127 rural health care stations in the Navoi region, among these 98 newly constructed and 29 reconstructed.

III. Hospital activities

Secondary and tertiary health care are the second and third stage of health care services that comprehend provision of specialized health care on the level of regional and republican treatment and prevention medical facilities.

986 hospitals with 136099 beds provide health care services to the population of the Republic of Uzbekistan. Among these 12 republican and regional hospitals for adults and 12 republican and regional hospitals for children, 81 city hospitals, 29 children's city hospitals, 22 Republican hospitals (1 republican, 2 Ministry for

Emergencies, specialized hospitals, 14 clinics of Scientific and Research Institutes, 3 psychiatric hospitals), 15 republican medical centers (13 of these have beds).

According to the Decree of the President of Uzbekistan No. 2107 of November 10, 1998 "On State Program of Health Care Reform in the Republic of Uzbekistan", holistic system of providing immediate emergency health care to the population i.e. Republican Scientific Center for Emergency Health Care in Tashkent with regional subdivisions and sub-subdivisions at central district hospitals, has been created.

Currently, the emergency health care system disposes 8232 beds, that is 5,9% of total bed capacity of treatment and prevention medical facilities of the Republic of Uzbekistan. In 2004 these beds were used to provide inpatient care to 584156 patients requiring immediate medical care, what is 15% of all patients treated on the inpatient basis.

RSCEHC is equipped with modern medical equipment purchased at expense of 10,1 million USD loan by Spain, and Grant by the Government of Japan amounting 760 million yen.

For further development of material and technical base of the emergency medical care institutions, several projects with participation of foreign investment are elaborated. Starting from 2005 it is planned to provide medical equipment for 12 regional subdivisions of RCEMC. It is anticipated that the total cost of the equipment will reach 23,8 million USD and funds will be provided within the framework of the Islamic Development Bank. It is also planned to provide medical equipment for emergency health care departments of Central District Hospitals and Central Town Hospitals. The cost of the project is 20 million USD and the funds will be provided by Kuwait Fund for Arabic economic development. In the center of attention of the Ministry is training and additional training of highly qualified personnel for utilization of their knowledge and experience in the institutions of the Emergency Health Care system. All leading specialized institutes, clinics and centers of the Republic are involved in this task. In 2004 mentioned institutions trained 423 doctors and 295 paramedical personnel, among them 73 doctors went through training in CIS countries and abroad. In total since establishment of RCEMC, 2089 doctors and 614 paramedical personnel went through training.

質問票回答 ナボイ州病院

No.1

Name and Title of person completing the form: Dr.Babirbaev.E.A 副院長

Telephone & Fax No.: Tel 258-5123- Fax 223-2120

E-mail address: _____

1. Name of Hospital 州立救急センター
 2. Status of Hospital X Regional District PHC(SVP)
 3. Type of Hospital Teaching X General Special
 4. Name of Director Dr.Yantnev Bakhtier Yakhmedovich
 5 Working days/time X Weekdays X Sat. Sun. / from 8:00 AM to 6:00 PM
 6. Population in the catchment area 200,000
 7. Brief history of Hospital established in 2000 (year)

8. Organization Please attach the organization chart.

9. Department Total No. of departments 14
 外科 4 (一般外科 2 脳外科 1 心臓外科 1) 内科 3
 婦人科 1 麻酔科 1 救急 1 救急車センター1 病理解剖 1
 ポリクリニック 1

10.No of staff Total No of staff 729 :
 No. of Medical doctors 85 No of Nurses 334
 No of Pharmacists 5 No of Labo technicians 22 No of engineers 1
 No of Administrative staff 6

11 Hospital activities: please fill out the following table

	2002	2003	2004	2005(First half)
No of Beds (existing)	200	200	200	200
No of outpatients	18313	24288	27837	14496
(referral cases, if any)				
No of inpatients	9216	10149	10936	5680
(referral cases, if any)				
Bed occupancy rate	93%	92%	92%	92%
Average length of stay	6.5	6.1	6.0	5.7
No of operations	2801	3174	3596	1876

12. Major diseases (top10)

Outpatient		Inpatient	
Name of Diseases	Cases in 2004	Name of Diseases	Cases in 2004
1		1 外傷	1114
2		2 分娩	939
3		3 虚血性心不全	854
4		4 盲腸炎	753
5		5 女性生殖器疾患	548
6		6 尿路結石	453
7		7 腎臓疾患	445
8		8 胆のう疾患	328
9		9 高血圧症	253
10		10 胃潰瘍	247

13. Cause of death (top5) in 2004

1. _____ 2. _____ 3. _____
 4. _____ 5. _____

14. Budget : please fill out the following table

Items	2001		2002		2003		2004	
	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%
Income		100	265.5	100	454.7	100	673.6	100
Subsidy from Regional Health Care Administration			265.2	99	454.3	99	673.1	99
User fees								
Donation			0.2	0.08	0.2	0.05	0.3	0.06
Others			0.1	0.02	0.2	0.05	0.2	0.04
Expenditure		100	265.5	100	454.7	100	673.6	100
Salary			118.3	44.6	190.7	42.0	280.7	41.6
Maintenance			104.8	39.4	169.7	37.3	276.2	41.0
Heating & Lighting			20.4	7.6	34.1	7.5	42.5	6.3
Medicine			22.1	8.4	60.2	13.2	59.2	8.7
Consumables & Regents			-		-		65.0	9.6
Education & Training								
Others								

回答 No.2

Respondent:

Name and Title of person completing the form: Jamolov.Ielom Tosupovich

Telephone & Fax No.: Tel 225-3030 Fax 225-4295

1. Name of Hospital 州立小児病院
2. Status of Hospital Regional District PHC(SVP)
3. Type of Hospital Teaching General Special
4. Name of Director Dr.Sidikov Nizom Jamolovich
- 5 Working days/time Weekdays Sat. Sun. / from 8:00 AM to 5:00 PM
6. Population in the catchment area 235,644
7. Brief history of Hospital established in 1996 (year)

8. Organization Please attach the organization chart.

9. Department Total No. of departments 7
 外来 1 救急: 集中治療室 2
 外科 (20 床うち 5 床は泌尿器科) 内科 (20 床) 小児(45 床)
 耳鼻咽喉科(5 床) 整形外科(5 床) 麻酔(6 床) 新生児(20 床)
 神経(20 床)

10.No of staff Total No of staff 308:
 No. of Medical doctors 35 No of Nurses 154
 No of Pharmacists No of Labo technicians 16 No of engineers 1
 No of Administrative staff 8

11 Hospital activities: please fill out the following table

	2002	2003	2004	2005(First half)
No of Beds (existing)	105	125	125	125
No of outpatients	8597	11345	9832	6088
(referral cases, if any)				
No of inpatients	3562	4425	4553	2465
(referral cases, if any)				
Bed occupancy rate	104%	112%	112%	114%
Average length of stay	8.2	8.0	8.0	7.2
No of operations	941	980	1019	520

12. Major diseases (top10)

Outpatient		Inpatient	
Name of Diseases	Cases in 2004	Name of Diseases	Cases in 2004
1 外傷	2670	1 呼吸器疾患	1279
2 消化器疾患	2340	2 消化器疾患	1045
3 呼吸器疾患	1700	3 神経疾患	632
4 泌尿器疾患	1578	4 貧血	579
5 神経疾患	596	5 腹腔内疾患?	539
6 耳鼻科疾患	516	6 生殖器疾患	239
7 整形外科	320	7 新生児疾患	245
8 皮膚病	44	8 外傷	235
9 内分泌疾患	36	9 敗血症	39
10 その他	32	10 先天異常	5

13. Cause of death (top5) in 2004

1. 呼吸器疾患 2. 新生児疾患 3. 敗血症
 4. 先天異常 5. 事故

14. Budget : please fill out the following table

Items	2001		2002		2003		2004	
	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%
Income	88.9	100	147.6	100	184.2	100	217.3	100
Subsidy from Regional Health Care Administration								
User fees								
Donation								
Others								
Expenditure	88.9	100	147.6	100	184.2	100	217.3	100
Salary	38.3	43	57.6	39	81.3	44	107.5	49
Maintenance	1.3	1	1.8	1	2.1	1	3.0	1
Heating & Lighting	4.4	5	7.4	5	12.4	6	19.2	9
Medicine	13.7	15	17.8	12	19.7	10	19.7	9
Consumables & Regents			-		-			
Education & Training								
Others								

回答 No.3

Respondent:

Name and Title of person completing the form: Aslanov Gylyam 院長

Telephone & Fax No.: Tel 223-1561

E-mail address: _____

1. Name of Hospital 州産婦人科病院
2. Status of Hospital Regional District PHC(SVP)
3. Type of Hospital Teaching General Special
4. Name of Director Dr. Aslanov Gylyam
- 5 Working days/time Weekdays Sat. Sun. / from 8:00 AM to 5:00 PM
6. Population in the catchment area _____
7. Brief history of Hospital established in 2002 (year)
8. Organization Please attach the organization chart.
9. Department Total No. of departments 6
第1分娩科 第2分娩科 婦人科 手術部 受付
- 10.No of staff Total No of staff 235 :
No. of Medical doctors 27 No of Nurses 113 No of Midwives 63
No of Pharmacists 1 No of Labo technicians 3 No of engineers _____
No of Administrative staff 10

11 Hospital activities: please fill out the following table

	2002	2003	2004	2005(First half)
No of Beds (existing)	150	150	150	150
No of outpatients				
(referral cases, if any)				
No of inpatients	2530	4891	5121	2870
(referral cases, if any)				
Bed occupancy rate	-	82%	85%	90%
Average length of stay	7	9	8	8
No of deliveries	653	2593	2334	1186
No of operations	450	1712	1770	854

12. Major diseases (top10)

Outpatient		Inpatient	
Name of Diseases	Cases in 2004	Name of Diseases	Cases in 2004
1		1 貧血	1788
2		2 出產病理	605
3		3 切迫流產	214
4		4 子癩前症	209
5		5 腎臟疾患	185
6		6 卵管炎	86
7		7 循環器疾患	52
8		8 子宮筋腫	37
9		9 卵巢囊腫	22
10		10 ?	22

13. Cause of death (top5) in 2004

1. _____ 2. _____ 3. _____
 4. _____ 5. _____

14. Budget : please fill out the following table

Items	2001		2002		2003		2004	
	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%
Income		100						
Subsidy from Regional Health Care Administration								
User fees								
Donation								
Others								
Expenditure			252.9	100	203.3	100	215.9	100
Salary			32.8		80.5		75.3	
Maintenance			-		-		-	
Heating & Lighting			3.0		4.0		6.3	
Medicine			8.8	8.4	27.8		23.3	
Consumables & Regents			2.9		6.9		12.8	9.6
Education & Training								
Others								

回答 No.4

Respondent:

Name and Title of person completing the form: _____

Telephone & Fax No.: Tel 225-3573

E-mail address: Onkdes@uzpak.uz

1. Name of Hospital 州がん病院
2. Status of Hospital X Regional District PHC(SVP)
3. Type of Hospital Teaching General X Special
4. Name of Director Dr. Benmirzaev Sazdin Ruzi
- 5 Working days/time X Weekdays X Sat. X Sun. / from AM to PM
6. Population in the catchment area 80 万人
7. Brief history of Hospital established in 1992 (year)

8. Organization Please attach the organization chart.

9. Department Total No. of departments 2

10.No of staff Total No of staff 63 :
 No. of Medical doctors 11 No of Nurses 26
 No of Pharmacists No of Labo technicians No of engineers
 No of Administrative staff 3

11 Hospital activities: please fill out the following table

	2002	2003	2004	2005(First half)
No of Beds (existing)	12	12	12	12
No of outpatients	52342	40002	46707	24949
(referral cases, if any)	12281	14123	16370	6392
No of inpatients	401	335	420	198
(referral cases, if any)	76	87	69	39
Bed occupancy rate	97%	83%	94%	-
Average length of stay	10.6	10.8	11.0	10.8
No of operations	1533	1573	1272	596

12. Major diseases (top10)

Outpatient		Inpatient	
Name of Diseases	Cases in 2004	Name of Diseases	Cases in 2004
1 皮膚がん	54	1 悪性リンパ腫	42
2 乳がん	53	2 乳がん	28
3 リンパ肉芽腫	51	3 胃がん	26
4 胃がん	50	4 子宮体がん	21
5 肝臓がん	34	5 肺がん	18
6 子宮体がん	31	6 食道がん	15
7 食道がん	28	7 卵巣がん	14
8 子宮頸管がん	28	8 肝臓がん	13
9 卵巣がん	21	9 子宮頸管がん	11
10 気管支肺炎	19	10 直腸がん	9

13. Cause of death (top5) in 2004

1. 胃がん (33 件) 2. 肝臓がん(22 件) 3. リンパ肉芽腫(
 4. 乳がん 5. 食道がん

14. Budget : please fill out the following table

Items	2001		2002		2003		2004	
	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%
Income	7.6	100	8.9	100	16.8	100	19.2	100
Subsidy from Regional Health Care Administration								
User fees								
Donation								
Others								
Expenditure								
Salary	10.4		12.2		16.8		19.8	
Maintenance	0.05		0.09		0.3		0.3	
Heating & Lighting	1.8		2.3		2.0		2.3	
Medicine	1.9		2.6		3.4		7.4	
Consumables & Regents	1.1		1.4		5.4		7.9	
Education & Training								
Others								

15. 病院運営上の問題点

- ・病床不足 (60 床まで増やす予定)
- ・現在行われていない放射線治療用病棟の建設と施設・医療機材の整備

回答 No.5

Respondent:

Name and Title of person completing the form: Dr.Khojaev Namoz Tashkupovich 院長

Telephone & Fax No.: Tel /Fax 223-2590

E-mail address: _____

1. Name of Hospital 州結核病院
2. Status of Hospital Regional District PHC(SVP)
3. Type of Hospital Teaching General Special
4. Name of Director Dr. Khojaev Namoz Tashkupovich
- 5 Working days/time Weekdays Sat. Sun. / from 8:00 AM to 6:00 PM
6. Population in the catchment area 81 万人
7. Brief history of Hospital established in 1972 (year)
8. Organization Please attach the organization chart.
9. Department Total No. of departments 4
内科(122 床) 小児科(40 床)
- 10.No of staff Total No of staff 131 :
 No. of Medical doctors 14 No of Nurses 50 No of Midwives 1
 No of Pharmacists 1 No of Labo technicians 5 No of engineers 1
 No of Administrative staff 58

11 Hospital activities: please fill out the following table

	2002	2003	2004	2005(First half)
No of Beds (existing)	162	162	162	162
No of outpatients	445	418	254	270
(referral cases, if any)				
No of inpatients	1100	1084	920	864
(referral cases, if any)				
Bed occupancy rate	110%	121%	125%	118%
Average length of stay	55	60	58	57
No of operations				

12. Major diseases (top10)

Outpatient		Inpatient	
Name of Diseases	Cases in 2004	Name of Diseases	Cases in 2004
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

13. Cause of death (top5) in 2004

1. _____ 2. _____ 3. _____
 4. _____ 5. _____

14. Budget : please fill out the following table

Items	2001		2002		2003		2004	
	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%
Income	121		129		160		161	
Subsidy from Regional Health Care Administration								
User fees								
Donation								
Others								
Expenditure								
Salary	34		40		47		56	
Maintenance			-		-		-	
Heating & Lighting	3		3		3		9	
Medicine	15		16	8.4	24		20	
Consumables & Regents	3		3		4		6	
Education & Training								
Others								

15. 病院運営上の問題点

- ・ 病床不足
- ・ 移動レントゲン装置の不足
- ・ 医薬品の不足

回答 No.6

Respondent:

Name and Title of person completing the form: Niyozov B.A. 副院長

Telephone & Fax No.: Tel/Fax 532-1260

E-mail address: teritanosil@uzpak.uz

1. Name of Hospital 州皮膚・性病病院
2. Status of Hospital X Regional District PHC(SVP)
3. Type of Hospital Teaching General X Special
4. Name of Director Dr. Shodiev Yusuf Norovich
- 5 Working days/time X Weekdays X Sat. X Sun. / 24hours
6. Population in the catchment area 80 万人
7. Brief history of Hospital established in (year)

8. Organization Please attach the organization chart.

9. Department Total No. of departments 4

10.No of staff Total No of staff 143 :
 No. of Medical doctors 11 No of Nurses 55
 No of Pharmacists 1 No of Labo technicians No of engineers
 No of Administrative staff

11 Hospital activities: please fill out the following table

	2002	2003	2004	2005(First half)
No of Beds (existing)	332	318	256	135
No of outpatients	45754	44089	40708	18349
(referral cases, if any)				
No of inpatients				
(referral cases, if any)				
Bed occupancy rate	101%	97%	77%	82%
Average length of stay	18.2	19.2	17.0	17.6
No of operations				

12. Major diseases (top10)

Outpatient		Inpatient	
Name of Diseases	Cases in 2004	Name of Diseases	Cases in 2004
1 トリコモナス菌		1 梅毒	
2 アレルギー性皮膚炎		2 淋病	
3 湿疹		3 湿疹	
4 梅毒		4 水虫	
5 淋病		5	
6 水虫		6	
7		7	
8		8	
9		9	
10		10	

13. Cause of death (top5) in 2004

1. _____ 2. _____ 3. _____
 4. _____ 5. _____

14. Budget : please fill out the following table

Items	2001		2002		2003		2004	
	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%
Income								
Subsidy from Regional Health Care Administration								
User fees								
Donation								
Others								
Expenditure								
Salary	24.2		33.5		46.2		57.8	
Maintenance	1.3		1.7		2.2		3.4	
Heating & Lighting	0.9		1.1		2.0		4.8	
Medicine	5.8		6.4		6.9		7.9	
Consumables & Regents								
Education & Training								
Others								

回答 No.7

Respondent:

Name and Title of person completing the form: Dr. Shomurodova Kh.S 院長

Telephone & Fax No.: Tel 225-2824

E-mail address: _____

1. Name of Hospital 州内内分泌診療所
2. Status of Hospital Regional District PHC(SVP)
3. Type of Hospital Teaching General Special
4. Name of Director Dr. Shomurodova Kh.S
- 5 Working days/time Weekdays Sat. Sun. / from 8:00 AM to 5:00 PM
6. Population in the catchment area _____
7. Brief history of Hospital established in 1992 (year)

8. Organization Please attach the organization chart.

9. Department Total No. of departments

外来のみ

10.No of staff Total No of staff :

No. of Medical doctors 6 No of Nurses 10

No of Pharmacists No of Labo technicians 3 No of engineers

No of Administrative staff 1

11 Hospital activities: please fill out the following table

	2002	2003	2004	2005(First half)
No of Beds (existing)	-	-	-	-
No of outpatients	22454	24601	38597	21814
(referral cases, if any)				
No of inpatients				
(referral cases, if any)				
Bed occupancy rate				
Average length of stay				
No of operations				

12. Major diseases (top10)

Outpatient		Inpatient	
Name of Diseases	Cases in 2004	Name of Diseases	Cases in 2004
1 小人症		1 小人症	
2 糖尿病		2 糖尿病	
3 風土病		3 風土病	
4 変形 (中毒症)		4 変形 (中毒症)	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

13. Cause of death (top5) in 2004

1. 糖尿病による昏睡 2. _____ 3. _____
 4. _____ 5. _____

14. Budget : please fill out the following table

Items	2001		2002		2003		2004	
	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%
Income							17.4	
Subsidy from Regional Health Care Administration							17.4	
User fees								
Donation								
Others								
Expenditure								
Salary							7.8	
Maintenance							-	
Heating & Lighting								
Medicine							2.2	
Consumables & Regents								
Education & Training								
Others								

15. 病院運営上の問題点

- ・ 24 時間体制で対応できる入院設備がない

回答 No.8

Respondent:

Name and Title of person completing the form: Mr. Ruziev Nevruz (部長)

Telephone & Fax No.: Tel 224-4831

E-mail address: _____

1. Name of Hospital 州麻薬アルコール中毒病院
2. Status of Hospital X Regional District PHC(SVP)
3. Type of Hospital Teaching General X Special
4. Name of Director Dr. Jalilov Khamza Sobirovich
- 5 Working days/time X Weekdays X Sat. X Sun. X / from 8:00 AM to 5:15 PM
6. Population in the catchment area _____
7. Brief history of Hospital established in 1987 (year)
8. Organization Please attach the organization chart.
9. Department Total No. of departments 1
- 10.No of staff Total No of staff 64 :
 No. of Medical doctors 8 No of Nurses
 No of Pharmacists 1 No of Labo technicians No of engineers
 No of Administrative staff

11 Hospital activities: please fill out the following table

	2002	2003	2004	2005(First half)
No of Beds (existing)	20	20	20	20
No of outpatients	17567	21416	27588	15662
(referral cases, if any)				
No of inpatients	380	421	457	227
(referral cases, if any)				
Bed occupancy rate	18.3	16.1	15.1	15.3
Average length of stay				
No of operations				

12. Major diseases (top10)

Outpatient		Inpatient	
Name of Diseases	Cases in 2004	Name of Diseases	Cases in 2004
1 アルコール中毒	246	1	
2 麻薬中毒	16	2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

13. Cause of death (top5) in 2004

1. _____ 2. _____ 3. _____
 4. _____ 5. _____

14. Budget : please fill out the following table

Items	2001		2002		2003		2004	
	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%
Income								
Subsidy from Regional Health Care Administration								
User fees								
Donation								
Others								
Expenditure								
Salary	10.8		19.1		25.7		31.2	
Maintenance							-	
Heating & Lighting	0.3		0.3		0.4		0.8	
Medicine	0.7		1.1		1.9		0.8	
Consumables & Regents								
Education & Training								
Others								

15. 病院運営上の問題点

- ・麻薬患者治療用の薬の不足
- ・郊外にある入院施設も含め、施設が基準を満たしていない

回答 No.9

Respondent:

Name and Title of person completing the form: Dr.Ibagimov N.I. 院長代行

Telephone & Fax No.: Tel 224-5311

E-mail address: oitsnav@uzpak.uz

1. Name of Hospital 州エイズセンター
2. Status of Hospital X Regional District PHC(SVP)
3. Type of Hospital Teaching General X Special
4. Name of Director Dr. Sharipova Kunsuluv Eshkaraevna
- 5 Working days/time X Weekdays X Sat. X Sun. / from 8:00 AM to 7:00 PM
6. Population in the catchment area
7. Brief history of Hospital established in 1992 (year)
8. Organization 組織化部門（予防活動）、健康システム部（患者情報）、ラボ
9. Department Total No. of departments 7
外来のみ
- 10.No of staff Total No of staff 38 :
No. of Medical doctors 12 No of Assistant Doctor 4
No of Nurses 16 No of Pharmacists 1 No of engineers 1
No of Administrative staff 5

11 Hospital activities: please fill out the following table

	2002	2003	2004	2005(First half)
No of Beds (existing)	-	-	-	-
No of outpatients				
(referral cases, if any)				
No of inpatients				
(referral cases, if any)				
Bed occupancy rate				
Average length of stay				
No of operations				

12. Major diseases (top10)

2004 年度の HIV 感染者 6 名

13. Cause of death (top5) in 2004

1. _____ 2. _____ 3. _____
 4. _____ 5. _____

14. Budget : please fill out the following table

Items	2001		2002		2003		2004	
	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%
Income							39,7	
Expenditure							39,7	

15. 他ドナーによる援助

Project title/ objective	ドナー名	期間	予算
中央アジア地域罹患率管理のための 公衆衛生サービス	CDC	5 年	NA
社会的弱者を対象とした HIV/エイズ 流行阻止運動	Global Fund	5 年	NA
麻薬患者を対象としたエイズ対策（ナボイ州）	Global Fund	6 ヶ月	US\$6300
エイズ対策	AIDS Funds East West	3 年	

16. 病院運営上の問題点

- ・ HIV 検査システムの質が不十分
- ・ 予防対策の予算が不足
- ・ エイズ関連の情報が不足

回答 No.10

Respondent:

Name and Title of person completing the form: Dr. Shomurodova Kh.S 院長

Telephone & Fax No.: Tel 224-4671 Address: 2A Memorlar Street, Navoi

E-mail address: psihdesp@uzpak.uz

1. Name of Hospital 州精神病病院 Dispensary for Mental and Nervous Disorders
2. Status of Hospital X Regional District PHC(SVP)
3. Type of Hospital Teaching General X Special
4. Name of Director Dr. Shomurodova Kh.S
- 5 Working days/time X Weekdays X Sat. X Sun. / from AM to PM
6. Population in the catchment area 80 万人
7. Brief history of Hospital established in (year)
8. Organization Please attach the organization chart.
9. Department Total No. of departments
- 10.No of staff Total No of staff 90 :
 No. of Medical doctors 8
 No of Middle-level Health Personnel 30
 州全体の精神科医師 18 人 (Hatirchi, Navoi, Navbahor, Nurota, Qiziltepa, Konimekh の各地区中央病院に精神科外来あり)

11 Hospital activities

	2002	2003	2004	2005 (first six months)
Bedspace	30	30	50	50
Number of outpatients	24,104	23,789	23,814	13,673
Number of inpatients	278	254	388	209

Bed Occupancy Rate	100%	96%	90%	95%
Length of average hospital stay	39.5	41.8	38.3	41.8

12. Major diseases (top10)

Outpatient		Inpatient	
Name of Diseases	Cases in 2004	Name of Diseases	Cases in 2004
1 精神遅滞	1847	1 精神分裂病	291
2 症候性精神疾患	1498	2 精神病	274
3 非精神性器官疾患	1395	3 精神障害	98
4 その他精神遅滞	1203	4 精神遅滞	16
5 精神分裂病	712	5	
6 ヒステリー性精神病	566	6	
7 人格障害	409	7	
8 行動障害 (小児・成人)	142	8	
9		9	
10		10	

Disease rate per 100,000 of population in the province in 2004 is:

Throughout the province – 158.3

Throughout the republic – 132.8

Number of cases per 100,000 of population in the province in 2004 is:

Throughout the province – 901.5

Throughout the republic – 1,347.9

13. Cause of death (top5) in 2004

1. _____ 2. _____ 3. _____
 4. _____ 5. _____

14. Budget :

Expenses	2001	2002	2003	2004
	mil. soums	mil soums	mil. soums	mil. soums
Actual Expenses	38.2	48.8	56.0	75.1
Salary	26.4	35.6	45.1	55.3
Heating and electricity	1.3	1.1	1.4	1.8
Medications	1.9	2.8	1.6	3.0

回答 No.11

Respondent:

Name and Title of person completing the form: B. Shanazarov

Telephone & Fax No.: _____

E-mail address: konshifo@uzpak.uz

1. Name of Hospital カニメフ Kanimekh 地区中央病院
2. Status of Hospital Regional X District PHC(SVP)
3. Type of Hospital Teaching X General Special
4. Name of Director Dr. Tuksanov Kholnazar Kurbanbaevich
- 5 Working days/time X Weekdays X Sat. X Sun. / from 8:00 AM to 5:00 PM
6. Population in the catchment area 40380
7. Brief history of Hospital established in 1937 (year)

8. Organization Please attach the organization chart.

9. Department Total No. of departments 20
 外来 (内科、外科、小児科、産科、感染症科、結核科等)
 救急、病棟 (内科、外科、小児科、産科等)

10.No of staff Total No of staff 659 :
 No. of Medical doctors 57 No of Nurses 361 No of midwives 27
 No of Pharmacists 1 No of Labo technicians 20 No of engineers
 No of Administrative staff 22

11 Hospital activities: please fill out the following table

	2002	2003	2004	2005(First half)
No of Beds (existing)	220	220	220	220
No of outpatients	346600	328600	275300	135800
(referral cases, if any)				
No of inpatients	4882	5682	5373	2925
(referral cases, if any)				
Bed occupancy rate	86%	81%	85%	84%
Average length of stay	10.1	10.3	9.6	10.4
No of deliveries	695	686	692	357
No of operations	168	160	154	87

12. Major diseases (top10)

Outpatient		Inpatient	
Name of Diseases	Cases in 2004	Name of Diseases	Cases in 2004
1 血液疾患	7179	1 分娩	1392
2 呼吸器疾患	5578	2 呼吸器疾患	1298
3 消化器疾患	2566	3 消化器疾患	556
4 泌尿器疾患	2042	4 心臓血管疾患	491
5 外傷・中毒	2134	5 新生児疾患	461
6 耳鼻科疾患	1878	6 感染症	402
7 眼科疾患	1794	7 泌尿器疾患	392
8 神経疾患	996	8 血液疾患	342
9 皮膚病	596	9 神経疾患	200
10 感染症	742	10 骨・筋肉疾患	174

13. Cause of death (top5) in 2004

1. 心臓血管疾患 2. がん 3. 外傷・中毒
 4. 消化器疾患 5. 呼吸器疾患

14. Budget : please fill out the following table

Items	2001		2002		2003		2004	
	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%
Income								
Subsidy from Regional Health Care Administration								
User fees								
Donation								
Others								
Expenditure								
Salary	77.9		170.4		159.1		154.7	
Maintenance			28.7		1.3		-	
Heating & Lighting								
Medicine			31.2		10.8		11.9	
Consumables & Regents			5.0		2.1		2.9	
Education & Training								
Others								

15. 病院運営上の問題点

- ・サービス対象地域が広すぎる (地区の端から端まで 300km)

回答 No.12

Respondent:

Name and Title of person completing the form: _____

Telephone & Fax No.: Fax 523-1070

E-mail address: _____

1. Name of Hospital ヌラタ Nurata 地区中央病院
2. Status of Hospital Regional X District PHC(SVP)
3. Type of Hospital Teaching X General Special
4. Name of Director Dr. Khalidov Shavkat Kodirovich
- 5 Working days/time X Weekdays X Sat. X Sun. / from 8:00 AM to 3:00 PM
6. Population in the catchment area 75498
7. Brief history of Hospital established in 1985 (year)

8. Organization Please attach the organization chart.

9. Department Total No. of departments 6
 内科、外科（一般、脳外科）、産科、婦人科、その他
 救急、病棟（内科、外科、小児科、産科等）

10.No of staff Total No of staff 591 ;
 No. of Medical doctors 92 No of Nurses 430 No of midwives 48
 No of Pharmacists 1 No of Labo technicians 12 No of engineers 1
 No of Administrative staff 7

11 Hospital activities: please fill out the following table

	2002	2003	2004	2005(First half)
No of Beds (existing)	226	226	226	226
No of outpatients	441000	450609	411000	187689
(referral cases, if any)	3183	2816	2710	1254
No of inpatients	6667	7154	7601	3783
(referral cases, if any)	1341	1543	1342	561
Bed occupancy rate	85%	81%	83%	82%
Average length of stay	11.0	11.2	10.6	10.6
No of deliveries	589	578	607	277
No of operations	1696	1808	-	552

12. Major diseases (top10)

Outpatient		Inpatient	
Name of Diseases	Cases in 2004	Name of Diseases	Cases in 2004
1 血液・造血疾患	15628	1 分娩	2190
2 呼吸器疾患	8658	2 呼吸器疾患	1237
3 泌尿器疾患	5912	3 感染症・寄生虫症	1067
4 消化器疾患	2759	4 消化器疾患	967
5 皮膚病	1917	5 泌尿器疾患	753
6 外傷・中毒	1720	6 血液循環疾患	674
7 内分泌疾患	1533	7 血液・造血疾患	634
8 眼科疾患	1329	8 外傷・中毒	453
9 神経疾患	1215	9 神経疾患	220
10 耳鼻科疾患	1047	10 骨・筋肉疾患	191

13. Cause of death (top5) in 2004

1. 心臓血管疾患 2. 呼吸器疾患 3. 事故・外傷・中毒
 4. がん 5. 消化器疾患

14. Budget : please fill out the following table

Items	2001		2002		2003		2004	
	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%
Income	301.7		372.3		437.2		474.0	
Subsidy from Regional Health Care Administration	282.4		365.5		399.3		458.7	
User fees								
Donation								
Others	19.2		6.7		37.7		15.2	
Expenditure	301.7		371.8		437.2		474.0	
Salary	145.9		212.1		229.6		278.4	
Maintenance	3.5		5.7		3.9		2.1	
Heating & Lighting	5.3		9.9		9.9		10.9	
Medicine, Consumables , Regents	13.0		12.2		14.3		12.7	
Education & Training								
Others	13.3		131.7		179.3		169.6	

回答 No.13

Respondent:

Name and Title of person completing the form: Dr.Nabiev S.S. (治療担当副院長)

Telephone & Fax No.: Tel/Fax 555-1663

E-mail address: _____

1. Name of Hospital キジルテポ Kiziltepo 地区中央病院
2. Status of Hospital Regional X District PHC(SVP)
3. Type of Hospital Teaching X General Special
4. Name of Director _____
- 5 Working days/time X Weekdays X Sat. X Sun. / from 8:00 AM to 5:00 PM
6. Population in the catchment area 119699
7. Brief history of Hospital established in 1935 (year)

8. Organization Please attach the organization chart.

9. Department Total No. of departments 16
 外来（ポリクリニック）、ICU、外科（一般、脳、心臓）、
 泌尿器科、外傷、産婦人科、小児科、耳鼻科、眼科、皮膚科
 整形外科、菌科、その他

10.No of staff Total No of staff 1528 :
 No. of Medical doctors 187 No of Nurses 1252 No of midwives 114
 No of Pharmacists 3 No of Labo technicians 50 No of engineers 1
 No of Administrative staff 3

11 Hospital activities: please fill out the following table

	2002	2003	2004	2005(First half)
No of Beds (existing)	455	455	465	465
No of outpatients	1145050	1036290	1025420	581358
(referral cases, if any)				
No of inpatients	12509	12647	13192	7195
(referral cases, if any)				
Bed occupancy rate	90%	90%	89%	91%
Average length of stay	10.6	11.4	10.7	10.5
No of deliveries	1971	1945	2222	1106
No of operations	1789	2108	2213	1011

12. Major diseases (top10)

Outpatient		Inpatient	
Name of Diseases	Cases in 2004	Name of Diseases	Cases in 2004
1 貧血	61627	1 分娩	3154
2 呼吸器疾患	31797	2 呼吸器疾患	1740
3 消化器疾患	22030	3 泌尿器疾患	1367
4 内分泌疾患	9220	4 神経疾患	962
5 泌尿器疾患	6358	5 血液疾患	844
6 血液循環疾患	5647	6 血液系疾患	763
7 神経疾患	4340	7 感染症	485
8 感染症	1935	8 骨・筋肉疾患	188
9 眼科疾患	1094	9 内分泌疾患	188
10 がん	216	10 先天異常	17

13. Cause of death (top5) in 2004

1. 心臓血管疾患 2. がん 3. 呼吸器疾患
 4. 消化器疾患 5. 事故

14. Budget : please fill out the following table

Items	2001		2002		2003		2004	
	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%	Mil. Soum	%
Income	413.4		599.5		508.3		656.8	
Subsidy from Regional Health Care Administration	409.1		593.1		493.2		645.6	
User fees								
Donation					5.5			
Others	4.3		6.4		9.5		11.1	
Expenditure	414.1		599.5		502.8		656.8	
Salary	275.2		440.7		372.0		443.3	
Maintenance	34.4		60.3		33.4		115.2	
Heating & Lighting	8.1		10.3		11.3		17.3	
Medicine	37.1		35.0		35.3		28.0	
Consumables , Regents	59.2		53.1		50.8		52.9	
Others								

Respondent: Benjamin Mills, MD, MPH
Name and Title of person completing the form: Health Advisor, USAID/Tashkent
Telephone & Fax No.: (998 71)120-5450
E-mail address: bmills@usaid.gov

Q1. Quality Public Health and Primary Health Care Program

1. Please provide us the information on major activities of the Program.

From 2000-2005 the USAID-funded Zdrav Plus project carried out pilot health reform projects in Ferghana, Navoi and Syrdarya Oblasts. Primary areas of focus were: retraining of rural PHC personnel to complement new equipment and construction provided by World Bank.; mobilizing communities to spread key health messages and support local PHC facilities; and restructuring of finance and management of rural healthcare delivery, including pooling of funds, provider payment based on capitation, and improved HIS and health management.

USAID's new Quality Public Health and Primary Health Care Program, ZdravPlus 2, is scheduled to run from 2005-2010. It does not envision further direct involvement in Navoi Oblast. Its key components are:

1. Strengthen Core Health System Functions:

- Build capacity, including improving policy dialogue and legal framework
- Support national roll-out of rural PHC model and development of urban PHC and hospital pilots.
- Collaborate with the WB Health II on introduction of general practice, ADB Women and Child Health Project on MCH, and promote evidence-based medicine and new clinical practice guidelines.
- Collaborate with ADB WCH project and other donors/projects on activities educating and empowering the population.

2. Integrated Improvement Programs:

- Expand the Quality Improvement Projects in hypertension, IMCI, and anemia both horizontally and vertically.
- Connect GP retraining to facility level improvement.
- New Areas of Public Health or SES Reform, Infectious Diseases, and Medical Education:
 - Limited activities in SES reform and medical education.
 - Implement integration of TB services into PHC in collaboration with Project Hope and CDC.

2. Has access to and utilization of quality primary health care in Uzbekistan improved?

Access to care is difficult to quantify, but indirect measures, such as a decreased rate of self-referrals to specialty care, indicate that confidence in, and utilization of, community-based primary care is growing. Continued barriers to care include:

- Lack of an affordable basic package of services provided by PHC facilities;
- High costs of pharmaceuticals;
- Irregular availability of essential pharmaceuticals (although this situation is improving);
- Inadequate remuneration of health workers for legitimate services.

3. Please describe per capita payment systems and hospital payment reforms which are being implemented in the target regions including Navoi.

As one of three pilot oblasts, Navoi restructured primary care financing in line with the reforms which are now being rolled out nationally. The basic components of finance reform are:

- Pooling of PHC funds at the Oblast level; funds disbursed directly to Rural Health Points.
- Financing of Rural Health Points according to age- and sex-adjusted capitated rate; data derived from Population Survey.
- Rural Health Points given status of independent legal entities with their own bank accounts; new practice managers given financial and reporting duties.

In the current project, four sites will pilot urban PHC finance reform, based on the same principles. Navoi is not one of these sites.

Hospital payment reforms will be piloted in Ferghana and Karakalpakstan using the principle of case-based reimbursement. The basic components of hospital finance reform are:

- New accounting system to track unit costs associated with each admission
- Classification of patients into diagnosis-related groups; determination of regional average cost per case for each diagnosis-related group.
- Reimbursement of hospitals based on number and type of cases managed, with some adjustors.
- Hospitals given increased flexibility to restructure service delivery for greater efficiency & quality.

4. How do you evaluate the present quality of PHC services?

The quality of PHC services is gradually improving in areas where finance and management reform has been accompanied by retraining of providers in accepted standards of care and quality improvement techniques. Indicators include: decreased referrals for iron-deficiency anemia, higher rates of appropriate treatment for iron-deficiency anemia and hypertension, higher rates of cure for anemia or control for hypertension, incorporation of IMCI protocols into pediatric practice and higher rates of appropriate treatment for pediatric respiratory illnesses.

5. Please describe main health issues, which have been identified from the Program, in Navoi region.

Maternal & Child Health has been identified as a priority issue in Navoi. USAID has financed a Child Survival & Maternal Health Project in Navoi since 1999, which has grown to include adolescent reproductive health programming.

Access to and utilization of quality primary healthcare care services has been identified as a nationwide priority. Navoi was one of three pilot raions where the Government of Uzbekistan's primary care reform project was developed and tested with technical assistance from USAID.

Nurses from Navoi received advanced training in clinical nursing care and nursing education in Israel through a USAID-funded project.

Q2. Others

1. How do you evaluate the national program of health care system reform by the Government?

The Government of Uzbekistan has attempted serious health care system reform so far only at the primary care level and only in rural areas. The model of reform piloted by USAID, including reforms in finance, management, quality of care and access to care, has largely been adopted by the government for nationwide rollout. While important improvements have been made in PHC education, community outreach, clinical care and health management, more work remains to be done:

- evidence-based medicine has only recently introduced in clinical practice;
- accreditation and licensure of healthcare personnel exists only in rudimentary form;
- salaries for health professionals are inadequate;
- PHC facilities are over-regulated and under-supported by public health services;
- infectious disease control programs are fragmented and ineffectual;
- and the populace needs more education in basic health messages as well as in utilization of health services.

USAID is beginning pilot projects on urban primary care reform and hospital finance reform, areas previously outside the scope of PHC reform, in order to improve quality and efficient use of resources.

2. Why the health care program in Uzbekistan has been significant expanded since 2003?

I am not aware of an expansion of healthcare programs by the Government of Uzbekistan. USAID has expanded activities directed toward HIV/AIDS control since 2003 because the U.S. Government considers Central Asia a priority area for these activities. Projects on tuberculosis, maternal & child health, nursing & medical education and healthcare system reform have been extended because these are successful programs which address high-priority health issues.

3. Please provide us the information relating the future health programs/projects in Uzbekistan.

CAPACITY -- HIV/AIDS control & prevention programs for youth and high-risk groups
ZdravPlus 2 -- Quality Public Health & Primary Care
Healthy Family -- Maternal & Child Health/Reproductive Health
Tuberculosis control
Infectious disease surveillance
Community health education

番号	資料の名称	形態(図書、ビデオ、地図、写真等)	発行機関
1	Health of Population and Health Care of Republic of Uzbekistan in 1991-2002	コピー	Ministry of Health
2	2004年度ウズベキスタン共和国保健医療機関の活動に関する統計(ロシア語)	図書	Ministry of Health
3	Project "Health 1" Implementation Outputs Final Report, 2004	コピー	Ministry of Health
4	Results of Health 1 Project Implementation in Navoi Region, 1996-2004	コピー	Navoi Regional Health Care Administration
5	Business Plan 2005 for Health 2 Project Implementation	コピー	Navoi Regional Health Care Administration
6	ナボイ州案内(ウズベキ語)	図書	ナボイ州政府
7	ウズベキスタン地図(ロシア語)	地図	
8	ナボイ州保健局提供統計資料 計27枚(ロシア語; 地区別人口推移、地区別保健予算、州小児病院コスト計算表、予防接種率等)	コピー	Navoi Regional Health Care Administration
9	世界銀行とアジア開発銀行の州事務局へのインストラクション(SVPと地区中央病院対象)	コピー	Navoi Regional Health Care Administration
10	Uzbekistan Health Examination Survey(英訳、ただし目次・全文・第1章・第9章・第11章の一部・第14章・第15章は存在せず。和訳目次あり)	コピー	Ministry of Health
11	キジルテポ地区病院回答票(質問票に含まれないデータ含む)	コピー	Navoi Regional Health Care Administration
12	死亡診断書(ブランク)サンプル	コピー	Navoi Regional Health Care Administration
13	州がん病院予算申請書	コピー	Navoi Regional Health Care Administration
14	ナボイ州保健医療状況2003年	コピー	Navoi Regional Health Care Administration
15	ナボイ州保健制度改革国家プログラム進捗報告	コピー	Navoi Regional Health Care Administration

5. 打合せ議事録

平成17年7月13日（水）

① 時間：10:00～11:20 場所：JICA ウズベキスタン事務所

目的：調査内容協議

出席者：柳沢所長、浅見所員、Rano Savitova 在外専門調整員

橋爪団員、杉本団員、伊藤団員、黒住団員、笹田団員

議 事：

1. ウズベキスタンの最近の保健動向

(柳沢) 今日、訪問する保健省では第一次官が出席するので、保健セクターリフォームがどこまで進んでいるのか、フェーズ2調査に何を期待しているのかを先方に説明してもらう。前回の開発調査で策定されたM/Pに基づく実施はドナー頼みであるのが実態。ウ国において保健は重点分野で2005年は健康年になると大統領が発表した但其の詳細はよくわからない。アンディジャン暴動の件は保健分野には直接影響はなく、ドナーが撤退したり援助金額を減少するといったケースは出ていない。

2. S/W案の内容

(柳沢) 本格調査の事務所スペースは、タシケントでもナボイでも保健省から提供してもらえらると思う。C/Pについてもフェーズ1と同じく、分野ごとにワーキンググループを形成して作業することが望ましい。問題は、こちらが必要とするようなデータが収集できるかどうかだ。

(橋爪) データは調査団がC/Pに付きっきりで作業しないと、形になって出てこないと思う。今回の事前調査では、そういったデータ作成作業に協力するという約束を先方から取り付けることが重要である。

3. フェーズ2調査の目的・内容

(柳沢) 調査の目的としてはサービスへのアクセス改善と、効率化の2つが考えられる。ウ国の現状からすると効率化が必要だとは思いますが実現は難しい。

(杉本) 医療従事者の個人レベルの給与も調べられるのか。

(柳沢) 日本のような詳細な俸給表があるわけではなく、基本給は月20ドルくらい。プラス能力給のようなものが院長の裁量で支払われるが、この部分についてはデータを取るの難しい。患者が払う診療費も医師個人の懐に入ってしまう把握が難しい。

(橋爪) 医師に払われた診療費で組織的に病院に入っている金額や患者が実際に払っている金額は調査しないといけない。

(柳沢) ナボイはモデル州として選ばれたが、全ての州に同じシステムを普及させる必要はなく、ブロック化を考えてもいい。タシケントに行かなくてもサービスを受けられるようにすることも重要である。

(橋爪) 開発調査の後に、無償や技協が実施されるような形を想定するのか。

(柳沢) 開発調査はメニューを示すだけなので、ぜひ実施につなげたい。1次医療レベルは世銀が支援しており、2次レベルの母子保健分野はADBが入ることになったので、残っているのは3次レベルになる。例えば無償では総合病院への機材供与、技協だと病院管理の協力といったものが考えられる。

(橋爪) 3次病院を多数建設して批判を浴びないような計画を作成する必要がある。病院機

能を高度化したために保健省予算が1つの病院に集中し、他の分野への予算が減るといった、多額の運営費が必要になる施設は望ましくない。また、この国で余っていると言われる医師などの人員整理ができないのなら、総合病院に一本化する意味はほとんどない。専門分化している病院を総合病院にするには、患者の受診行動も変えることになり難しいのでは。

(柳沢) 総合診療科のようなワンストップサービスをつくり、そこから専門病院に振り分けるということはいかないか。現状のままでいいとなると、モデル性がなくなってしまう。
(橋爪) そういった病院間連携の文化が全くないところでの導入は難しい。リファーマルを実際に機能させるのは途上国では困難なので、考えないほうがいい。老朽化した機材を更新することを最低限の落としどころにすれば、それだけでも先方には喜んでもらえると思う。

② 時間：12:00～12:20 場所：日本大使館

目的：表敬

出席者：北村弘子 三等書記官、調査団メンバー

議 事：

- ・ アンディシヤン事件後、ウ国政府は国際調査団を受け入れていないので、日本政府としても援助の動向には注意をしているが、これまでに決まった案件は中止せず、新規案件は個別に検討するという方針で動いている。この開発調査は事件が起こる以前に承認されたものなので、中止する必要はないと判断した。ただし、プレス取材には応じないようしてほしい。
- ・ 今年2月に草の根無償の署名式の際、大使が保健分野での日本の支援方針を発表し、この開発調査もその中に含まれていた。この発表は、ウ国側が2005年を健康の年としたことに合わせたものである。
- ・ 保健分野の草の根無償の実績としては、超音波装置、内視鏡、吸引器など母子保健や基礎医療用の機材を中心に供与している。各州の保健局がモニタリングも行っており、維持管理も適正に行われている。

③ 時間：15:00～16:20 場所：保健省

目的：表敬および調査内容協議

出席者：Dr. Khadjibaev First Deputy Minister of Health、Dr. Khadjibekov Deputy Minister of Health
Mr. Siddikov Chief of External Economic Dep. Dr. Dadajonov Deputy of Chief of External Economic dep.、調査団メンバー

議 事：

日本側から事前調査の内容、目的等説明の後、先方から以下の説明を受けた。

1. 保健制度改革の現況

・ 今年が国家保健制度改革プログラムの最終年になる。第一段階では、日本の援助もあり救急医療施設の建設が進んだのと同時に地方ではPHC強化が着手された。第二段階では民営化も進展しつつあり、このような漸進的な改革の実施において前回の開発調査で策定されたマスタープランは貢献している。

2. ナボイ州が選ばれた理由

- ・ 州総合病院がないのはナボイ州とジザク州だけなので、それが理由の1つ。また、国家保健プログラムはとても幅広い側面を持っており、1つの州を選んで実験を行いそれを他州にも普及させたいと考えている。
 - ・ ナボイ州は面積が広く人口密度が低いが、国内最大の金鉱山をはじめウラン、天然ガスなどを産出し独自財源を持っている。ただしナボイの過疎地域では医師が不足しており、州全体の充足率は84%程度である。不足している専門分野の医師を配置転換で増やすといったことは必要になるかもしれないが、クビを切る必要はない。
3. ウ国の保健システムの現状
- ・ 民営化の進展は保健セクターではそれほど進んでいない。医師が民間病院に移るのは給与がいいからだが、民間は歴史が浅く不安定なので、公立病院に籍を置いたまま民間でアルバイトをするケースも多い。
 - ・ 医師の配置に関しては、不足している専門分野を集中的に医科大学で養成し、奨学金を受けて医大を卒業した者は3年間は医師不足の地域での勤務を義務付けることを検討中。
 - ・ 保健分野で新しいシステムを導入する場合、法律を変える必要はないが大統領令 (decree) は必要になる。
 - ・ 病院サービスの中で、1次レベル、救急、ワクチンなど予防的サービス、精神疾患や性感感染症といった社会的疾病は無料になるので、全体の9割近くが現状でも無料で提供されている。ただし今後は国営でない病院を増やし、自分の健康は自分で責任を持つという意識を国民に持たせるようにしていく方針である。

平成17年7月14日(木)

① 時間：9:00～11:30 場所：保健省

目的：局長レベルとの調査内容協議

出席者：Mr.Siddikov Chief of External Economic Dep

Dr. F.Akilov Chief of Human Resources and Educational Institutions

Dr. K. Yadgardva Chief of MCH department

Dr. S. Hashimov Chief of Treatment department

Dr. Agzamov Dpt. on Restructuring and reform

Dr. E.Fayzulloev Deputy of Chief of Financing department

議 事：冒頭、双方が自己紹介、団長が開発調査の説明、

(保健省) 世銀、ADB が共同で実施している Health 2 プロジェクトを取り込む予定はあるのか。

(調査団) 既に世銀、ADB が調査した部分に関しては重複を避ける意味で対象としない。世銀、ADB が行っている協力を少し付加することにより全体の効果が増すような活動があれば取り入れる可能性がある。

(保健省) ナボイ州は人口密度は低く、医師や中間レベルのスタッフも不足している。あまり利用されていない病院がある一方、非常に混雑している病院もある。必要な病床は残しつつ病床数は全体として減らしていく方向にある。専門性の高い総合病院をつくることは歓迎する。

(調査団) 州というのは保健サービスを提供する1つの単位と理解しており、州の中でのサービスの構造をどう改善したらいいのかを検討したいと思うが、この開発調査はあくまで

政策提言である。病院を新設し維持していくことは保健当局にとって大きな財政的負担になるので、その負担を軽減したり民営化を進めていくという視点で調査を行う可能性はある。

(保健省) ナボイ州で州総合病院を建設することは、我々の改革（昨年の大統領令による国家保健プログラム）の目的に沿ったものである。ナボイは他州よりベッド数が少なく専門医も不足しているので必要性は高い。

(調査団) 所与の財源で何ができるか考える必要があるが、新しい病院を建設する際には人員の問題がある。ナボイ州ではたくさんある専門病院を統合したほうがいいのか、専門病院を残して新しい総合病院をつくったほうがいいのか。

(保健省) 今までは例えば、救急医療センター設立の際にも、人員の配置転換での問題はなかった。ただし、地域によって状況は全く違うので、この場では答えられない。

(調査団) 本格調査では各種の詳細なデータを提供してもらうことになるので、協力をお願いしたい。

② 時間：12:00～13:30 場所：世界銀行

目的：調査目的の説明

出席者：Dr.Jamshid Maksumov, World Bank（保健省からの出向）

Mr.Yuki Shiroishi Health Specialist, ADB

議 事：冒頭、団長から調査目的を説明。

1.世界銀行 Health 1 プロジェクトについて

- Health 1 では3つのコンポーネントを実施した：①全国677のSVPへの機材供与を伴う機能強化、②GP（一般医）研修、③PHCレベルの財政・マネジメント強化。これを受けて今年から実施に入ったHealth 2プロジェクトでは、同様の活動に疫学部門強化、エイズ・性感染症サービスの質改善などを付加した内容で、全国に拡大していく。
- ナボイ州はHealth 1プロジェクトの対象3州の1つだったが、ナボイ特有の問題としては、人口密度が低く集落が離れているので、他州のようにPHCレベルを5段階から2段階に整理するとサービスへのアクセスが悪化する地域が多かったため、以前からある施設も残さざるをえなかった。ただし1次、2次レベルのシステムは世銀とADBのプロジェクトでかなり強化されるので、JICAが3次レベルに入れば包括的な保健システムが出来上がると思う。
- PHCレベルへの施設への予算は、以前は職員数やベッド数に応じて金額が決められ、州保健局が地区中央病院に配分した予算の中から、地区病院が取った予算の残りが回ってきていたが、Health 1で予算制度を大きく変更した。各SVPの診療圏の人口数に応じて予算額が決まり、州保健局からSVPへ直接配分されるようになったことで金額も増えた。以前は病院経由だったために時間がかかり非効率な面があったが、制度が変わったことで地域のニーズに合った予算配分ができるようになった。

2. ADB WCH プロジェクトについて

- 世界で初めて、世銀とADBが共同でプロジェクトを実施することになり、Health 2では世銀とADBがそれぞれ4000万米ドルずつ分担する。WCHは6州を対象に今年3月から始まったばかりで、通常6ヶ月ごとにマニラからReview missionが来るが本件では10月に世

銀・ADB 合同ミッションが予定されている。

- ・この国の妊産婦死亡のかなりの部分は地区中央病院レベルで起きていることがわかっており、1次レベルより2次レベルのほうが問題が多い。また WCH ではスクリーニングも含めた血液安定供給も目指しているが、HIV の感染率が潜在的に上昇してきており、妊産婦死亡や乳児死亡が下がっても、HIV が広がればすぐ状況は悪化するため、それを防止することが重要だと考えている。

③ 時間：15:30～15:40 場所：JICA 事務所

目的：調査内容説明

出席者：Mr. Benjamin Mills Health Advisor, USAID/Tashkent

議 事：

1.Zdruv Plus プロジェクトについて

- ・2000年から2005年まで、ナボイ州、フェルガナ州、Syrdara 州を対象に保健改革のパイロットプロジェクトを実施した。PHC レベルの保健医療従事者の再訓練や機材供与、施設建設、保健情報システム、予算システム改善などを世銀 Health 1 と協力して行ってきた。
- ・PHC レベルのサービスは徐々に改善してきており、3次レベル施設に直接患者が行くことが減り、地域に根付いたサービス提供ができつつある。
- ・フェーズ2は2005年から2010年の予定で実施され、都市部のPHCを対象を含め、財政面の研修や病院財政改革、事実に基づいた医療行為のガイドライン作成、キャパシティビルディングなどの活動を世銀やADBとも協力しながら行う。ナボイ州は主なターゲットには含まれていない。
- ・フェーズ2で行う病院財政改革はフェルガナ州、カラカルパキスタン共和国が対象で、病院レベルでコスト分析を行う。USAID はキルギスタンでこの分野で実績があり、病院サービスに実際どれくらいの費用が必要なのかをユニットコストを算出することで明らかにする。中央アジアにおいては、ウ国より他国のほうが財政システムも進んでいる。例えばキルギスタンは政府が改革を受け入れ新しいシステムを積極的に導入している。

2.その他のプロジェクトについて

- ・母子保健のプロジェクトを南部2州を対象に実施中で、PHC レベルで IMCI 導入などを行っている。他にも結核対策でのDOTS普及、ハイリスクグループと青年層を対象にしたエイズ対策などを実施中である。
- ・DHS(Demographic Health Survey)は2002年に実施したが、保健省の統計局と保健研究所の組織統合などで責任系統が不明確になってしまった。PHC レベルでの統計収集はこの国では難しい。

平成17年7月15日(金)

① 時間：10:00～12:00 場所：ナボイ州小児病院

目的：視察

出席者：Dr. Sidiqov Chief Doctor (院長)

議 事：

- ・1996年に州総合病院から分離した際はベッド数74で小児科しかなかったが、現在では125床で9診療科からなる小児総合病院となった。1998年からの保健改革プログラムに

- より、小児救急センターも設立され 14 歳未満の小児救急患者を受け入れている。
- 現在の病院運営上の問題はベッド数が足りないこと。外科病棟の 20 床のうち 10 床は耳鼻科や泌尿器科のものなので、増加しているニーズに対応できていない。増床の要望は州保健局に出しているが、敷地が狭くて増築できない。
- 以前は症状に関係なく患者を受け入れていたが、現在はポリクリニックなどからの紹介状がなければ受診できず、高度な専門的治療が必要な患者を中心に診るようになった。
- より多くの予算を州当局から得るため、入院患者についてのコスト分析を行い、そのデータをもとに予算請求するようにしている。患者 1 人当りにかかる費用を経理部長が算定している。薬代や食事代は必要な経費の半分程度しか配分されていないため、不足分は患者に自己負担してもらっている。
- 日本の無償資金協力で供与された機材のうち、自動生化学分析装置は試薬を国内で調達できないため、試薬を使いきった後は使用されていない。消耗品などは定期的に供給されるので問題はないが、医薬品は不足しており自分たちで調剤して対応している。

② 時間：12:00～12:30 場所：ナボイ州結核病院

目的：視察

議 事：

- この病院は州全体の結核治療を担当している。地区レベルでも 4 つの地区には結核診療所があり、地区中央病院などでも結核患者を扱っている。
- 予算は不足した場合も州保健局に要請するとたいいてい要求が通り、州財務局の予備費から追加予算が配分される。
- ナボイ州の結核罹患率は、一部の地区で高いところもあるが、全国平均と同じレベル。2003 年 9 月から州全体で DOTS を導入した。ドイツや Global Fund から医薬品や自動車の供与を受けている。
- ナボイ州では 6 ヶ月に 1.5 人（10 万人当り）が結核で死亡する。州内に 36 人の結核専門医がいるが、医師の充足率は 76%。

③ 時間：15:00～16:30 場所：州救急医療センター

目的：視察・調査内容協議

出席者：Dr. Yangiev 救急医療センター院長 Dr.Nasirov ナボイ州保健局長

議 事：

- もともと 560 床の総合病院だったのが、専門分野の機能が拡大したのを受け、1996 年に小児病院、2002 年に産婦人科病院と感染症病院が分離した。実質上の総合病院としての機能は現在に至るまで常にあった。現在でも 14 歳未満の子どもでも生命の危険があれば受入れ、症状が落ち着いたら州小児病院に紹介するようにしている。
- 他州に総合病院ができて、この州には設立されなかったのは、ナボイ市ができてまだ 47 年、州としても 20 年しか歴史がないので、サマルカンドやブハラのような場所と比べ若くてインフラ整備が遅れていると中央政府が認識しているため。
- この病院と別に専門性が高くタシケントと同じレベルの総合病院が必要。この病院の総合病院化は、科学的分野、マニュアル、統計づくり等で問題があるため難しい。新設するならナボイ市内が望ましい。インフラ整備が進んでおり人口密度も高く、サマルカン

ドやブハラからも利用できる。ナボイ州の面積の広大さを考慮して 2 ヶ所で設立するといっても、インフラが整備されているところは他にない。この病院の敷地内には分離した産科病院と感染症病院が建っているので、増築する余裕はない。

- この病院での救急と一般の患者の比率は 7 : 3 で救急が多い。救急患者をまず受入れ、余力があれば一般患者を受入れる。ベッド稼働率が 100%だが、患者を断ることはない。一般病棟の患者については地区レベルの病院に紹介しそこで治療を継続してもらうことはある。
- 救急患者には 3 種類ある：①救急車による搬送（外来に占める比率 50%）②自分で受診する患者(15%)③他医療施設から紹介された患者(30~40%)。6 地区に救急センター支部があるので、患者の出身地は記録されている。
- 病院予算は 1 年間の診療実績をもとに計画経済課が州当局に申請する。患者からの診療費は救急は無料なので基本的に徴収しないが、他州から来た一般病棟の患者は有料。救急部門については政府から十分な予算がもらえるが、それ以外の部門では不足しており、患者に負担してもらう部分もある。食事といえば朝食は無料だが、昼食・夕食は有料になっている。ある月に支出が急に増えてしまった場合は、州保健局があると予備費から追加予算が配分される。
- 州輸血センターがあり、1 年に 2000 人のドナーが必要だが今まで不足して困ったことはない。

④ 時間：17:40~18:00 場所：ナボイ州総合産婦人科病院

目的：視察

議 事：

- 州総合病院から 2002 年に分離し当初 220 床あったが、家族計画推進による出生数の減少に伴いベッド数は 150 床に減少した。分娩は平均 1 日 2~3 件、多くても 10 件、手術は週に 2~3 件。
- 未熟児が生まれる比率は 4~5%で、この病院にも新生児科の医師が 5 人いるが、ここで生まれた新生児 1154 人のうち 55 人が州小児病院に紹介された。

⑤ 時間：17:40~18:30 場所：ナボイ州保健局

目的：調査内容協議

出席者：Dr.Nasirov ナボイ州保健局長

議 事：調査団より開発調査のスキームについて説明、便宜供与についても確認を行った。

- 開発調査の調査団のための事務所スペースは今すぐにでも提供できる。この州は治安については全く心配ない。州統計局はしっかりしたデータを作成しているので、それも調査に貢献できると思う。州保健局の中にも計画経済部があり財務データはそこで入手できる。
- 今 15 ある専門病院を 1 つにまとめて総合病院に統合したら、とても強力な病院ができる。現状だと各病院に技師や経理や守衛が配属されていて非効率だし、そうした過剰な人員が州の財政の負担になっている。

平成 17 年 7 月 16 日 (土)

① 時間 : 9:15~10:00 場所 : 州がん病院

目的 : 視察

出席者 : Dr.Bekmirzaev 院長

議 事 :

- ・ 以前は別の場所で外来のみ行っていたのを、1999 年からこの場所に移転し 12 床の病院となった。もともと幼稚園だったところを改築しており、現在も工事中でもうすぐ 25 床に増える予定。手術室は 2 つあるが、給食設備はないので食事は給食センターから搬送される。医師は 11 人いる。
- ・ 年間 3500 人の患者が受診し、ナボイ州のがんの罹患率は全国で 2 位。ここでは皮膚がん、食道がん、消化器がん、乳がんなどが多い。ほとんどの患者は紹介されてきている。
- ・ ここのベッド数が足りないため、がん患者の多くがタンセントやサマルカンドに行っている。別の病院に行く際の交通費は患者負担になる。地区病院でも初期のがん患者は治療するが、進行してしまった患者はここか他州のがん病院に行く。

② 時間 : 10:00~10:30 場所 : 州法医学センター、精神病診療所、アルコール中毒診療所

目的 : 視察

議 事 :

- ・ 法医学センターでは、交通事故や家庭内暴力などで負傷した個々のケースについて医学面での検証を行っている。
- ・ 精神病診療所は外来のみで医師 5 人。入院施設は 15km 離れた場所にある。
- ・ アルコール中毒診療所は 25 床あり、さらに別の場所に 40 床ある。

③ 時間 : 11:15~12:40 場所 : Kyziltepa District Central Rayon Hospital (地区中央病院)

目的 : 視察

出席者 : Dr.Shuim Nabiev 院長

議 事 :

- ・ この地区の人口は 11 万人で、以前は 860 床あったが 94 年以降 465 床に減少した。うち 10 床は患者から診療費をとる有料ベッドになっている。ここでベッド数が減少した分、SVP のベッドが増え、1 次レベルでも入院できるようになった。
- ・ 州知事がこの地区の出身なため、病院に寄付をして昨年大掛かりな改修が行われた。地元の企業もスポンサーになってお金を出してくれている。
- ・ 1996 年に SVP ができる前は 1 次レベルに 5 段階あった保健医療施設を 2 段階に減らしたが、過疎地で施設へのアクセスが悪い場所では以前からいる准医師などが残って活動している。SVP の医師の人事権は地区中央病院長が持っている。
- ・ Health1 プロジェクトにより SVP は銀行口座を持ち会計も自ら行い、予算も各 SVP の要請に基づいて州保健局が直接銀行口座に振り込むようになった。GP の研修もプロジェクトで実施されたが、10 ヶ月の研修では基礎のみしか学ぶことができず短すぎる。
- ・ この地区でも歯科、神経科、外科、婦人科などの民間クリニックがある。民間で開業するには 3 年以上の経験、保健所による衛生基準の合格、機材の保有などの基準があり、そのうえで地区病院長から推薦状を受けて保健省から許可を得る。免許は 5 年間有効で、

4 半期ごとに報告書を提出し、州保健局の中の民営化部がモニタリングしているが、医療サービスの内容や価格については行政は介入しない。

④ 時間：13:30～14:00 場所：Kyziltepa District 診断センター

目的：視察

議 事：

- ・ ここは地区レベルの施設で、SVP など 1 次レベルで診断のつかなかった患者が来て検査を受ける。結果が出ると SVP に戻って治療を受けるがそこで治療が困難な場合は、ポリクリニックや地区レベルの小児センターなど地区レベルの医療機関に紹介する。

⑤ 時間：14:10～14:40 場所：Kyziltepa District Zarmitan SVP (第3タイプ)

目的：視察

出席者：Dr. Atoyeva Jamita 院長

議 事：

- ・ この SVP の診療圏の人口は 3700 人で、SVP には医師 3 人、看護師 12 人などスタッフは総勢 20 人いる。診療圏を 2 つに分け、外来医師 2 人がそれぞれの地域の家庭医のような形で診察に当たっている。
- ・ 最も多い病気は貧血で患者の 7～8 割が該当する。ここに来る患者のほとんどは軽症でここで治療できるが、全患者の 1 割に当る重症なケースだけ上位病院へ紹介する。1 日だけ入院できるベッドも SVP にあるのでここで治療することもある。ただしこの開業は 8 時から 18 時なので夜間は泊まることはできない。夜間の患者は別のところにある救急センターに行く。
- ・ 妊婦検診、産後検診はここで行うが、分娩は扱わない。1 次レベルの Peripheral Hospital に産院が併設されている。
- ・ ここは以前はスタッフ 2～3 人の FAP だったが、Health 1 で SVP になり、Financial Manager が新しく配置されるなど施設も人員も大きくなった。予算は州からの財源がほとんどで地域からの寄付金はここでは珍しい。

平成 17 年 7 月 17 日 (日)

① 10:40～12:00 場所：Nurata District Central Rayon Hospital(地区中央病院)

目的：視察

出席者：Dr. Shavkot Khalilov 院長

議 事：

- ・ この地区の人口は 7 万 5 千人。以前は地区内に 1000 床あったのが 326 床に減り、この病院も 175 床になった。医師は地区内に 141 人、この病院には 56 人いて診療科は内科、小児科、外科、産婦人科、泌尿器科、理学療法科、救急。1 日当り外来患者は 1000 人 (地区全体)、この病院での 6 ヶ月間の外来患者は 3 万 5700 人。
- ・ 病床占有率は常に 85%以上、平均在院日数は救急や産科は 3～5 日、内科・泌尿器科は 7～9 日で以前より短くなっている。
- ・ この病院からナボイ市に紹介される患者は入院患者中 2～3%で、精神疾患、先天異常、がん患者などが多い。心臓手術や CT が必要なケースはタシケントに直接搬送する。ここ

で多いがんは卵巣、乳腺、消化器で、乳がんや子宮がんの初期、皮膚がんの良性のケースであればここでも手術できる。ナボイ市に高度な 3 次医療機関が整備されるよりも、ここですべての病気を治療できる体制をつくることのほうが重要で、自分の病院に内視鏡や CT があればいいと思う。

- 産科病棟は 40 床で、ローンを組んでフィンランドなどから機材を導入し設備がいいので、ナボイ市だけでなくタシケントやカザフスタンからきてここで出産する人もいる。1980 年代は人口千人当たり 40 人の出生があったが、今は 20 と半減した。
- 血液センターは院内にあり、献血はボランティアや患者の親族などが行うので不足することはない。足りなくなれば州血液センターから送ってもらう。1 次レベル病院で手術を行い血液がない場合は、この病院からスタッフが血液を持ってかけつける。
- 病院サービスの 13 のカテゴリーが無料なので、ここで有料なのは他州から来た患者の治療費や胎児の性別診断検査などごく一部。この地区は大理石採掘や畜産業の富裕層からの寄付があり、寄付収入は病院運営費の 3~6%になる。寄付による税免除などの特典もあるが、イスラム教の慣習で病院や学校への寄付が根付いている。
- 病院の予算は以前は病床数に応じた配分だったが、今は人口当たりで配分される(1 人当たり 6~7000 スム)。支出の半分は外来の費用で、年度途中で予算がなくなると知事に追加予算を頼んだり寄付に頼ることになる。州のコンビナート企業が救急車 3 台を寄付してくれ、フィンランド製機材を購入した際は知事が 5 千万スムの寄付をしてくれた。
- 地区内にある保健医療施設は感染症診療所、結核診療所、2 ポリクリニック、13SVP、4 Peripheral Hospital (各 5 床)、9 FAP と民間病院(12 床)が 1 つ。
- SVP ができてからこの病院の患者は減少した。SVP から紹介されてくる患者は 1 割程度。

平成 17 年 7 月 18 日 (月)

① 9:50~11:40 場所：Komineh District Central Rayon Hospital(地区中央病院)

目的：視察

出席者：K.Tuksoubaev 院長

議 事：

- この地区の人口は 4 万 3800 人で 7 割がカザフ人、半径 300km と面積が広く主な産業は畜産。この病院は 180 床、2 郡病院に各 10 床、9SVP で地区内に計 220 床ある。かつて 470 床あったのが減少した。Health1 で 7 つの SVP(5 つが 2 型、2 つが 1 型)に機材・設備が入った。
- 1998 年からの保健改革で医療施設はできるだけ集落に近いところに設置されるようになり、1 次レベルの施設へのアクセスが改善され、スタッフも再研修を受けてサービスの質がよくなった。
- この地区での妊産婦死亡は 2003 年に 1 件あった。妊娠中毒症だったが遠隔地において受診をしなかったため、手遅れになった。この地区の主な死因は①心臓血管疾患②がん③事故④呼吸器系疾患で、2004 年に 189 人が死亡している。
- この地区から患者を紹介するのはナボイ市かタシケントで、症状が重い場合は上位レベル病院から医師に来てもらう。ここから上位レベルへの紹介は全体の 5%、上位から来てもらうケースとあわせると紹介患者は全体の 3 割。救急センター支部はこの病院にあり、外来患者は 1 日 5~6 人。救急センター医師が手一杯のときは他の病院の医師がチームを

組んで来て手術を行ったり治療に当る。その際の経費は州保健局が負担。地区病院の医師が SVP に行って治療することもある。

- ・ 地区病院の診療科は 16 あり、医師は 57 人。地区の医師充足率は 75%。地区病院の病床占有率は 85%、Peripheral Hospital は 90~100%。産院（分娩 1 日 1~2 件）と感染症病棟は利用率が下がっている。
- ・ 予算の中では特に薬代が不足しており、年度の途中で予算がなくなるとスポンサーを探し寄付してもらい、患者の親族に足りない部分を負担してもらうことが多い。病院収入 4 億スム中寄付金は 1500 万スム（3.7%）で、他地区より少ない。寄付の内容は施設修繕、患者のリネン類、食事などで、小児病棟は寄付により改修し、感染症・外科・結核病棟も改修済み。地区内に民間薬局は多数あるが民間病院は 1 つ（有床、脳外科）と歯科のみ。
- ・ 血液センターで血液が不足して困ったことはない。救急では患者の親族が献血する。6 月に 28 リットル集まった。

② 時間：11:50~12:00 場所：Komineh District Shortepa SVP（第 2 タイプ）

目的：視察

議 事：

- ・ 外来患者は 1 日 22~25 人。主な疾病は風邪、高血圧、心臓病、気管支炎などで往診もしている。地区レベルへ紹介するのはケガなどの救急患者。薬剤師もいて処方もできる。Health1 でここにも機材が入った。建物は今年改修する予定。

③ 時間：12:10~12:20 場所：Komineh District Chordara SVP（第 1 タイプ）

目的：視察

議 事：

- ・ 診療圏の人口は 1700 人、医師 4 人、看護師 4 人。開業は 8 時~15 時。理学療法室あり。

④ 16:20~18:00 場所：州保健局

目的：調査内容協議

出席者：Dr.Nasirov ナボイ州保健局長、統計部長、計画経済部長

議 事：各団員からナボイ州保健医療施設を見学したコメント

（橋爪）一般に途上国で一番難しいのは 1 次レベルのサービスを充実させることだが、ここでは既に施設やスタッフが十分に配置されているので、3 次レベル医療の強化に余裕を持って取り組める。アウトリーチ活動が活発なので、面積の広いナボイ州でサービスを拡充するために、アウトリーチの活用も検討できるのではないかと思った。ただ専門病院、例えばガン病院が 3 次レベルの医療機関として十分や役割を果たしているかは疑問を持った。

（杉本）病院管理で大切なのは情報とヒトだが、この国のように適切に情報が収集・共有されているところは今までみたことがなかった。各地区を訪問してみて、州保健局長と各院長のコミュニケーションがよくできていることもわかった。

（伊藤）特に 1 次レベルの保健医療サービスが他の途上国に比べ立派であることに感銘を受けた。本格調査を実施するにあたり、今回訪問しなかった遠隔地の地区の保健統計・情報も他地区と同様に入手することができるのか確認したい。また州保健局からもカウンターパ

ートになる職員を指名していただき、ステアリングコミッティにも参加してほしい。

(局長) 保健省の規則で各地区とも月ごと、四半期ごと、半年ごとに統計を提出する義務がある。1次レベルの情報は地区に集められてから州保健局に届くようになっている。電話がない地区もあるが Health1 で無線が供与されたので情報はここまできちんと届く。必要な情報はすべて提供する。私がカウンターパートとしての役割を果たしたいし、ステアリングコミッティも重要だと認識している。

(橋爪) 病気で亡くなる人を減らすことが開発調査を行う目的の1つであり、死因を分析することが大切になってくる。死亡した人の医療記録はきちんと保管されていて、プライバシーの問題があると思うが調査でそのデータを利用することはできるのか。

(局長) カルテは患者が死亡しても75年間保存されており、戸籍に出生と死亡は記録される。

(笹田) 病院サービスでは、この死因の上位にきているガンを含んだ生活習慣病に対応したサービスが十分には提供されていないように見受けられた。疾病構造に合わせたサービスを強化する必要があるのではないか。また病院ごとにパラメータというコスト分析表を作成しており、コスト意識を持って病院運営をしていることに驚いた。一方でナボイ州では有料化があまり進展しておらず、食費や医薬品代は患者がかなり負担しているといった非効率な面もあるので、カネの流れを本格調査できちんと分析し、病院スタッフのインセンティブに結びつくような改善策が提案できると思う。また医師の診断能力や専門性を強化する必要があると思われる。

(局長) 我々のシステムは1998年から改革が始まったがまだ旧態依然としたところが残っている。まず1次レベルを強化し住民の近くにサービスを提供できるようにするため一般医の育成を行った。他にも救急や有料化・民営化を優先的に強化してきた。1次、2次レベルはある程度基礎ができたが、最も困っているのが3次レベルで、州のトップレファールが適正に機能しないと下位レベルの組織も動かない。人材育成は大切で、特に専門医については不十分であり今後も取り組むべき課題が多数ある。

(柳沢) 3次医療を強化すべきという点で皆の意見が一致したと思うが、広大なナボイ州のシステムを強化するには地理的側面も考慮して計画策定しなければならない。その上で現在の疾病構造の中で死亡率の高いものを対象とすること、制約のある財政の中で効果的なシステムをつくるのが重要になる。この開発調査は保健改革の一部と位置付けられるので、何か新しいシステムを調査の中で提案したいと考えている。

平成17年7月19日(火)

① 10:00~11:00 場所：州保健局

目的：調査内容協議

出席者：Dr.Nasirov ナボイ州保健局長

議 事：

- ・今回訪問した地区の病院では、電気は2系統確保されているので常に供給されるようになっている。遠隔地で電気がなかった地区にも Health1 で発電機が供与され、Health2 でも予算が得られれば発電機を配置したいと考えている。水がない地区では井戸のあるところに SVP を設置しポンプで汲みだしており、停電するとポンプが止まってしまう。病院会計の中で光熱費は公共料金の費目に含まれ、決められた金額を超えると罰金として2倍支払うことになるので、職員も節約に努めている。

- ・病院予算は当該年度は費目間流用は認められないが、余った場合は次年度に繰り越し、違う費目に使ってもいいことになっている。
- ・国家全体では病床数や医師数を減らすことになっているが、ナボイ州では人口当たり病床数も医師数も全国平均より低い。1次レベルでのリストラはほぼ終わり 286 あった FAP が 106 になり、 Peripheral Hospital は 46 から 15 と 3 分の 1 になった。感染症患者が減れば感染症用ベッドを減らすし、出生数の減少した地区では産院のベッドも減らす、地区ごとの状況に応じて調節している。今後は心臓病用ベッドを増やすべき。
- ・職域病院を持っている地区は 3 つあり、その対象地域の人口は 10 万人。州保健局では 81 万の州人口からその 10 万人を除いた 71 万人を対象に保健サービスを実施している。ゼラフシャン地区は 7 万 5 千人中コンビナート社員は 4 万 5 千人で、残りの 3 万人は一般市民だが SVP3 つとリハビリテーションセンターがあるだけで、州保健局の支部もない。ウチクドクは人口 4 万で職域病院は地区病院からリファーされる重症患者のみ診ている。ナボイ市にある窒素系化学肥料工場が持っている職域病院は規模が小さく、対象人口は 1 万人。
- ・職域病院は政府からの予算なしに会社が 100% 予算を出して運営しているので、州保健局がそのサービス内容に介入する権限は持っていない。ただ治療ガイドラインは渡しており、州保健政策を決定する会議には職域病院もメンバーとして入っており、病院のデータも 2004 年分は既に提出されているが、病院予算については州保健局では把握していない。1 つの病院には 2 ヶ月前に CT が導入され、1 回 3 万~4 万スムで有料で利用されている。
- ・3 次レベルでは専門病院もすべて 1 つに統合したいと考えている。各病院で雇用している管理部門の職員数が多すぎて非効率。いまの専門病院は施設もサービスの内容も不十分なところが多いので、もっといい条件の施設で治療したい。州総合病院の院長の下に専門別に 5 人くらい副院長が配属されれば、この州保健局自体必要なくなると思う。

ンビナートなど企業があるので他に雇用先はみつけれられる。看護師もナボイ市周辺でなく過疎地には需要はたくさんある。Health1 で解雇されたスタッフを FAP から SVP で再雇用したり、元々スタッフが不足していた地域で雇用するなどして大きな問題は起きなかった。

平成 17 年 7 月 27 日 (水)

① 9:30~13:30 場所：Navbahor 地区中央病院・ポリクリニック・救急センター、郡病院

(ナボイ市から車で 30 分)

目的：視察 (平日の午前中ということもあり、患者が多く病床もほぼうまっていた)

出席者：Dr. V.T.Saidor 院長

議 事：

1) 地区中央病院内のポリクリニック、救急センター支部

- ・ 診療圏人口 8 万 1000 人、病院は以前 485 あったが現在は 285 床で稼働率 100%、医師 25 人、ポリクリニックには医師 20 人。専門医の 9 割は揃っており、いないのは消化器、腎臓、心療内科。
- ・ 主要疾病は循環器疾患と外傷 (交通事故)、幼児死因では呼吸器疾患が多い。妊産婦死亡は 3 件あり、合併症によるものだった。
- ・ 州病院からのアウトリーチは四半期に 1 回定期的に行われるものと、救急患者の治療で月 2~3 回専門医が来るものと 2 種類ある。州レベル病院へのリファーは少なく、全体の

- 3～5%くらい、タシケントへのリファーマーはほとんどない。
- 救急センターの患者は1日平均10～15人、半数は応急処置ですむが残り入院。医師7人、20床(外科7、内科7、小児6)、盲腸炎が多い。
- 現在有料サービス内科、外科、婦人科(各科に有料ベッドあり)、歯科、超音波、心電図などで行っている。無料の病室にもテレビがある。
- Health1でコンピュータ5台と無線機が供与され、州保健局に電子データを送付している。
- 病院運営で1番困っているのは薬の不足。救急部門のみは100%供給されるが、それ以外の部門では常に不足しており、液体(原液?)から薬剤師が調合して病院内で薬をつくって対応している。
- この地区には民間医院が2つある。1つは10床の病院、もう1つは外来のみ。民間の歯科はたくさんある。

2) Turkiston 郡病院 (SUB、産科・内科、救急)

- 地区中央病院から40km離れているため、SVPの設置後も残された施設。以前は45床あったが、現在は産科4床、内科14床(うち小児2床)で一般医、内科、産科の医師3人と看護師6人が常駐。内科ベッドはほぼ100%利用されている。
- 産院は産科医1人と助産師5人で夜間も正常分娩に対応、月に10～15件の分娩がある。緊急の場合は地区中央病院にリファーマーする。ハイリスク妊婦はSVPでの検診で発見されると地区中央病院で分娩することになる。SVPはあくまで外来のみの施設なので分娩は扱わない。

②14:30～15:30 場所：Karmana 地区中央病院(ナボイ市から車で10分)

目的：視察(1930年代設立で、他の地区病院より施設が老朽化している)

出席者：Dr. Bozorova Rokhila Ibadovna 副院長

議 事：

- 診療圏人口10万人、病院は295床で医師122人、それでも小児科医やレントゲン技師が不足。州で唯一、呼吸器科がこの病院にあり、他地区のためにも診療を行っている。
- 病院内ポリクリニックは1日平均250人患者がくる。地区の死因で多いのは循環器疾患、呼吸器疾患、消化器疾患、小児の死因では呼吸器疾患が多く、大気汚染の影響が大きい。妊婦や子どもの検診を定期的に行い、環境汚染の影響を早期発見するようにしている。
- 妊産婦死亡は今年すでに1件あった(子癇による)。女性の9割が貧血で、出血が止まらなくなると死亡することが多い。
- ここから上位病院へのリファーマーは1～2%と少ない。逆にナボイ市(月1～2回)やタシケント(年1～2回)から専門医に来てもらうことのほうが多い。
- 死亡診断書は15～20年分保存してある。
- 病院運営で困っているのは、医薬品の不足と診断のための医療機材が不十分なこと。

③16:00～17:30 場所：州眼科病院

目的：視察(州で唯一、有料化サービスを導入している)

出席者：Dr. T.I.Makhmudov 副院長

議 事：

- ナボイ州で唯一、有料化を実施している病院で2000年から導入し今年の上半期で、収入

に占める患者からの診療収入比率は 57%に達している。

- 医師 4 人、看護師 20 人、60 床（うち 10 床は小児用）。手術は毎日 4~5 件。
- 外来 700 スム、入院 3100 スム、白内障手術 25000 スムなど 60 種類の有料サービスを提供しているが、タシケントの病院より低額で他州からも患者がきている。市内に民間眼科病院はなく、一番のライバルはレーザー手術ができ最新の顕微鏡を備えているコンビナートの職域病院（入院 1 日 8000~9000 スム）。
- 診療収入で職員の給与を上げ、テレビ、ベッド、エアコンを購入し、2500 万スム(ローン)をかけて食堂を改装するなどサービス向上に努めている。患者には必ずアンケートを書いてもらっているが、9割がサービスに満足している。
- 患者からの診療収入は増えているが、政府予算はインフレで実質的に変わっていない。貧困層などへ高価なサービスを無料で提供しているので、収入が増えて病院運営が楽になったという実感はまったくない。
- 最も困っているのは、高価な医療機材が買えないこと。

6. 事前評価表

事業事前評価表（開発調査）

作成日：平成17年11月14日

担当部署：ウズベキスタン事務所

1. 案件名
ウズベキスタン国ナボイ州保健医療サービス改善計画調査
2. 協力概要
(1) 事業の目的 ナボイ州で、特に3次レベルに重点を置いた保健医療サービス改善の具体的な計画を策定する。
(2) 調査期間 2006年6月～2007年8月
(3) 総調査費用 1.5億円
(4) 協力相手先機関 保健省、ナボイ州保健局
(5) 計画の対象（対象分野、対象規模等） (a) 調査対象：ナボイ州（ただし、比較のために他州も対象とする） (b) 技術移転の対象：保健省、ナボイ州および地区レベルの保健局職員、公立病院職員
3. 協力の必要性・位置付け
(1) 現状及び問題点 ウズベキスタン国（面積44万7400km ² 人口2,527万人、1人当たりGNI610\$）は、1991年の独立以来、社会主義体制の崩壊により保健財源の確保が困難になり保健サービスの質の低下が顕著になったことから、サービスの有料化、医療資源配分の見直し、プライマリーヘルスケア強化等を重点とした保健改革国家プログラムを1998年より実施している。 このように保健医療制度の見直しが行われるなかで、JICAが2002年から2003年にかけて実施した開発調査「保健医療システム改善計画」では、保健セクター改革のため全国を対象としたマスタープランを策定した。優先プログラムの1つとして、医療財政の改善なども組み込んだ、州病院をトップとしたリファラル体制の構築を提案した。 ウズベキスタン政府はナボイ州（面積11万km ² 人口81万人）を上記プログラムのモデル州と選定し、マスタープランでの提言の具体化に向けた州別保健医療計画策定のための開発調査を要請してきた。ナボイ州では1次・2次医療供給体制は一定程度整備されているが、州総合病院がなく、多数ある専門病院も主要疾病に対応しておらず、3次医療が本来あるべき指導的役割を果たしていない。そのため、3次医療に重点をおいた保健医療サービス改善のための計画策定が求められている。
(2) 相手国政府国家政策上の位置づけ ウズベキスタン政府が策定中の暫定版「福祉向上戦略文書」（他国における「貧困削減戦略文書」に相当）では、4つの柱の1つである「人的資源開発」の中で、保健医療サービス

へのアクセス改善の重要性が謳われている。また、本件は、医療施設の合理化や新たな保健財源の確保を念頭におきながら、疾病構造に対応した効率的な州レベル保健医療システムを再構築するものであり、上記（１）で述べた保健改革国家プログラムの方針と整合している。

（３）他国機関の関連事業との整合性

世銀はナボイ州をパイロット州の１つとして、Health 1プロジェクトを1998年から実施し、1次レベル保健医療施設を対象に施設・機材供与、医師再研修、財政システム改善に取り組み、2005年からのHealth 2プロジェクトにおいても引き続き1次レベルを中心に施設面強化と研修事業をナボイ州で実施、USAIDも世銀と協調して1次レベル保健医療サービス強化に取り組んでいる。ADBが2次レベルを対象とした母子保健プロジェクトを開始し、当初の対象地域にナボイは含まれていないが、将来的に全国に拡大する可能性があり、3次レベルを対象とする本件はこれら1次2次レベルを強化するドナーと補完関係にある。これらのドナーの活動を踏まえたうえで、本件を実施することで、より確実な成果を出すことも狙いとしている。

（４）我が国援助政策との関連、JICA 国別事業実施計画上の位置づけ

JICA 国別事業実施計画では、重点分野「社会セクターの再構築」の中で、保健改革への支援が開発課題として挙げられている。3次医療サービスを中心としてナボイ州での保健医療サービスの改善を通じた保健改革を支援する本件は、JICA 国別事業実施計画の目的に合致するものである。

4. 協力の枠組み

（１）調査項目

（a）現状調査（レビュー及びデータ収集）

（ア）ナボイ州における保健指標、疾病構造、死因分析

（イ）1次、2次から3次レベルに至る既存の保健医療サービス供給体制の構造とサービス（施設・機材、医療従事者）のレベル

（ウ）既存の病院管理システムのデータ収集及び分析

（b）基本戦略の策定

（ア）ナボイ州における目標年次の経済社会指標予測

（イ）ナボイ州における優先すべき疾病の選定

（ウ）ナボイ州における到達すべき保健医療サービスの目標設定

（エ）目標と現状とのギャップ分析

（c）ナボイ州における保健医療サービスの改善案

（ア）3次医療サービスの役割と機能と定義

（イ）ナボイ州の地理的特性及び疾病構造に基づく医療圏の選択肢の提示

（ウ）ナボイ州の3次医療施設の配置に関する選択肢の提示

（エ）財務分析・効率性に基づく最適案の選定

（d）3次医療サービスに求められる詳細計画の策定

（ア）組織、（イ）人材、（ウ）施設、（エ）機材、（オ）財政、（カ）病院管理に関する情報

（e）ワークショップ、セミナーの開催

(2) アウトプット (成果)

- (a) 計画策定：ナボイ州の地理的特性や疾病構造に基づいた保健医療サービスの最適案ニーズに基づいた3次医療サービス詳細計画
- (b) 技術移転：疫学的調査手法、診療費有料化を含む各医療施設の病院運営のシミュレーション過程でのコスト分析手法

(3) インプット (投入)：以下の投入による調査の実施

(a) コンサルタント (分野/人数)

分野	人数
総括/保健計画	1
疫学①	1
疫学②	1
病院管理①/保健財政	1
病院管理②/情報分析	1
機材計画	1
施設計画	1

(b) その他 研修員受入れ

セミナー・ワークショップの開催、カウンターパート研修員受入れ

5. 協力終了後に達成が期待される目標

(1) 提案計画の活用目標

策定された詳細計画が保健省および州・地区レベル保健局、公立病院において基本計画として取り入れられ、実施される。

(2) 活用による達成目標

- (a) 保健医療サービス体制が患者のニーズや重要な疾病を優先したシステムに再構築される
- (b) 3次医療サービスを強化することで州全体の保健医療サービスの質が改善される

6. 外部要因

(1) 協力相手国内の事情

- (a) 政策的要因：政権交代等による政策変更による提案事業の優先度の低下
- (b) 行政的要因：保健省内での保健医療サービスの改革に対する優先度の低下
- (c) 経済的要因：急激な経済状況の悪化に伴う計画前提条件の変化
- (d) 社会的要因：治安の急激な悪化

(2) 関連プロジェクトの遅れ

特になし

<p>7. 貧困・ジェンダー・環境等への配慮（注）</p>
<p>本計画の主眼である3次医療の強化により、極度に貧困層が排除されることのない適切な計画となるよう留意する。</p>
<p>8. 過去の類似案件からの教訓の活用（注）</p>
<p>2002年から2003年にかけて実施した開発調査「保健医療システム改善計画」では、ウズベキスタン全土を対象としたマスタープランを策定したが、今回は1州を対象に具体的な計画づくりを行う特色を生かし、限られた財源で特に維持管理費に留意して計画策定を行うとともに、詳細計画では実施にあたってウズベキスタン側がとるべきアクションを含めることにより、本開発調査終了後は計画策定で終わらずに具体的な実施に結びつけられるよう配慮を行っている。</p>
<p>9. 今後の評価計画</p>
<p>(1) 事後評価に用いる指標</p> <p>(a) 活用の進捗度</p> <p>疾病構造に基づいた保健医療サービスが提供されているか</p> <p>限られた保健医療資源を活用した効率的な3次医療サービスが提供されているか</p> <p>(b) 活用による達成目標の指標</p> <p>主要疾病を対象とした専門診療所または診療科目の設置</p> <p>リファラルおよびアウトリーチの件数</p> <p>(2) 上記(a)および(b)を評価する方法および時期</p> <p>調査終了3年後以降に評価を実施する</p>
<p>(注) 調査にあたっての配慮事項</p>

