

ANNEX 1
LIST OF PARTIES CONCERNED

Annex 1 List of Parties Concerned

1. Ministry of Health

Khadjibaev Abduhakim Muminovich	First Deputy Minister of Health
Ikramov Adkham I.	First Deputy Minister of Health
Sharapov N. U.	Deputy Minister of Health of Uzbekistan
Khoshimov Shuhrat Hurshidovich	Head of Treatment Department, Ministry of Health (MOH)
Khoshimov Bahtiyar Abidjanovich	Head of Main Economic Department, MOH
Yadgarova Klara Tahirovna	Head of MCH Department, MOH
Atahanov Shuhrat Ergashevich	Head of Department of Science and Educational Institutions, MOH
Siddikov Abdunumon Ergashevich	Head of International Department, MOH
Saidaliev Saidmurot Saidganievich	Head of Department of State Epidemiology Surveillance, MOH
Mutalova Zulhumor Jalalovna	Director of the Health Institute
Alimova Vasila Sattarovna	Deputy of Head of Treatment Department, MOH

2. Navoi Oblast Health Administration

Nosirov Abdurahmon Mansurovich	Head of NOHA
Shodiev Najmiddin Muminovich	First Deputy of Head of NOHA
Nodirov Isomiddin Ramazonovich	Head of Information Statistical Department/ Deputy Director, Navoi Oblast Blanch, Health Institute
Kahhorov Toshtemir Normurodovich	Head of Technical Control Department of NOHA
Teshaev Bahtiyor Mamatovich	Chief Pathologist of NOHA
Kaymokov Hayitboy Kulbaevich	Head of Department, Navoi Region Sanitary Epidemiological Control Center
Nazarov Holmurod Tursunovich	Head of Medical Prophylactic Department of NOHA

3. JICA Uzbekistan Office

Nishimiya Noriaki	Resident Representative
Sonoyama Yuka	Assistant Resident Representative
Rakhimova Angela	In-House Consultant in Health Sector

4. Study Team

Abe Chiharu	Team Leader
Akihiro Yomo	Medical Science
Shinkawa Kanako	Health Science
Keiko Nagai	Public Health
Take Naoki	Hospital Management
Mimuro Naoki	Hospital Management
Naito Sakie	Equipment Planner
Horigome Yasuo	Facility Planner
Kenji Yoshimura	Coordinator
Suwa Hiromi	Coordinator
Kholomanov Azam	Assistant
Savitova Rano	Assistant
Muratova Nadira	Assistant
Durmanov Bakhrom	Assistant
Mirvarisova Lobar	Assistant
Mutaroba Nigora	Assistant

ANNEX 2
MINUTES OF MEETINGS OF
STEERING COMMITTEE

MINUTES OF MEETING

ON

THE FIRST STEERING COMMITTEE
(DISCUSSION ON INCEPTION REPORT)

FOR

THE STUDY

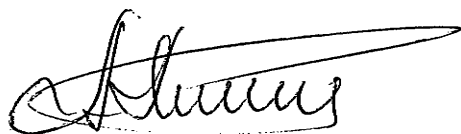
ON

THE REFORM OF HEALTH CARE SERVICES
IN NAVOI REGION

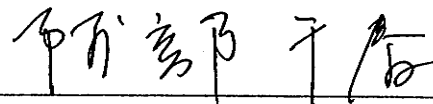
IN

THE REPUBLIC OF UZBEKISTAN

Tashkent, 25 January 2007



Khadjibaev Abduhakim Muminovich
First Deputy Minister of Health
Republic of Uzbekistan



Abe Chiharu
Team Leader
JICA Study Team

In commencing the Development Study on the Reform of Health Care Services in Navoi Region in the Republic of Uzbekistan (hereinafter referred to as "the Study"), the Uzbek side held the Steering Committee on 25 January 2007 as an opportunity to discuss the contents of the Inception Report prepared by the JICA Study Team (hereinafter referred to as "the Team"). Both Uzbek side and Japanese side agreed on the contents in principle.

The Minutes of Meeting (hereinafter referred to as "M/M") summarizes the discussion between the Uzbek side and the Japanese side.

The list of attendants is attached in the Appendix.

1. Reception of Inception Reports

The Uzbek side received 45 copies of the Inception Report (15 in English and 30 in Russian) on the Study from the Team.

2. Steering Committee

Both sides agreed that the Steering Committee (hereinafter referred to as "S/C") is set up based on the agreement in the Minutes of Meetings for the Study dated on 21 July 2005 and that the members will participate in the S/C as a part of their routine works. The Uzbek side agreed that it is not necessary to employ extra personnel for the S/C.

3. Undertakings of the Government of Uzbekistan

For smooth implementation of the Study, the Uzbek side will undertake the necessary measures based on the Scope of Work for the Study agreed by both sides on 21 July 2005.

4. Other Discussions and Agreements

(1) Both sides agreed that details of the surveys presented by the Team will be discussed further with the officials concerned in advance of the survey, including procedure to get permission for implementation of death cases review and survey of care seeking behavior.

(2) The Team presented that at Field Mission 1 the duration of field surveys in Navoi Region will be from 5 February to 9 March, 2007 and that the Team will report the progress about the middle of February.


(3) Both sides agreed that technical transfer from the Team to the Uzbek side will be done in the process of implementation of the Study and the Workshop/Seminar at Field Mission 5 will be for sharing information on reform plan of health care services in Navoi region formulated through the Study.

Appendix: List of Attendants

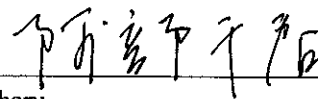
Khadjibaev Abduhakim Muminovich	First Deputy Minister of Health
Khashimov Bahtiyar Abidjanovich	Head of department, MOH
Siddikov Abdunumon Ergashevich	Head of International department, MOH
Khoshimov Shuhrat Hurshidovich	Head of department, MOH
Mutalova Zulhumor Jalalovna	Director of «Health» Institute
Atahanov Shuhrat Ergashevich	Head of department, MOH
Yadgarova Klara Tahirovna	Head of department, MOH
Saidaliev Saidmurot Saidganievich	Head of department, MOH
Nosirov Abdurahmon Mansurovich	Head of NRHA
Nishimiya Noriaki	Resident Representative, JICA Uzbekistan Office
Sonoyama Yuka	Assistant Resident Representative, JICA Uzbekistan Office
Rakhimova Angela	In-House Consultant in Health Sector JICA Uzbekistan Office
Abe Chiharu	Team Leader, JICA Study Team
Shinkawa Kanako	Health Science, JICA Study Team
Take Naoki	Hospital Management, JICA Study Team
Suwa Hiromi	Coordinator, JICA Study Team
Kholomanov Azam	Assistant, JICA Study Team

MINUTES OF MEETING
ON
DISCUSSION OF PROGRESS REPORT
FOR
THE STUDY
ON
THE REFORM OF HEALTH CARE SERVICES
IN NAVOI REGION
IN
THE REPUBLIC OF UZBEKISTAN

Tashkent, 15 March 2007



Khadjibaev Abduhakim Muminovich
First Deputy Minister of Health
Republic of Uzbekistan



Abe Chiharu
Team Leader
JICA Study Team

In completing Field Mission 1 of the Development Study on the Reform of Health Care Services in Navoi Region in the Republic of Uzbekistan (hereinafter referred to as "the Study"), the Uzbek side held the Steering Committee (hereinafter referred to as "S/C") on 15 March 2007 as an opportunity to discuss the contents of the Progress Report from the JICA Study Team (hereinafter referred to as "the Team").

This Minutes of Meeting summarizes the discussion between the Uzbek side and the Japanese side.

1. Contents of Inception Reports

Both Uzbek side and Japanese side agreed these contents in principle.

2. Other Discussions and Agreements

(1) It was confirmed both sides commonly had the big picture to improve tertiary care services in Navoi Region, and that the contents of reform would be based on analysis of results of the surveys and definition of tertiary care in the context of Navoi Region. Both sides agreed to continue discussion of this theme further at Field Mission 2.

(2) Japanese side confirmed progress of formulation of the next state program on health care reform subsequent to the previous one, "State Program of Health Care Reform of Republic of Uzbekistan in 1998-2004". Uzbek side replied it had finished the work for formulation and that currently it is under the process for approval of the Cabinet. Uzbek side also promised Japanese side to unveil the contents of the Program at Field Mission 2.

(3) Japanese side requested Uzbek side to hold S/C soon after arrival of the Team in Tashkent. Uzbek side accepted it.

(4) Japanese side proposed to visit Ferghana Region within the study component of "Comparison with Other Region for Reference", since it is regarded as the most advanced oblast concerning health care reform by UN agencies. Uzbek side agreed to this proposal.

(5) Japanese side asked Uzbek side to issue the Cabinet's decree on the Study for smooth registration to OVIR. Uzbek side promised to do maximum effort.



Appendix: List of Attendants

Khadjibaev Abduhakim Muminovich	First Deputy Minister of Health
Khayrullaev A. Ulugbek	Chief of Division, External Economic Activities Dept, MOH
Khoshimov Shuhrat Hurshidovich	Head of department, MOH
Mutalova Zulhumor Jalalovna	Director of «Health» Institute
Atahanov Shuhrat Ergashevich	Head of department, MOH
Iskandarov S.T.	Deputy of Health of department, MOH
Saidaliev Saidmurot Saidganievich	Head of department, MOH
Sonoyama Yuka	Assistant Resident Representative, JICA Uzbekistan Office
Rakhimova Angela	In-House Consultant in Health Sector JICA Uzbekistan Office
Abe Chiharu	Team Leader, JICA Study Team
Shinkawa Kanako	Health Science, JICA Study Team
Take Naoki	Hospital Management, JICA Study Team
Mimuro Naoki	Hospital Management, JICA Study Team
Muratova Nadira	Assistant, JICA Study Team
Sabitova Rano	Assistant, JICA Study Team
Kholmanov Azam	Assistant, JICA Study Team



MINUTES OF MEETING

ON

DISCUSSION OF WORK PLAN OF THE FIELD MISSION 2

FOR

THE STUDY

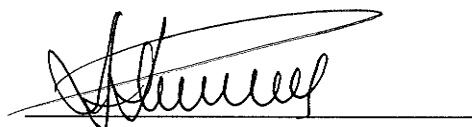
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THE REFROM OF HEALTH CARE SERVICES
IN NAVOI REGION

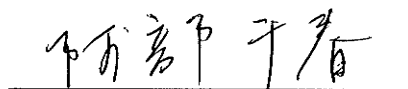
IN

THE REPUBLIC OF UZBEKISTAN

Tashkent, 17 May 2007



Khadjibaev Abduhakim Muminovich
First Deputy Minister of Health
Republic of Uzbekistan



Abe Chiharu
Team Leader
JICA Study Team

At the starting the Field Mission 2 of the Study on the Reform of Health Care Services in Navoi Region in the Republic of Uzbekistan (hereinafter referred to as “the Study”), the Uzbek side held the Steering Committee (hereinafter referred to as “S/C”) on 17 May 2007 as an opportunity to discuss the work plan of the Field Mission 2 with the JICA Study Team (hereinafter referred to as “the Team”).

This Minutes of Meeting summarizes the discussion between the Uzbek side and the Japanese side. The list of attendants is presented in the Appendix.

1. Overall Schedule of the Study

The Team explained about schedule of the Field Mission 2 (May to June 2007), the Field Mission 3 (August to September 2007), the Field Mission 4 (October to November 2007) and the Field Mission 5 (January to February 2008), and both Uzbek and Japanese sides agreed those in principle.

2. Work plan of the Field Mission 2

- (1) The Team explained about contents of the Study, team members and schedule of the Field Mission 2 and both Uzbek and Japanese sides agreed those in principle.
- (2) Both sides agreed to hold the following meetings during the Field Mission 2.

Interim briefing (1): 12:00, Tuesday, 29 May 2007

Interim briefing (2): 12:00, Thursday, 14 June 2007

Steering Committee on the provisional results of the Field Mission 2:
12:00, Thursday, 28 June 2007

3. Other Discussions and Agreements

- (1) Japanese side asked status of formulation the next state program on health care reform. Uzbek side replied the final version will be issued as the Presidential Order within a few months and promised to provide it to the Study Team.
- (2) Japanese side requested Uzbek side to issue the Cabinet’s decree on the Study for smooth registration to OVIR and in accordance with Item VII. 1 of the Scope of Work signed on 21 July 2005. Uzbek side promised to do maximum effort.
- (3) Japanese side requested cooperation and support for smooth implementation of the household survey on care seeking behavior. Uzbek side promised to provide those including finalizing the questionnaire before starting the survey.
- (4) Both sides exchanged opinions on the idea of the improvement of health care service in Navoi and agreed to continue such positive and honest discussions.

List of Attendance in the Steering Committee on 17 May 2007

Khajibaev Abduhakim Muminovich	First Deputy Minister of Health
Khayrullaev A. Ulugbek	Chief of Division, External Economic Activities Department, Ministry of Health
Khoshimov Shuhrat Hurshidovich	Head of Department, Ministry of Health
Mutalova Zulhumor Jalalovna	Director of Health Institute
Atahanov Shuhrat Ergashevich	Head of Department, Ministry of Health
Iskandarov S.T.	Deputy Head of Department, Ministry of Health
Saidaliev Saidmurot Saidganievich	Head of Department, Ministry of Health
Sonoyama Yuka	Assistant Resident Representative, JICA Uzbekistan Office
Abe Chiharu	Team Leader, JICA Study Team
Yomo Akihiro	Medical Science, JICA Study Team
Nagai Keiko	Public Health, JICA Study Team
Naito Sakie	Equipment Plan, JICA Study Team



MINUTES OF MEETING

ON

DISCUSSION ON THE PROVISIONAL RESULTS OF THE FIELD MISSION 2

AND

WORK PLAN OF THE FIELD MISSION 3

FOR

THE STUDY

ON

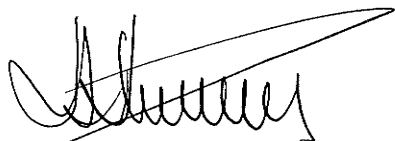
THE REFORM OF HEALTH CARE SERVICES

IN NAVOI REGION

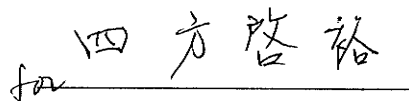
IN

THE REPUBLIC OF UZBEKISTAN

Tashkent, 28 June 2007



Prof. Khadjibaev A. M.
First Deputy Minister of Health
Republic of Uzbekistan



Abe Chiharu
Team Leader
JICA Study Team

In completing of the Field Mission 2 of the Study on the Reform of Health Care Services in Navoi Region in the Republic of Uzbekistan (hereinafter referred to as "the Study"), the Uzbek side held the Steering Committee (hereinafter referred to as "S/C") on 28 June 2007 as an opportunity to discuss the results of basic study of the Field Mission 2 and framework of the Field Mission 3 with the JICA Study Team (hereinafter referred to as "the Team").

This Minutes of Meeting summarizes the discussion between the Uzbek side and the Japanese side. The list of attendants is presented in the Appendix-1.

1. Results of basic study

The Team explained about the results of: (1) Hospital management survey; (2) Death cases review, (3) Care seeking behavior survey; (4) Interviews at other oblasts; and (5) Environmental improvement initiative as presented in the Appendix-2. Uzbek side appreciated the work done by the Team and both Uzbek and Japanese side agreed to continue mutual discussion on farther analysis of the above results in the Field Mission 3.

2. Framework of the Field Mission 3

- (1) The Team explained about overall schedule and method to identify issues, and establish the basic strategy and action plans for the reform of health care services in Navoi Region in the Field Mission 3, which is going to be implemented from 7 August 2007 to 7 September 2007. Both Uzbek and Japanese sides agreed those in principle.
- (2) Both sides tentatively agreed to hold the next steering committee at starting of the Field Mission 3.

3. Other Discussions and Agreements

- (1) Japanese side asked status of formulation of the next state program on health care reform. Uzbek side replied the final version will be issued as the Presidential Order and promised to provide it to the Study Team.

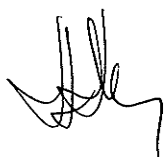
Appendix-1: List of Attendance

Appendix-2: Handouts in the Steering Committee



The list of participants of Steering Committee on June, 28 2007

Mr. Siddikov A.E.	The Chief of department of foreign trade activities and the international communications, Ministry of Health of Republic Uzbekistan
Mr. Atahanov S.E.	The chief of department of sciences and educational institutions of Ministry of Health of Republic Uzbekistan
Ms. Yadgarova K.T.	The Chief of Maternal and Child health department, Ministry of Health of Republic Uzbekistan
Ms. Alimova V.C.	The deputy chief of the treatment and preventive care, Ministry of Health of Republic Uzbekistan
Ms. Abdurakhimova S.	Chief specialist of main economic department, Ministry of Health of Republic Uzbekistan
Mr. Saidaliev S.S.	The head of department of the state sanitary and epidemiology surveillance, Ministry of Health of Republic Uzbekistan
Mr. Agzamov A.A.	The head of department reforming, privatization, paid services, Ministry of Health of Republic Uzbekistan
Mr. Kalanov N.	The head of main department of material and technical development, Ministry of Health of Republic Uzbekistan
Ms. Mutalova Z.D.	Director of Institute of Health of Republic Uzbekistan
Mr. Noriaki Nishimiya	Resident Representative, JICA Uzbekistan Office
Ms. Yuka Sonoyama	Assistant Resident Representative, JICA Uzbekistan Office
Ms. Angela Rahimova	In-house consultant in health sector, JICA Uzbekistan Office
Mr. Akihiro Yomo	Medical Science, JICA Study Team
Ms. Keiko Nagai	Public Health, JICA Study Team
Mr. Naoki Take	Hospital Management, JICA Study Team
Mr. Naoki Mimuro	Hospital Management, JICA Study Team
Mr. Yasuo Horigome	Facility Planner. JICA Study Team
Ms. Sakie Naito	Equipment Plan, JICA Study Team
Ms. Nadira Muratova	Assistant, JICA study team
Mr. Azam Kholmanov	Assistant, Group of studying JICA
Ms. Rano Sabitova	The assistant, Group of studying JICA




THE STUDY ON THE REFORM OF HEALTH CARE SERVICES IN NAVOI REGION

**Progress of Field Mission 2
JUNE, 2007**

Japan International Cooperation Agency (JICA)
Consortium of Inter-Techno / KRI

Components of Field Mission 2

Basic study has been continued and completed as scheduled...

- Hospital management survey
- Death cases review
- Care seeking behavior survey
- Interviews at other Oblasts
- Follow-up of environmental improvement initiative

1. Hospital management survey

FM-1: Data Collection

- Questionnaires to 28 hospitals/dispensaries/centers and 112 SVPs
- Interview with 28 hospitals/dispensaries/centers

FM-2: Collection of supplementary Information

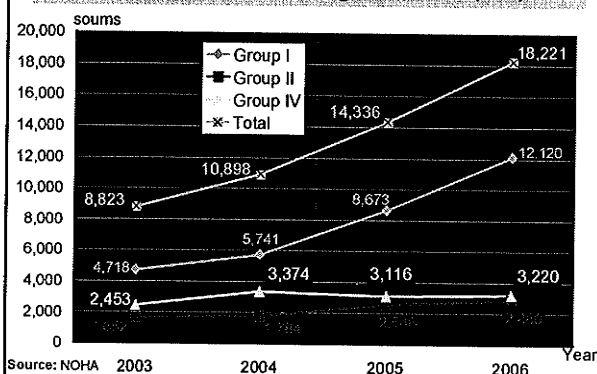
- Budget of NOHA
- Information management system
- Maintenance system (medical equipment)

Comparison of Indicators (RCHs)

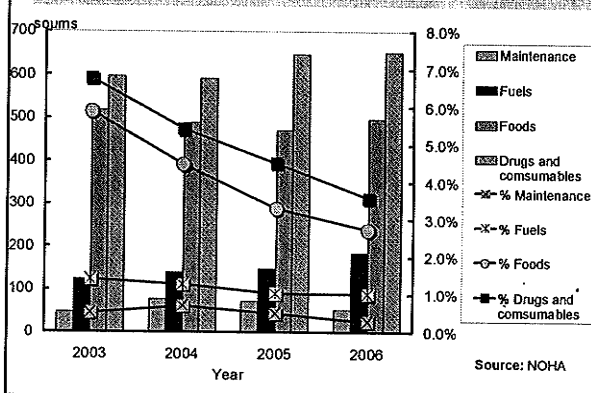
Name of RCHs	No. Beds *1	No. Inpatients *1	No. Deaths *1	BOR (%)	ALOS (days)	Surgery *1	Delivery *2	C-Section *2
Kamana	3.35	162.8	0.61	91.0	6.8	26.2	65	4.2
Nurata	3.58	81.7	0.43	97.6	8.2	13.8	76	3.5
Navbakhor	3.46	136.7	0.36	91.1	8.9	8.8	69	3.2
Khatirchi	2.13	118.8	0.32	85.8	7.1	19.6	71	3.1
Kiziltepa	3.49	133.5	0.45	92.8	9.5	19.8	70	4.6
Kanimekh	4.59	120.9	0.64	91.7	9.8	13.8	63	0.9
Tomdi	4.15	72.8	0.46	66.7	12.0	4.6	44	2.0
Uchkuduk	3.04	103.4	0.64	90.0	11.0	0.0	47	0.0
All RCHs	3.21	123.9	0.45	88.3	9.2	16.7	68	3.3

NB *1: per 1,000 population
*2: per 1,000 women in reproductive age

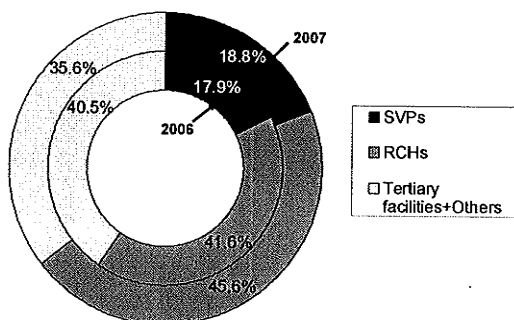
Trend of NOHA Budget (per capita)



Allocation to Selected Items (per capita)



Allocation to SVPs, RCHs & Others



User Fee Scheme in Navoi Oblast

Based on answers to our questionnaires:

- Most of hospitals and dispensaries collect some kinds of fees from patients.
e.g. meals for inpatients, checkups before employed

But..

- % of income by user fees into total income of health facilities:
1-2% except Eye Hospital (29%)

Finance: Difficulties of Navoi

- Increase of budget is totally attributed to increase of that to personnel.
- Other items including maintenance, fuels, procurement of foods and drugs:
short of budgets
- Struggle to promote user fee scheme:
 - Absence of General Hospital
 - In other facilities except Eye Hospital, most of patients are categorized in the lists of exemption of fees.

Referral or Sanitary Aviation? (1)

1. Number of Referrals

- RCHs to Oblast Facilities: 500 (hospitalized)
- 2. Number of patients Sanitary Aviation cared
- Navoi to Rayons: 301

But...

- Few patients referred, especially for major diseases (heart diseases, CVA, etc.)
- Many patients are referred to Navoi for diagnosis, and sent back to RCHs of the original rayons.

Referral or Sanitary Aviation? (2)

Factors to utilize sanitary aviation frequently

- Little difference between RCHs and Oblast facilities in Navoi
- Several specialties of RCHs are superior to Oblast facilities: neurosurgery, orthopedics and hematology of Karmana RCH
- Historical factor: not enough time for hospitals/dispensaries in Navoi City to mature as tertiary care facilities

Other Identification of Problems

Incomplete maintenance system

1. Maldistribution of information on maintenance of medical equipment

- Even on the same equipment produced in the same year, some facilities manage to operate and repair well, but others not.

2. Absence of preventive maintenance

- ➡ Waste of costs

2. Death cases review

- During FM1 study, 370 death certificates filed between January and December, 2006 were identified in the hospitals in Oblast Navoi.
- The 8 major causes, namely accidents, **heart disease**, cerebrovascular attack (**CVA**), **cancer**, **liver disease**, **kidney disease**, diabetes mellitus and its complications (**DM**), and **ARI**, make up about 80% of total deaths.

8 Major causes of hospital death

• Trauma/Accident	62	Suicide	7
• IHD	41		
• Other heart disease	9	Hypertension	1
• Stroke	52		
• Malignancy	17		
• Liver cirrhosis	22	Other liver disease	2
• Chronic renal failure	8		
• D.M.	6		
• ARI, childhood	48		
• ARI, adult	3	other lung disease	13
Total	291	(=78.6% of 370 deaths)	

Methodology used in FM2

- During current FM2, death cases on 7 major diseases excluding accidental deaths have been highlighted for the detail analysis.
- Through the Navoi Oblast Health Administration, the study team requested 9 Oblast- or Rayon-level hospitals to allow us to review a total of 68 hospital records of mortality cases of highlighted 7 diseases.
- Between May 28 and June 11, a total of 66 hospital records were reviewed.

Reviewed patients

	IHD	CVA	Cancer	Liver	Kidney	DM	ARI	Total
Emerg.C.	3	5	1	3	4	4		20
Oncology			5					5
Pediatric				1			3	4
Infection				1	1		1	3
Navbahor	1	2		1	1		1	6
Kanimeh	1	1	2	1	1	1	1	8
Karmana	2	1	1		1			5
Khatirchi	2	1		1		2	1	7
Nurota	1	1	2		1	1	2	8
Total	10	11	11	8	9	8	9	66

General observation

- Only rarely the critically ill patients are referred from Rayon central hospitals (RCHs) to the Oblast hospitals.
- There is no remarkable difference in the level of diagnosis and treatment between the RCHs and the Oblast hospitals.
- Most of critical patients come to Oblast ER hospital by ambulances or themselves directly.
- Lack of communication skills in the side of doctors.
- Inefficient referral system: lack of feedback between SVP / CRH and Oblast / Republican hospitals

Ischemic heart disease (IHD)

- Thrombolytic agents are not affordable for the public.
- IHD is managed conservatively, but often without cardiac monitoring.
- Hemodynamic control often lose the orientation between fluid restriction and volume challenge.
- Most doctors are not familiar with newly developed standards and protocols.
- Once-and-for-all type training is not enough to change doctors' behavior.

Cerebro-vascular attack (CVA)

- Neurosurgical treatment is not given to hemorrhagic stroke.
- Thrombolytic agents are not ready for ischemic stroke.
- Differential diagnosis is rarely tried between hemorrhage and infarction.
- Brain CT is seldom requested to the Combinat hospital.

Cancer / Malignancy

- Most cases come to hospitals with symptoms
- In Uzbekistan, where there is no screening system for cancer, most cancer patients are diagnosed in advanced stage.
(In Japan, 85% of patients who come to hospitals with some symptoms and are diagnosed as cancers are in advanced stage.)

Liver diseases

- Management of hepatic coma is not properly standardized.
- Interferon treatment is not the affordable choice for the public.
- Diet therapy may delay the progression of hepatic failure.
- Alcohol is important as an aggravating factor.

Kidney disease

- Chronic renal failure directly means death in Oblast Navoi.
- Diet therapy + proper medication may delay the progression of renal diseases.
- Hemodialysis, peritoneal dialysis, and kidney transplantation will be the issue in the future.

Diabetes mellitus & complications

- Protocol for coma workup is not standardized: Insulin d.i.v. with normal saline is not given to the surveyed patients.
- Lack of experienced endocrinologists or poor communication with ICU specialists to manage diabetic emergencies.
- General hospital may offer the tighter glucose-level control, proper management of diabetic emergencies, and timely consultation on the complications.

Childhood ARI

- Critical ARI children are often brought to the hospitals too late.
- Referred hospitals do not pay special attention to the partially-treated ARI or ARI among immuno-compromised hosts.
- Delay in starting intravenous antibiotics or oxygenation is very common.

3. Care Seeking Behavior Survey ~ Method ~

- Household survey
- To figure out care seeking behavior and its background in Navoi Oblast
Period: 28 May to 18 June 2007
Place: Whole Navoi Oblast
Sample: 1048 families
(systematic random sampling)
- Interview survey (Japanese consultant)
- To support analysis of quantitative data collected by 1.
Period: 31 May to 12 June 2007
Interviewees: GP, Nurses etc.
in primary health care facilities

Care Seeking Behavior Survey ~ Household Survey: Survey Item ~

- General characteristics
- Living standard and condition of the family
- Care seeking behavior (last five years) for:
 - Trauma/ accident, acute illness and chronic diseases
 - Maternal and child health
- Death case (last five years)
- Attitude and opinion on health care services

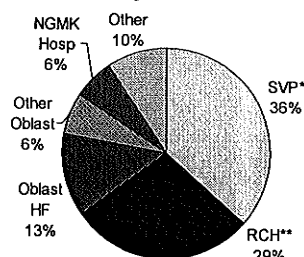
Care Seeking Behavior Survey ~ Provisional Results (1) ~

- The respondents

	Urban		Rural		Total
	Man	Woman	Man	Woman	
No. of Family	404		644		1,048
Size of family (mean)	4.8		5.6		
No. of Family member	945	986	1,757	1,868	5,557
Age (mean)	26.92	28.03	28.71	27.97	

Care Seeking Behavior Survey ~ Provisional Results (2) ~

<Care seeking behavior: Trauma>

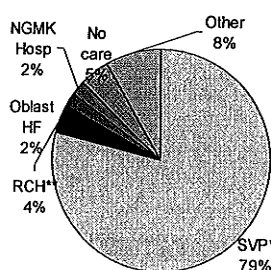


- ✓ 19% received care at their home/work place.
- ✓ 85% purchased medicine at pharmacy.
- ✓ 97% was satisfied with the health care.

(N=63)
* including FAP
** including city polyclinic
Note: HF=Health Facility; RCH=Rayon Central Hospital

Care Seeking Behavior Survey ~ Provisional Results (3) ~

<Care seeking behavior: Acute illness>

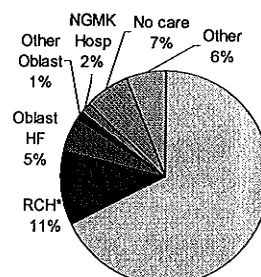


- ✓ 39% received care at their home/work place.
- ✓ 95% purchased medicine at pharmacy.
- ✓ 98% was satisfied with the health care.

(n=865)
* including FAP
** including city polyclinic
Note: HF=Health Facility; RCH=Rayon Central Hospital

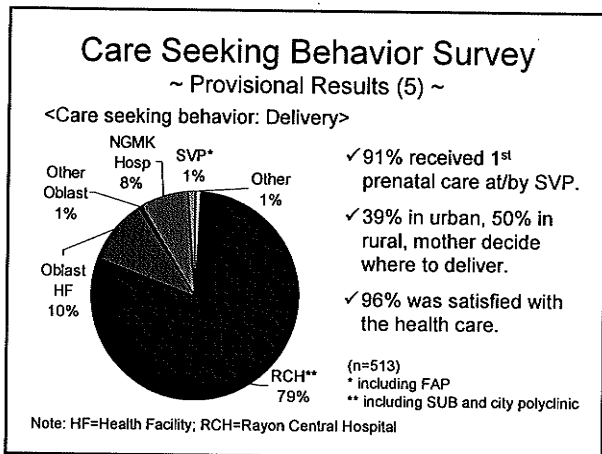
Care Seeking Behavior Survey ~ Provisional Results (4) ~

<Care seeking behavior: Chronic disease>



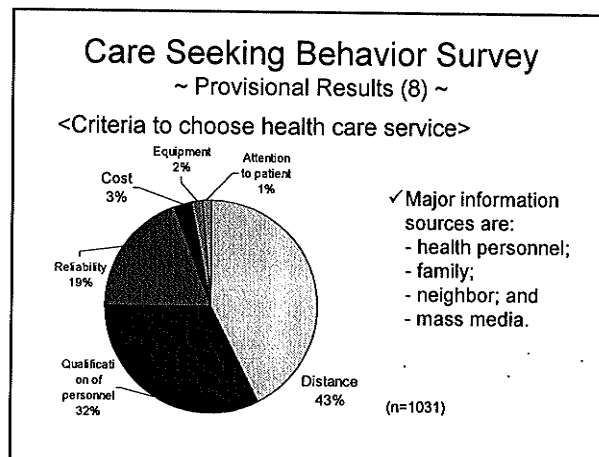
- ✓ 9% received care at their home/work place.
- ✓ 95% purchased medicine at pharmacy.
- ✓ 94% was satisfied with the health care.

(n=1733)
* including FAP
** including city polyclinic
Note: HF=Health Facility; RCH=Rayon Central Hospital



- ### Care Seeking Behavior Survey ~ Provisional Results (6) ~
- <Why they didn't seek care?>
- They can not afford medicine, transportation, etc.
 - They are indifferent about their health.
 - They have health personnel in their family/ neighbor to have free treatment/ consultation.
 - They treat by themselves at home.
 - They have bad experience with the health service provider in the past.
 - They don't want to bother their family.

- ### Care Seeking Behavior Survey ~ Provisional Results (7) ~
- <Why they weren't satisfied?>
- They had to pay for medicine.
 - They had to pay for food, linen and other related items for hospitalization.
 - They could not see a "qualified" health personnel.
 - Prescribed medicine was expensive.
 - They could not feel improvement.
 - Inpatient facility was not comfortable. (congested, dirty, etc.)
 - They could not well communicate with health personnel.



- ### Care Seeking Behavior Survey ~ Provisional Results (9) ~
- <Findings>
- SVP is the major health care service provider for trauma and acute/chronic diseases.
 - Direct and indirect costs related to use health care services such as;
 - medicine, transportation, foods and other supply for hospitalization,
 sometimes, might be burden to people.
 - People choose health care services:
 - by distance for slight cases; but
 - by quality of the service (personnel, equipment, etc.) for severe cases.

- ### 4. Interviews at Other Oblasts - Fergana (1) -
1. Visited from 13 to 15 June 2007
 2. General Information
 - Population: 2.92 million, 70% living in rural areas
 - Densely-populated oblast: 431/km² cf. The most thinly-populated is Navoi 7.3 /km²
 - Administration: 4 cities and 15 rayons
 - Major industry: agriculture, oil refinery, fertilizer production

- Fergana (2) Health -

1. **Major diseases:** Respiratory, anemia, endocrine (iodine deficiency)
2. **Major causes of deaths:** Cardiovascular diseases, respiratory diseases and trauma
3. **Allocation of Health Facilities:**
 - 16 Oblast Facilities
 - 92 City/Rayon Hospitals
 - 293 SVPs
4. **Personnel**
 - 6,200 Medical doctors
 - 32,000 Nurses/midwives/feldshers

- Fergana (3) -**Facilities visited**

- Oblast Health Administration
- Emergency Center
- Oblast Clinical Hospital (General Hospital)
- Pharmaceutical company (Dori-Darmon)
- 1 Family Polyclinic in Margilon

- Fergana (4) Key findings -

1. **Achievement of Health-1 Project (1999-2004):**
Improvement of people's SVP utilization by 15-20%
2. **Electrical medical record at Emergency Center:**
Also enables to calculate cost for each patient
3. **General Hospital:**
50% of income comes from user fees
70% of patients are referred from rayons
4. **Establishment of "family polyclinics":**
Better communication with local people through home visits

- Bukhara(1) -

1. Visited on 13 June 2007
2. **General Information**
 - Population: 1.53mil
 - Population density: 38/km²
 - 11 Rayons
 - Major industry: agriculture, agroproduct processing and tourism

- Bukhara(2) -

1. **Major causes of deaths:**
Heart diseases (52%), respiratory tract disease (8%), malignancies (7.5%), accidents, poisoning & drowning (5.5%), other causes (19%)
2. **Allocation of Health Facilities:**
 - Oblast GH
 - Oblast Emergency Hospital: converted from Civil Hospital
 - 16 other Oblast dispensaries
 - 463 SVPs

- Bukhara(3) -

1. **Mixed finance:** ordinal facilities earn 50% of income from paid services.
2. **Oblast Diagnostic Centre:**
physical structure built by Oblast
equipped by donations
reagents purchased by users' fee
staff doctors selected by public advertisement
3. **The Bukhara Medical Institute:** established 10 years ago

- Republic of Karakalpakstan (1) -

1. Visited from 14 to 15 June 2007
2. General Information
 - Population: 1.58mil, 51.5% living in rural area
 - Population density: 9.5/km²
 - Administration: 2 towns and 14 rayons
 - >70% of the territory is desert
 - Major industry: agriculture and livestock raising

- Republic of Karakalpakstan (2) -

1. Major health issues:
 - TB, anemia and endocrine diseases
 - Negative impact of environmental change caused by the shrinkage of Aral Sea
2. Health care system:
 - 4 RCHs strengthened their emergency service for remote areas.
 - Mixed finance: 20% of income of 7 health facilities is from paid services. Half of patients admitted to the general hospital pay for the bed.

- Republic of Karakalpakstan (3) -

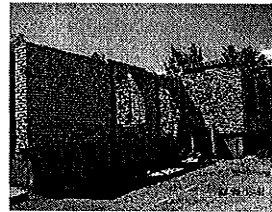


Facility map at the Ministry of Health

1. Allocation of Health Facilities
 - 21 republican health facilities
 - 5 dermatology-HIV dispensaries
 - 9 TB dispensaries
 - 14 rayon hospitals
 - 8 SUB
 - 166 SVP
 - 4 GVP/MVP
 - 189 FAP
 - 62 FZP
2. Health Personnel per 100,000 population
 - 22.2 medical doctors
 - 99.2 paramedical personnel

- Republic of Karakalpakstan (4) -

Diagnostic Center of General Hospital under construction



Water tank installed by the increased budget



Polyclinic in the General Hospital

5. Follow-up of environmental improvement initiative

- All for patient- friendliness -
- ▶ Review of facility survey in FM-1
- ▶ Actions by health facilities for 3 months
- ▶ Summary of actions
- ▶ Good practices with photos
- ▶ Evaluation of RCHs actions
- ▶ Continuous improvement recommended by JICA Study Team

Review of facility survey in FM-1

	FM-1a	FM-1b	FM-1c	FM-1d	FM-1e	FM-1f	FM-1g	FM-1h
Number of beds	13	7	3	18	12	8	10	3
Number of staff	173	285	255	315	222	180	100	76
Number of patients	12,750/yr	7,000/yr	10,000/yr	10,000/yr	12,143/yr	8,022/yr	5,128/yr	1,280/yr
Number of staff per bed	13.3	40.7	83.3	17.5	18.3	12.5	10.0	25.3
Number of patients per bed	981	1000	3333	556	1012	1003	513	427
Number of staff per patient	0.013	0.041	0.026	0.031	0.018	0.016	0.020	0.024
Number of patients per staff	75	24	38	57	55	80	60	39
Number of patients per bed per staff	75	24	38	57	55	80	60	39
Number of patients per bed per staff per patient	75	24	38	57	55	80	60	39

Problem identification in FM-1

(1) Toilets

- ▶ Most of toilets are not clean
- ▶ They are not maintained regularly
- ▶ Some doors of toilets are broken
- ▶ No ventilation

(2) Wash hands basin

- ▶ No places to wash hands after using toilets

(3) Waiting places of patients

- ▶ No sufficient places for patients to wait
- ▶ No enough chairs or benches to take seats

Action by health facilities for 3 months (March – June, 2007)

(1) Toilets

- ▶ To keep clean & maintain regularly
- ▶ To repair doors
- ▶ To put sign of male & female identification
- ▶ To improve ventilation

(2) Wash hand basin

- ▶ To establish wash hands basin near the toilets

(3) Patient's waiting places

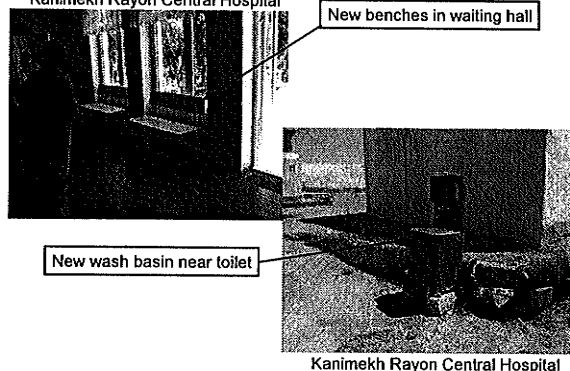
- ▶ To improve to place chairs and benches

Summary of actions

Health Facilities	No. of facilities	Toilet improvement		Wash basin		Waiting hall improvement	
		○: Completed		△: On going		×: Still not start	
		Number	%	Number	%	Number	%
Hospitals, SUB, Dispensaries, Prophylactic Center & Centers	46	○	39	84.8%	○	44	95.7%
		△	7	15.2%	△	2	4.3%
		×	0	0.0%	×	0	0.0%
Polyclinics and SVPs	140	○	112	80.0%	○	132	94.3%
		△	28	20.0%	△	8	5.7%
		×	0	0.0%	×	0	0.0%
TOTAL	186	○	151	81.2%	○	176	94.6%
		△	35	18.8%	△	10	5.4%
		×	0	0.0%	×	0	0.0%

Good practices 1

Kanimekh Rayon Central Hospital



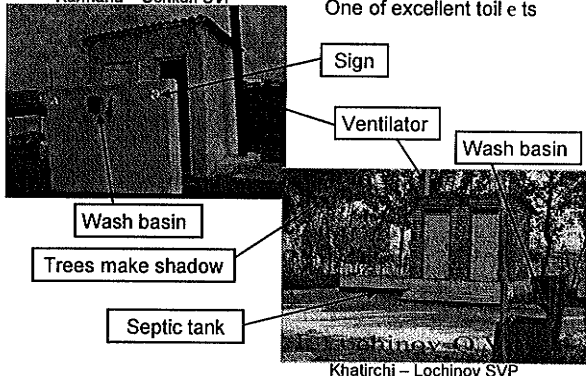
New benches in waiting hall

New wash basin near toilet

Kanimekh Rayon Central Hospital

Good practices 2

Karmana – Uchkun SVP



One of excellent toilets

Sign

Ventilator

Wash basin

Wash basin

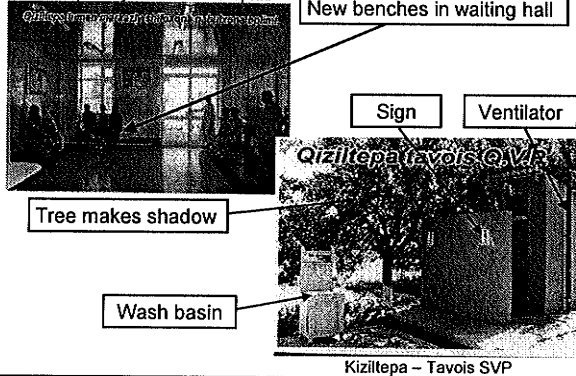
Trees make shadow

Septic tank

Khatirchi – Lochinov SVP

Good practices 3

Kiziltepa Rayon Central Hospital



New benches in waiting hall

Sign

Ventilator

Tree makes shadow

Wash basin

Kiziltepa – Tavois SVP

Evaluation of RCHs actions (1)

RCHs	Toilet condition	Wash basin	Waiting hall	Remarks
	○ : Good △ : Slightly good × : No good [Before action ⇒ Actual condition]			
Nurata	○ ⇒ ○	○ ⇒ ○	○ ⇒ ○	
Uchkuduk	○ ⇒ ○	○ ⇒ ○	○ ⇒ ○	
Khatirchi	○ ⇒ ○	△ ⇒ ○	△ ⇒ ○	Lack of water supply
Navbakhor	△ ⇒ ○	△ ⇒ ○	× ⇒ △	Lack of water supply
Kiziltepa	△ ⇒ ○	△ ⇒ ○	○ ⇒ ○	Lack of water supply
Karmana	× ⇒ △	× ⇒ △	△ ⇒ ○	Lack of water supply
Kanimekh	× ⇒ △	× ⇒ △	△ ⇒ ○	Lack of water supply, provide 2 hrs / day supply
To'ndi	× ⇒ △	× ⇒ △	○ ⇒ ○	No water supply & broken heating system

Continuous improvement recommended by JICA Study Team

(1) Toilets

- ▶ To keep cleanliness
- ▶ To stop the water leakage, in case flush toilet
- ▶ To improve toilet facilities

(2) Wash basin

- ▶ To establish wash hands basin near toilet
- ▶ To stop the water leakage, in case tap water

(3) Patient's waiting places

- ▶ To place enough chairs & benches
- ▶ To repair broken chairs & benches

All for patient-friendliness . . .

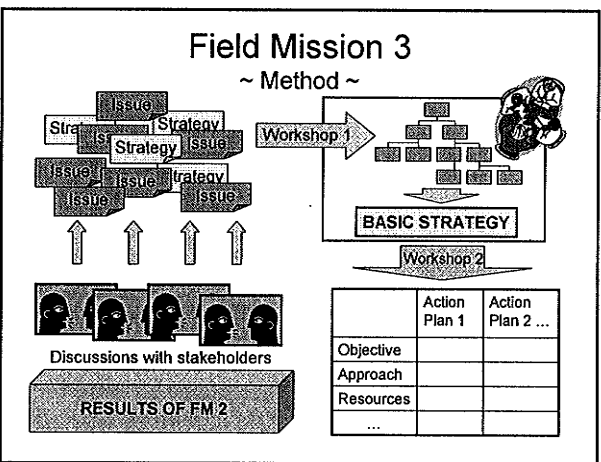
- ### Work plan for Field Mission 3
1. Dissemination of FM1&2 study findings
 2. Extracting issues to be tackled with (through workshops)
 3. Consensus building on the strategies to tackle with the issues
 4. Discussions on the possible solutions (through SWOT analysis on each solution)

Field Mission 3 ~ Schedule ~

Field Mission 3: 7 August to 7 September 2007

Week	August				Sep.
	1	2	3	4	1
Situation analysis & Strategy development		■	▲ Work shop1		
Action planning				▲ ▲ Work shop2	
Meeting	▲ SC		▲ Interim		▲ SC

|||||: Works in Tashkent ■: Works in Navoi
 *SC and Work shop2 in Tashkent includes discussion on issues and strategy.



- ### Extracting issues
- For example,
- Gap between the health services which doctors want to offer and which they actually offer.
 - Gap between the health services health services which patients want and which they can buy.
 - Gap between the health budget size which Oblast requests and which the congress approves
 - Geographical distance
- and so on...

Strategies to tackle with the issues

1. Projection of disease burden into the next decade.
2. Selection of prioritized diseases to be focused.
3. Target values of the impact indicators

SWOT analysis

Strengths of, Weaknesses of, Opportunities for and Threats to, for example,

Solution 1) newly establishing a large GH, and reducing the number of beds in Emergency Hospital

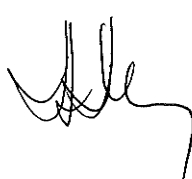
Solution 2) newly establishing a small GH, and keeping the number of beds in Emergency Hospital

Solution 3) establishing an Oblast Diagnostic Centre instead of GH

...

Solution X)

See you again in August!



MINUTES OF MEETING

ON

DISCUSSION OF WORK PLAN OF THE FIELD MISSION 3

FOR

THE STUDY

ON

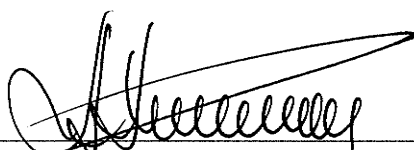
THE REFROM OF HEALTH CARE SERVICES

IN NAVOI REGION

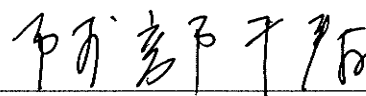
IN

THE REPUBLIC OF UZBEKISTAN

Tashkent, 9 August 2007



Prof. Khadjibaev Abduhakim Muminovich
First Deputy Minister of Health
Republic of Uzbekistan



Abe Chiharu
Team Leader
JICA Study Team

At the starting the Field Mission 3 of the Study on the Reform of Health Care Services in Navoi Region in the Republic of Uzbekistan (hereinafter referred to as “the Study”), the Uzbek side held the Steering Committee (hereinafter referred to as “S/C”) on 9 August 2007 as an opportunity to discuss the work plan of the Field Mission 3 with the JICA Study Team (hereinafter referred to as “the Team”).

This Minutes of Meeting summarizes the discussion between the Uzbek side and the Japanese side. The list of attendants is presented in the Appendix.

1. Overall Schedule of the Field Mission 3

The Team explained the schedule of the Field Mission 3. Both Uzbek and Japanese sides agreed it in principle.

2. Work plan of the Field Mission 3

(1) The Team explained members joined during the Field Mission 3 and what it would do. Both Uzbek and Japanese sides agreed those in principle.

(2) Both sides agreed to hold the following meetings during the Field Mission 3.

Interim briefing: 15:30, Monday, 20 August 2007

Steering Committee on the results of the Field Mission 3:
15:00, Thursday, 6 September 2007

(3) Both sides agreed to hold a series of workshops to plan basic strategy both in Tashkent and Navoi. The Team explained it would spend totally two days for the workshops in Navoi and one day in Tashkent. The Uzbek side unveiled several staffs of the Uzbek Ministry of Health would intend to participate in the workshops in Navoi. The Team expressed welcome to their participation.

(4) The Team proposed to continue the discussion with the Uzbek side on the detail of workshop. Both sides agreed to hold the discussion on 10 August 2007.

3. Other Discussions

(1) The Team discussed its own view on currently important problems and ideas of basic strategy to tackle them for health care reform in Navoi Region. The Uzbek side conveyed their ideas were in line with nationwide health care reform.

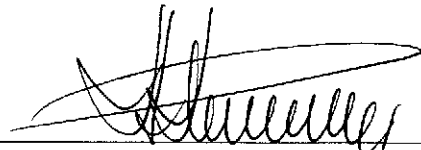
(2) The Japanese side confirmed the Uzbek side on smooth registration to OVIR in accordance with Item VII. 1 of the Scope of Work signed on 21 July 2005. The Uzbek side explained fee for registration will be paid by Navoi Oblast Health Administration.

List of Attendance in the Steering Committee on 9 August 2007

Mr. Khadjibaev Abduhakim Muminovich	First Deputy Minister of Health of Uzbekistan
Mr. Siddikov Abdunumon Ergashevich	Head of Department International Relations, Ministry of Health of Uzbekistan
Mr. Atahanov Shuhrat Ergashevich	Head of Department, Ministry of Health of Uzbekistan
Mr. Saidaliev Saidmurot Saidganievich	Head of Department of State Epidemiology Surveillance, Ministry of Health of Uzbekistan
Ms. Alimova Vasila Sattarovna	Head of Treatment Department, Ministry of Health of Uzbekistan
Mr. Iskandarov S.T.	Deputy Head of MCH Department, Ministry of Health of Uzbekistan
Mr. Saidov A.S.	Leading specialist, of department of reforming, privatization, paid services Ministry of Health of Uzbekistan
Mr. Jivetin O.L.	Specialist, main department of development of material and technical base, Ministry of Health of Uzbekistan
Ms. Mutalova Zulhumor Jalalovna	Director of Health Institute
Mr. Noriaki Nishimia	Resident Representative, JICA Uzbekistan Office
Ms. Yuka Sonoyama	Assistant Resident Representative, JICA Uzbekistan Office
Ms. Angela Rakhimova	In-House Consultant in Health Sector, JICA Uzbekistan Office
Mr. Mitsuo Isono	Visiting Senior Advisor in Health Sector, JICA Headquarters
Ms. Chiharu Abe	Team Leader, JICA Study Team
Mr. Akihiro Yomo	Medical Science, JICA Study Team
Ms. Keiko Nagai	Public Health, JICA Study Team
Mr. Naoki Take	Hospital Management, JICA Study Team
Mr. Naoki Mimuro	Hospital Management, JICA Study Team
Mr. Azam Kholomanov	Assistant, JICA Study Team
Ms. Nadira Muratova	Assistant, JICA Study Team
Ms. Rano Sabitova	Assistant, JICA Study Team

MINUTES OF MEETING
ON
DISCUSSION OF WORK DONE IN FIELD MISSION 3
FOR
THE STUDY
ON
THE REFORM OF HEALTH CARE SERVICES
IN NAVOI REGION
IN
THE REPUBLIC OF UZBEKISTAN

Tashkent, 6 September 2007



Prof. Khadjibaev Abduhakim Muminovich
First Deputy Minister of Health
Republic of Uzbekistan

四方哲裕
for

Abe Chiharu
Team Leader
JICA Study Team

In closing the Field Mission 3 of the Study on the Reform of Health Care Services in Navoi Region in the Republic of Uzbekistan (hereinafter referred to as "the Study"), the Uzbek side held the Steering Committee (hereinafter referred to as "S/C") on 6 September 2007 as an opportunity to discuss the work done in the Field Mission 3 with the JICA Study Team (hereinafter referred to as "the Team").

This Minutes of Meeting summarizes the discussion between the Uzbek side and the Japanese side. The list of attendants is presented in the Appendix.

1. Proposal on vision and strategy for reform of health care services in Navoi Region

(1) Following the discussion at a series of workshops in Tashkent on 4 September 2007 and Navoi on 18, 20 and 22 August 2007, the Japanese side proposed "to reform health care services toward changing needs" as the vision on reform of health care services in Navoi Region and the following strategies based on this vision:

- To organize resource-intensive health care service system at oblast level
- To enhance health care services in remote areas
- To review function and role of health care service providers in intermediate areas
- To improve diagnostic skills and systems
- To optimize prevention activity

(2) In principle, the Uzbek side agreed the vision and the strategies proposed above. It also mentioned that the Uzbek side and the Team are in the same line on these strategies and that it is necessary to establish the general hospital in Navoi Region, leading to integration other small dispensaries.

2. Schedule on Field Mission 4

(1) The Japanese side presented the schedule on Field Mission 4. It told the Uzbek side that in order to start additional study for formulation of detailed plans smoothly the Team would go to Navoi without holding S/C. The Uzbek side accepted the proposal.



The list of participants of Steering Committee on September 6, 2007

Mr. Sharapov N. U.	Deputy Minister of Health of Republic Uzbekistan
Mr. Siddikov A.E.	Chief of department of foreign trade activities and the international communications, Ministry of Health of Republic Uzbekistan
Mr. Atahanov S.E.	Chief of department of sciences and educational institutions of Ministry of Health of Republic Uzbekistan
Mr. Kalanov N.	Chief of main department of material and technical development, Ministry of Health of Republic Uzbekistan
Mr. Agzamov A.A.	Chief of department reforming, privatization, paid services, Ministry of Health of Republic Uzbekistan
Mr. Khashimov S.	Chief of the treatment and preventive care, Ministry of Health of Republic Uzbekistan
Ms. Mutalova Z.D.	Director of Institute of Health of Republic Uzbekistan
Ms. Alimova V.C.	Deputy chief of the treatment and preventive care, Ministry of Health of Republic Uzbekistan
Ms. Iskandarov S.	Deputy chief of Maternal and Child health department, Ministry of Health of Republic Uzbekistan
Ms. Abdurakhimova S.	Chief specialist of main economic department, Ministry of Health of Republic Uzbekistan
Mr. Mukhamedov K.K.	Leading specialist of department of the state sanitary and epidemiology surveillance, Ministry of Health of Republic Uzbekistan
Mr. Noriaki Nishimiya	Resident Representative, JICA Uzbekistan Office
Ms. Yuka Sonoyama	Assistant Resident Representative, JICA Uzbekistan Office
Ms. Angela Rahimova	In-house consultant in health sector, JICA Uzbekistan Office
Mr. Akihiro Yomo	Medical Science, JICA Study Team
Ms. Keiko Nagai	Public Health, JICA Study Team
Mr. Naoki Take	Hospital Management, JICA Study Team
Mr. Azam Kholmanov	Assistant, JICA Study Team
Ms. Rano Sabitova	Assistant, JICA Study Team

MINUTES OF MEETING

ON

DISCUSSION OF WORK DONE IN FIELD MISSION 4

FOR

THE STUDY

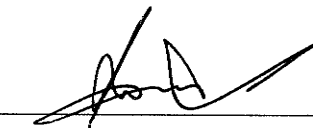
ON

THE REFROM OF HEALTH CARE SERVICES
IN NAVOI REGION

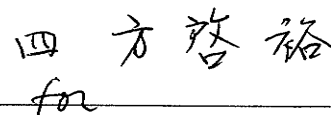
IN

THE REPUBLIC OF UZBEKISTAN

Tashkent, 6 November 2007



Mr. Khodjibekov M. H.
Deputy Minister of Health
Republic of Uzbekistan



Abe Chiharu
Team Leader
JICA Study Team

In closing the Field Mission 4 of the Study on the Reform of Health Care Services in Navoi Region in the Republic of Uzbekistan (hereinafter referred to as “the Study”), the Uzbek side held the Steering Committee (hereinafter referred to as “S/C”) on 6 November 2007 as an opportunity to discuss the work done in the Field Mission 4 with the JICA Study Team (hereinafter referred to as “the Team”).

This Minutes of Meeting summarizes the discussion between the Uzbek side and the Japanese side. The list of attendants is presented in the Appendix 1.

1. Interim Report

The Team brought the draft of Interim Report (IT/R) to the Ministry of Health at the beginning of FM-4. Since the comments from the Uzbek side was confirmed and the contents were accepted, the both sides agreed that the Team submit the printed version by the end of FM-4.

2. Proposal on the detailed action plans for reform of health care services in Navoi Region

The Team proposed the detailed action plans for reform of health care services in Navoi Region as shown in Appendix 2. In principle, the Uzbek side agreed to the proposal. Both the Japanese and the Uzbek side concurred in continuing close and practical discussion on the detailed action plans.



The list of participants of Steering Committee on November 6, 2007

Mr. Khodjibekov M. H.	Deputy Minister of Health
Mr. Siddikov A.E	Chief of International Relations Department, MOH
Mr. Atahanov Sh. E.	Chief of Department of Science and Educational Institutions, MOH
Mr. Kalanov N.U.	Chief of Development of Material Technical Base, MOH
Ms. Mutalova Z.J.	Director of the Health Institute, MOH
Mr. Mukhamedov K.	Leading Specialist, Department of State Epidemiology Surveillance, MOH
Ms. Giyasova M.S.	Main Specialist, Center of Pharmaceutical policies, MOH
Ms. Arifjanova D.B.	Specialist of MCH Department, MOH
Ms. Nigmatova A.T.	Leading Specialist, Department of Reforming, Privatizing and Paid Services, MOH
Mr. Bekov U.	Leading Specialist, Department of Treatment and Prophylactic Services, MOH
Ms. Yuka Sonoyama	Assistant Resident Representative, JICA Uzbekistan Office
Ms. Angela Rakhimova	In-house consultant in health sector, JICA Uzbekistan Office
Ms. Chiharu Abe	Team Leader, JICA Study Team
Mr. Akihiro Yomo	Medical Science, JICA Study Team
Ms. Keiko Nagai	Public Health, JICA Study Team
Mr. Naoki Mimuro	Hospital Management, JICA Study Team
Mr. Naoki Take	Hospital Management, JICA Study Team
Mr. Azam Kholmanov	Assistant, JICA Study Team
Ms. Rano Sabitova	Assistant, JICA Study Team




**THE STUDY ON
THE REFORM OF
HEALTH CARE SERVICES
IN NAVOI REGION**

(Field Mission-4)

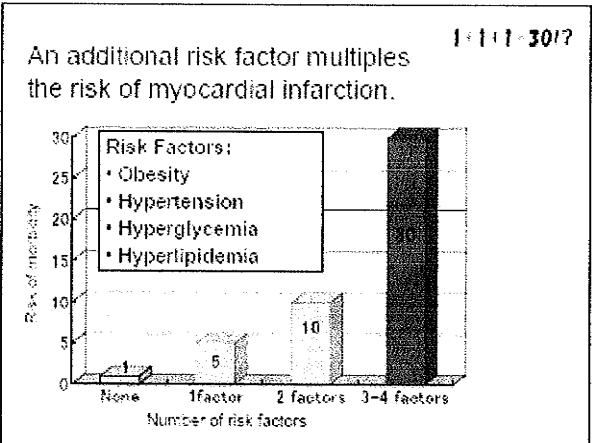
6 November 2007

Japan International Cooperation Agency (JICA)
Consortium of Inter-Techno / KRI

- ## Agenda
- Health problems affecting multiple organs
 - Activities of Action Plan
 - Schedule and Cost of Activities

Health problems affecting multiple organs

How to strike a balance between effectiveness and efficiency

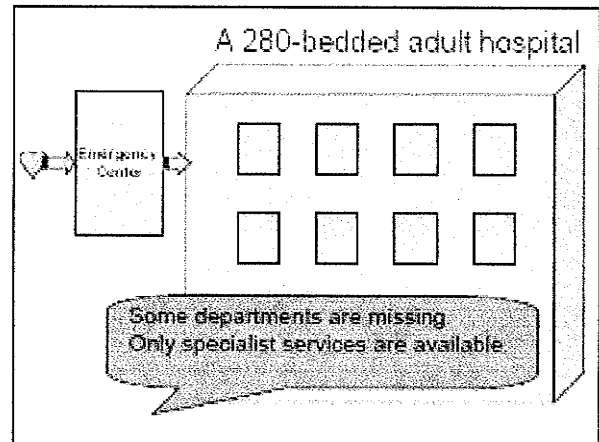


Coronary risk factors are consequence of life-style.
People's awareness is important.

Cut from IEC in Japan

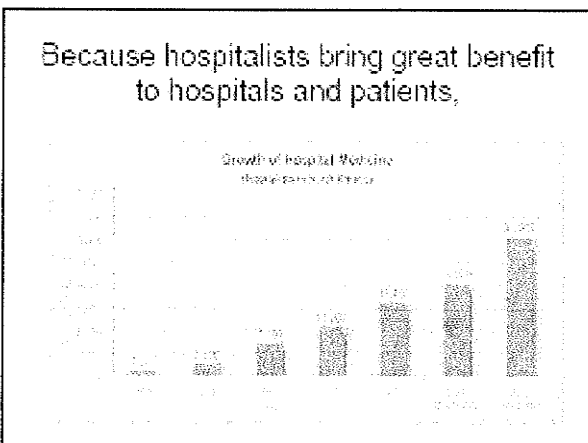
- ### Controlling coronary risk factors will reduce the workload of hospitals
- Controlling diabetes mellitus (DM) will prevent diabetic complications: nephropathy, retinopathy, neuropathy, gangrene, etc.
 - Controlling DM, hypertension and hyperlipidemia will prevent people from myocardial infarction, cerebrovascular attack, etc.
- Component 4 is an essential pillar of a comprehensive oblast health plan.

- NCD patients often have multiple health problems: (e.g.) myocardial infarction + hypertension, DM, or hyperlipidemia.
- Patients with ischemic cardiomyopathy may require support by endocrinologist, psychiatrist, physiotherapist, etc.



- Surgical patients may not find a proper internist for general medical care
- Pre-operational evaluation
 - Post-operative consultation due to:
 - arrhythmia
 - chest pain
 - hypotension
 - delirium
 - anemia
 - dyspnea (ruling out pulmonary embolism and deep vein thrombosis)
 - Control of hypertension
 - Control of blood glucose
 - Fever work-up
 - Coma work-up

- The term "hospitalist" was first introduced in 1996
- Physicians who devote much of their professional time and focus to the general care of hospitalized patients.
 - For patients with common inpatient diagnoses, the "hospitalist" model reduces length of stay and costs without adversely affecting mortality or readmission.



Activities of Action Plan
2008 - 2017

Components	
1.	Health Facility
2.	Medical Equipment
3.	Sanitary Conditions of Health Facilities
4.	Prevention Focusing of NCDs
5.	Diagnosis and Treatment Process for NCDs
6.	Efficiency of Drug Supply

Activities	
1.1	General Medical Center / Obstetric Diagnostic Center
1.2	Obstetric Emergency Center
1.3	Rayon-level Health Facilities
2.1	Maintenance System
2.2	Medical Equipment in RCDs
4.1	Prevention against NCDs / Health promotion
4.2	Patronage Activity
5.1	Diagnosis and Treatment of NCDs
5.2	Coordination of Different Specialties
5.3	Qualified Human Resources
6.1	Medicine Preparation

4.1 Enhancement of Prevention Activities against NCDs and Health Promotion	
Goal	Incidence of major NCDs is contained. <i>(Incidence rate of major NCDs in 2017 is within 130% of a population increase of 2009)</i>
Purpose	<ul style="list-style-type: none"> Adult population in Navoi Oblast is aware of responsibility of their own health. Prevention of NCDs is included in mass education. Major NCDs are included in check-up.
Cost	Investment: <u>67,259.2 million soums</u> Recurrent: <u>121,111.6 million soums (2009-2017)</u>

4.2 Upgrading of Patronage Activity	
Goal	All chief nurses in RMA provide instruction to patronage nurses based on the revised manual from 2009.
Purpose	<ul style="list-style-type: none"> Patronage activity can respond to the latest actual health problems efficiently. Situation analysis, evaluation of current activity, revision of manual is necessary.
Cost	Investment: <u>30 million soums</u> Recurrent: <u>172.6 million soums (2009-2017)</u>

5.1 Standardization of Diagnosis and Treatment Process of NCDs	
Goal	Diagnostic and treatment capacity of health care system is improved as a whole.
Purpose	<ul style="list-style-type: none"> Mechanism of updating practical guidelines is institutionalized: 1st version by inaugurator of OGMC, 2nd version after OGMC starts. Health personnel are trained on managing NCDs based on updated guidelines. Plans of facilities, equipment, drug procurement follows the guidelines.
Cost	Investment: <u>38.0 million soums</u> Recurrent: <u>457.4 million soums (2009-2017)</u>

5.2 Coordination of Different Specialties or Facilities	
Goal	Diagnostic and treatment capacity of health care system is improved as a whole.
Purpose	<ul style="list-style-type: none"> Criteria of referring and back-referring NCD cases are defined. Internal coordination at OGMC and inter-facility coordination are improved through: setting up department of general internal medicine at OGMC and Rayon-level facilities.
Cost	Investment: <u>14.6 million soums</u> Recurrent: <u>526.2 million soums (2009-2017)</u>

5.3 Qualified Human Resources

Goal	Diagnostic and treatment capacity of health care system is improved as a whole
Purpose	<ul style="list-style-type: none"> > In-service training upgrades skills and knowledge of health personnel continuously. > OGMC is focal point and may invite teaching-level specialist from outside. > Properly trained health personnel are properly distributed over the Oblast.
Cost	Investment: <u>35.1 million soums</u> Recurrent: <u>322.1 million soums (2009-2017)</u>

1.1 Establishment of General Medical Center and Oblast Diagnostic Center

Goal	OGMC and ODC are smoothly operated as centers of tertiary health care and in-service staff training.
Purpose	<ul style="list-style-type: none"> > OGMC and ODC are inaugurated > Non-emergency adult patients are properly managed. > Financially-independent diagnostic center offers sophisticated services to both adults and children.
Cost	Investment: <u>29,100.0 million soums</u> Recurrent: <u>33,329.9 million soums (2011-2017)</u>

1.2 Oblast Emergency Center

Oblast-level medical services including emergency care shall be optimized.

1.3 Rayon-level Health Facilities

Rayon-level medical services on common diseases shall be strengthened.

2.2 Procurement of Medical Equipment for RCHs

Goal	Diagnosis and treatment of common diseases are ensured in RCHs. Number of examination of common diseases increases in RCHs in 2017.
Purpose	<ul style="list-style-type: none"> > Quality of diagnosis and treatment in RCHs is improved. > Adequate diagnosis and treatment in Uchkuduk and Tomdi RCHs mitigate the burden of remote areas.
Cost	Investment: <u>4,756.5 million soums (Procurement)</u> Recurrent: <u>5,232.7 million soums (2009-2017)</u>

6.1 Centralizing of Medicine Preparation

Goal	Efficiency of medicine preparation increases. Cost for medicine preparation in 2017 is within 3 times of year 2007.
Purpose	<ul style="list-style-type: none"> > Preparation of medicine (transfusions) is centralized in the oblast and distributed to RMAs on demand. <p style="font-size: small;">Surplus cost is utilized to increase drug supply in remote areas (8.2)</p>
Cost	Investment: <u>30.0 million soums</u> Recurrent: <u>182.0 million soums (2009-2017)</u>

2.1 Improvement of Maintenance of Medical Equipment

Goal	Medical equipment is kept functioning more. Approx. 20% of existing equipment is functioning in 2017.
Purpose	<ul style="list-style-type: none"> > Medical equipment of all health facilities is maintained in efficient approach. > Preventive maintenance by users is enhanced. <p>Permanent Committee for Control of Medical Equipment Usage organize working group to highly utilize available technical services.</p>
Cost	Investment: <u>32.8 million soums</u> Recurrent: <u>109.9 million soums (2008-2017)</u>

3.1 Introduction of "self-pouring and self-flushing" toilet

Goal	Infections caused by sanitary condition is avoided. Incidence of infectious diseases in target areas is decreased by 2017.
Purpose	<ul style="list-style-type: none"> > Sanitary condition in health facilities is improved in target rayons and facilities. <p>A total of 18 toilets of "self-pouring and self-flushing type" are constructed at rayons and facilities.</p>
Cost	Investment: <u>141.4 million soums</u> Recurrent: <u>25.4 million soums (2008-2017)</u>

6.2 Improvement of Access to Drugs at Remote Areas

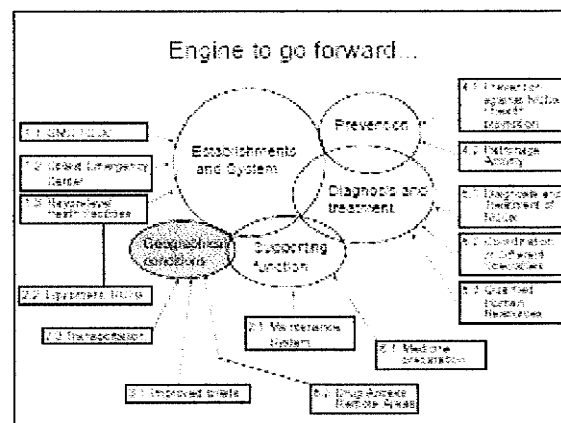
Goal	Inequality on people's drug access mitigates. People with adequate access to drugs is studied by 2017 in total 8 Rayons.
Purpose	<ul style="list-style-type: none"> > Budget for drugs is increased. > Drug prescription and compliance is improved. > Local entities start selling drugs at remote areas. <p>Rules might be examined regarding involvement of local entities.</p>
Cost	Investment: <u>720.6 million soums</u> Recurrent: <u>9288.6 million soums (2008-2017)</u>

2.3 Transportation

Priority is given to the health facilities in remote areas regarding distribution of vehicles, fuel and others in order to mitigate the difficulties of the remote areas.

Activities

1.1. GMD/ODC	Establishments and System
1.2. Contact Emergency Center	
1.3. Rayon-level Health Facilities	
2.1. Maintenance System	Supporting Function
2.2. Equipment, RCHs	
2.3. Transportation	
3.1. Improved toilet	Prevention
4.1. Prevention against NCDs - health promotion	
4.2. Rayonage Activity	
5.1. Diagnosis and Treatment of NCDs	Diagnosis and treatment
5.2. Coordination of Different Specialists	
5.3. Qualified Human Resources	
6.1. Medicine preparation	Geographical conditions
6.2. Drug Access - Remote Areas	



Overall Schedule and Total Cost of Activities

Overall Schedule of Activities

Activity No.	Year	08	09	10	11	12	13	14	15	16	17
1.1											
2.1											
2.2											
3.1											
4.1											
4.2											
5.1											
5.2											
5.3											
6.1											
6.2											

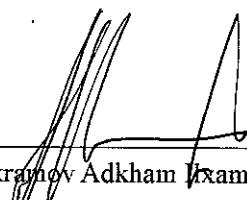
Investment/Preparation
 Regular operation


Total Cost of Activities

Investment cost: 41,621.9 million soums
 Recurrent cost: 173,998.2 million soums
 Total NOHA recurrent budget in 2008-2017:
 433,377.5 million soums
 NOHA recurrent budget required to be
 increased for implementation of 11 activities:
 48,442.7 million soums

MINUTES OF MEETING
ON
DISCUSSION OF WORK DONE IN FIELD MISSION 5
FOR
THE STUDY
ON
THE REFROM OF HEALTH CARE SERVICES
IN NAVOI REGION
IN
THE REPUBLIC OF UZBEKISTAN

Tashkent, 28 January 2008


Mr. Ikramov Adkham Ikramovich
First Deputy Minister of Health
Republic of Uzbekistan


Abe Chiharu
Team Leader
JICA Study Team



In closing the Field Mission 5 of the Study on the Reform of Health Care Services in Navoi Region in the Republic of Uzbekistan (hereinafter referred to as “the Study”), the Uzbek side held the Steering Committee on 28 January 2008 as an opportunity to discuss the work done in the Field Mission 5 with the JICA Study Team (hereinafter referred to as “the Team”).

This Minutes of Meeting summarizes the discussion between the Uzbek side and the Japanese side. The list of attendants is presented in the Appendix 1.

1. Seminar Held on 24 January

Since the First Deputy Minister of Health did not attend the seminar held on 24 January 2008, the Team briefly reported the progress and the discussion during the seminar.

2. The Improvement Program for Health Care Service System of Navoi Oblast

The Team requested the commitment of the Ministry of Health to fully implement the activities of the improvement program for health care service system of Navoi Oblast compiled in the Final Report, the final product of the Study.

The First Deputy Minister of Health told the Japanese side that the program was in line with the health policy in the Republic of Uzbekistan and that most of the staffs of MOH firmly understood the contents of the program. The First Deputy Minister of Health also expressed the willingness to implement the program through cooperation with the Japanese side, especially the technical cooperation in the field of human resource development related to the Component 2 of the program, “diagnosis and treatment process for NCDs (non-communicable diseases)”.

The Japanese side mentioned that the Ministry of Health was fully responsible for carrying out the program proposed by the Team. JICA Uzbekistan Office recommended the Uzbek side focus on a few specific domains such as nursing and Navoi in seeking assistance from the Japanese side. JICA Uzbekistan Office also told that if the efforts at nursing and Navoi got fruits they would be able to apply to the countries around Uzbekistan. The Uzbek side welcomed the recommendation.

3. Schedule for Completion of the Final Report

The Team presented the schedule to complete the Final Report.

The Team told the Uzbek side that the Final Report will be completed at the end of February 2008 following the necessary revision based on the comments to the Draft Final Report from the Uzbek side and that it will be submitted through JICA Uzbekistan Office.

For smooth completion of the Final Report, the Team requested the Uzbek side to send the written comments to JICA Uzbekistan Office until 11 February 2008.

The Uzbek side agreed on the schedule on the whole.

The list of participants of Steering Committee on 28 January 2008

Mr. Ikramov Adham Ilhamovich	First Deputy Minister of Health
Mr. Siddikov Abdunumon Ergashevich	Head of International Department, Ministry of Health
Mr. Atahanov Shuhrat Ergashevich	Head of Department of Science and Educational Institutions, Ministry of Health
Mr. Agzamov A. Abduvali	Head of Department of Reforming, Privatization, Paid Services
Ms. Yusupaliev	Deputy of Chief Main Department on Treatment and Prevention
Mr. Orifjonova Diyora	Chief of the Department on Obstetrics
Nosirov Abdurahmon Mansurovich	Head of Navoi Oblast Health Administration
Mr. Noriaki Nishimiya	Resident Representative, JICA Uzbekistan Office
Ms. Yuka Sonoyama	Assistant Resident Representative, JICA Uzbekistan Office
Ms. Angela Rakhimova	In-house consultant in health sector, JICA Uzbekistan Office
Ms. Chiharu Abe	Team Leader, JICA Study Team
Mr. Akihiro Yomo	Medical Science, JICA Study Team
Ms. Keiko Nagai	Public Health, JICA Study Team
Mr. Naoki Mimuro	Hospital Management, JICA Study Team
Mr. Naoki Take	Hospital Management, JICA Study Team
Mr. Azam Kholmanov	Assistant, JICA Study Team
Ms. Nigora Muratova	Assistant, JICA Study Team




ANNEX 3
LIST OF COLLECTED REFERENCE
MATERIALS

Annex 3: List of Collected Reference Materials

Name	Publisher	Year of publication	Type
1 Increasing the Quality of Child Survival and Maternal Care Services in the Navoi Oblast of Uzbekistan	Project Hope	2005	original
2 Order of NOHA #217	NOHA	2006	copy
3 Order of Navoi oblast Khokim #223	Navoi oblast khokimiyat	2007	copy
4 Order of NOHA #200	NOHA	2007	copy
5 Facts for life (English)	UNICEF	2002	original
6 Facts for life (Uzbek)	UNICEF	2002	original
7 Evaluation of Antianemia Program in Uzbekistan	UNICEF, MOH of Uzbekistan, the Academy of Nutrition	2006	original
8 Findings from the Uzbekistan Multiple Indicator Cluster Survey 2006	UNICEF	2006	copy
9 Health survey in Uzbekistan	MOH of RU, ORC Macro	2004	original
10 Healthcare in Uzbekistan :facts and figures	UNDP,DACP, Uztat	2006	original
11 Availability of data in CIS countries on the health-related indicators of the Millenium Development Goals	WHO	2006	original
12 Facility map by rayon	NOHA	January 2006	copy
13 Statistic materials about HF activities of the Republic of Uzbekistan in 2006	MOH of RU, "HEALTH" Institute	2007	original
14 Topical problems of organization of emergency medicine	Republican Emergency Center	2007	original
15 Project Hope	Project Hope	2000	original
16 Newspaper "Hamshira"	Medical Association of Nurses Navoi Department	May 2007	original
17 Newspaper "Hamshira"	Medical Association of Nurses Navoi Department	June 2007	original
18 "Mehribon" magazine	Medical Association of Nurses Navoi Department	2003	original
19 "Mehribon" magazine	Medical Association of Nurses Navoi Department	2002	original
20 "Mehribon" magazine	Medical Association of Nurses Navoi Department	2006	original
21 "Mehribon" magazine	Medical Association of Nurses Navoi Department	2001	original
22 "Mehribon" magazine	Medical Association of Nurses Navoi Department	2005	original
23 "Mehribon" magazine	Medical Association of Nurses Navoi Department	2003	original

