

# Year 1 Report (2016 activities) *Please see a reminder of Strategic Objectives (SO) and Expected Results (ER) at the end of the document*

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Country: Kyrgyz Republic

EU-Lux-WHO UHC Partnership

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Prepared by: WHO Country Office in Kyrgyz Republic

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## Main activities as planned in the Road Map.

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The plan for 2016 was light as Kyrgyz Republic joined the EU-Lux-WHO UHC Partnership after the 4<sup>th</sup> annual meeting in March 2016 and stakeholder consultation for the second half of year only. The activities were selected under the main areas as health policy, health financing, service delivery and quality of care to complement ongoing WHO work package in country as well set the scene for further actions:

### SO 1

1. The fourth generation health sector strategy drafting is under consultation (process to start in late 2016 to be finalized during 2017) after the mid-term review of current *Den Sooluk* strategy in 2016 and need to accelerate the reforms to address new challenges as NCDs as well continues move towards UHC (ER1)

2. The governance of Mandatory Health Insurance Fund (MHIF) is improved (including development of first institutional strategy, improvement of governance competencies and engagement of stakeholders to the consultative process) and the institutional capacity increased to facilitate the progress towards UHC (ER3)

### SO 2

3. The hospitals safety assessment with Hospital Safety Index (WHO 2015 revision) is performed with involvement of experts on service delivery from Ministry of Health, civil construction engineers, specialists responsible for emergency preparedness and response with the aim to guide further actions to increase resilience of specialized care (ER5)

4. Improve access to evidence based material, knowledge and information for health systems and services adaptation (ER5)

## Main activities achieved and progress made:

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### **1. The fourth generation health sector strategy drafting is under consultation (process to start in late 2016 to be finalized during 2017) after the Den Sooluk strategy mid-term review in 2016 and need to accelerate the reforms to address new challenges as NCDs as well continues move towards UHC (100%)**

An initiating discussion on the process of developing the next 4<sup>th</sup> generation health sector strategy (as part of the SWAp dialogue) process was started by Ministry of Health, Mandatory Health Insurance Fund (MHIF) and Development Partners (DPs) in September 2016. Ministry of Health (MOH) leads development of national policies and DPs provide input through formal policy dialogue, where Kyrgyzstan has long term experience. WHO guidance for the entire process as a link between the MOH and DPs has been requested by MOH in October 2016. It was agreed that 2017 will be a crucial year to formulate the new health strategy.

A thematic week supporting Den Sooluk implementation on health financing and UHC in Kyrgyzstan was organized, from 27-30 September 2016, by the MOH/MHIF with the support from WHO and other development partners. The thematic week on UHC focused on discussion of key health financing and service delivery issues affecting progress towards UHC: (i) improving fiscal space for health; (ii) ensuring access and financial protection through the SGBP and addressing financial burden with particular focus on medicines; and (iii) achieving efficiency through strategic purchasing. The thematic group meetings allowed to share latest evidence prepared by national stakeholders and international partners (mainly WHO and the World Bank on health financing) to facilitate discussions on future improvements. The week culminated in a high level policy dialogue bringing key messages to high level policy makers in the government, to parliamentarians, and to oblast/city governors for building political support for reforms related to UHC. The thematic week and high level policy forum coincided with MHIF 20 year's anniversary and allowed to review decades long history and different phases of reforms to increase solidarity, pool resources and increase access to care. In order to support the good quality policy dialogue WHO supported participation of leading experts in health financing and UHC to share their expertise in 2016.

### **2. The governance of Mandatory Health Insurance Fund is improved (including development of first institutional strategy, improvement of governance competencies and engagement of stakeholders to the consultative process) and the institutional capacity increased to facilitate the progress towards UHC (100%)**

During first half of 2016 the WHO consultants supported MHIF to discuss and evaluate the governance and management arrangements to improve current situation. The frameworks provided in the Good Governance Standard for Public Services from UK (2006) and Governing Mandatory Health Insurance: Learning from Experience (WB 2008) were utilized as well adapted to local context. The analysis (available for official use and limited distribution) covering five governance dimensions—coherent decision-making structures, stakeholder participation, transparency and information, supervision and regulation, and consistency and stability—that influence the coverage, financial protection, and efficiency of MHI entities, and show how these operate in Kyrgyzstan was available in June 2016.

With WHO follow up technical assistance to the MHIF since summer 2016 (covered by current initiative)

the received the capacity building on methodology for strategic analysis on environmental and organizational factors, on strategic mapping and institutional goals setting and conducted analysis to identify strategic areas of development for MHIF institutional strategy to respond to earlier situation analysis and draft first multi-year rolling strategy for the institution. The outcome of MHIF self-assessment and analysis was presented at the thematic week on health financing toward UHC in September 2016 and linked to the policy dialogues on the Den Sooluk implementation to ensure the coherence between institutional improvement and health financing reforms.

During the second half of 2016 the WHO consultants worked with MHIF leadership and core team on development of institutional strategy principles, the short term and long terms actions, management framework, measurement and indicators. For better engagement of MHIF Supervisory Board (SB) in strategy development process the reporting standards of MHIF to SB, the SB work organization and manual were developed, the SB workshop on good governance conducted. The strategy is being finalized by MHIF, next step is organization of stakeholders discussion and approval in early 2017 during first SB meeting.

The planned in 2017 implementation of the MHIF institutional strategy will have an impact far beyond the National Health Insurance Company itself as it focuses on increasing coverage with mandatory health insurance, increasing access to, quality of and satisfaction with the provided services, as well as improving overall transparency and information provided to the population. The 2017 follow-up concentrates to the implementation of the MHIF organizational strategy through strengthening the governance practice, building organization capacity and implementing new tools.

### **3. The hospitals safety assessment according to Hospital Safety Index (WHO 2015 revision) with involvement of experts on service delivery from MoH, civil construction engineers, specialists responsible for emergency preparedness and response with the aim to guide further actions to increase resilience of specialized care (80%)**

Kyrgyz Republic belongs to the countries with high rate of emergencies (approximately 150 annually). The first pilot of assessment of hospital safety in response to emergency situations was conducted in 2010 in limited number of hospitals. In other sectors similar exercise is recently conducted for the schools in 2015 and the Government of Kyrgyz Republic has explored if WHO can support to assess the health care providers resilience. The WHO Hospital Safety Index (2015 revision) is proposed for Ministry of Health. In 2016 the multi-disciplinary teams (MDTs) were created with participation of experts on service delivery from MoH, civil construction engineers, specialists responsible for emergency preparedness and response. The capacity building of MDTs on WHO Hospital Assessment methodology – the rapid, reliable and low-cost diagnostic tool to assess the safety level of structural, nonstructural and functional components that provides information about the probability of the health facility to continue to function in/after emergency situations, was provided by WHO Headquarters and Regional Office together with external experts. The national teams were supervised to perform first assessments in summer 2016. During second part of 2016 WHO supported the national teams established by MOH to conduct the assessment of half of the hospitals (36 hospitals: 2 Republican, 4 Oblast, 14 Rayon level and 15 Centers of General Practice) in the South part of Kyrgyzstan. The hospitals in the North part will be assessed in 2017 to provide comprehensive overview of the situation.

The first round summary with reports form each hospital will be produced in early 2017 to provide

individual feedback to hospital management and MOH. After completion of second round of assessment exercise in the North part of country the final summary report with each hospital safety index/report will be prepared. The policy dialogue to discuss the hospitals safety assessment findings with analysis of the structural and non-structural maintenance, capacity of hospitals to perform health services, respond to major emergencies, disasters and ability to continue delivery of services to the population will be organized in mid-2017 including summary analysis of the hospital network. The assessment reports of individual hospitals aim to inform improvement planning at facility level and investments. The overall country situation report aims to inform the hospital infrastructure planning in coming years.

#### **4. Improve access to evidence based material, knowledge and information for health systems and services adaptation (80%)**

Health workers in Kyrgyzstan are using clinical guideline based on first edition of WHO Pocket Book (PB) on management of common childhood illnesses issued in 2006. In 2015 2nd edition of WHO PB was translated into Russian and made available in Kyrgyz Republic. The pocket book has become an important guideline for quality child care. The guideline is used by professionals, by the projects supported by other DPs and for the quality supportive supervision visits to ensure sustainability of clinical practice change and improvement of the knowledge and practice in hospitals which provide health care for children. Taking into account the penetration of the mobile technology among health care professionals and current interest in e-health solutions among health leaders the PB is shifted from paper to digital format. Before transformation the national team under MOH has revised the guideline and national adaptation is performed, as well coordinated with WHO. The pocket book will be made available via Android and iOS applications. It was delayed due to the external ICT related factors and planned to be dealt in 2017.

#### **Please explain any changes in circumstances or programme implementation challenges encountered affecting the original plan:**

Due to the delay in the adaptation process the follow-up on WHO pocket book is planned in 2017 to launch the app and disseminate information among health care professionals.

#### **Proposed modifications to Programme Road Map resulting from changes above:**

No modification proposed to 2016 plans

#### **Lessons learned:**

- The initiative allows to scale up WHO technical assistance and capacity building efforts to complement policy dialogue that is highly appreciated by national authorities.
- The UHC partnership contributes to and builds further the DP coordination and aid effectiveness while utilizing available platform (Den Sooluk and SWAp) for policy dialogue to address issues of health system hampering progress of UHC. The initiative enables WHO to convene partners for change and provide sound content support.
- To address UHC in a sustainable manner the technical assistance and support should be provided to key institutions including political establishment, MOH and MHIF, as well service

providers. In 2016 the work package included close collaboration with MOH, MHIF (with supervisory structures) and hospitals (in South during first phase of hospital safety assessment).

- Kyrgyzstan is a great environment for policy dialogue with high capacity to analyze problems and identify the way forward but it lacks capacity to implement. Supporting implementation from DPs and WHO perspective requires much greater presence on the ground including in the WHO country office and moving to full mode with an international policy advisor and communication officer with admin support would help overcome this challenge.
- The project provides opportunity for EU to support the development of health system while there is no specific EU budget support in the health sector, and EU Representation support the initiative as extended opportunity to support development agenda in Kyrgyzstan.
- The flexibility and responsiveness of project design complements and by this strengthens the health sector partners efforts in developing and implementing a strong, comprehensive national health policy.
- Modest resources can bring change if well targeted and synchronized with other initiatives under a whole WHO work package and coordinated with strategic partners (especially in scaling up the policy dialogues components when the evidence is generated by other WHO initiatives available in country at the same time).

#### Road Map and timeline for 2017:

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##### SO 1.

1. The fourth generation health sector strategy preparation (ER1)

##### SO 2

2. Strengthening the MHIF governance and contribute to organization capacity building to implement the strategy (ER3)
3. Reducing financial burden for outpatient medicines through a multi-facet approach (ER 4)
4. Review and strengthen purchasing arrangements of the MHIF (ER3)
5. Finalization of hospitals safety assessment and organize a policy dialogue process (ER5)
6. A policy dialogue on improvement of quality of health care and service delivery network (ER3)

##### SO 3

7. Communicate health reforms and engage stakeholders (ER6)

#### Visibility and communication

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- Обсуждение проекта Стратегии развития Фонда ОМС при Правительстве Кыргызской Республики (Discussion of MHIF strategy draft), news item at the MHIF of Kyrgyz Republic web-site, 16 December 2016  
([http://www.foms.kg/index.php?option=com\\_content&view=article&id=1174%3A16122016&catid=48%3Anews&lang=ru](http://www.foms.kg/index.php?option=com_content&view=article&id=1174%3A16122016&catid=48%3Anews&lang=ru))
- Форум для высшего политического руководства Кыргызской Республики Продвижение к

всеобщему охвату услугами здравоохранения в рамках Программы «Ден Соолук» /SWAp», проходивший 30 сентября 2016. (Moving toward UHC, High level policy Forum held on 30 September 2016), news item at the MHIF web-site on 4 October 2016 ([http://www.foms.kg/index.php?option=com\\_content&view=article&id=1115%3A04102016&catid=48%3Anews&lang=ru](http://www.foms.kg/index.php?option=com_content&view=article&id=1115%3A04102016&catid=48%3Anews&lang=ru))

– Kyrgyzstan improves hospital safety and resilience in health emergencies (24 June-1<sup>st</sup> July 2016), news item at the WHO web-sites on 13 July 2016

(<http://www.euro.who.int/en/countries/kyrgyzstan/news/news/2016/07/kyrgyzstan-improves-hospital-safety-and-resilience-in-health-emergencies>)

– WHO experts awarded medals by the Kyrgyz Mandatory Health Insurance Fund on 29 September 2016, news item at the WHO web-site on 21 October 2016

<http://www.euro.who.int/en/countries/kyrgyzstan/news/news/2016/11/who-experts-awarded-medals-by-the-kyrgyz-mandatory-health-insurance-fund>

– Kyrgyzstan examines transforming national health system towards Universal Health Coverage (27-30 September 2016), news item at the WHO web-site on 27 October 2016

<http://www.euro.who.int/en/countries/kyrgyzstan/news/news/2016/11/kyrgyzstan-examines-transforming-national-health-system-towards-universal-health-coverage>

#### **Impact assessment:**

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Although the project impact expected in 2017 it is worth to mention that the activities undertaken within the project framework in the second part of 2016 have potential contribution to achieve the impact. The high level policy dialogue on health financing and UHC positioned the theme high in policy agenda of the Government of Kyrgyz Republic, as well had positive spill over impact to move medicines regulation discussion further to Parliament as an important step to increase financial protection in the future. The start of work on development of institutional strategy of MHIF is one of ways to secure achievements of previous health financing reform and establishment of the Single Payer System. Scaling up of hospital safety assessment will bring accurate, up to date evidence on hospitals endurance to provide health services in adverse conditions. Opening access to electronic version of WHO pocket book on management of common childhood illnesses improve the clinical practices but also stimulate wider utilization of modern learning tools and source of information by doctors and contribute to eHealth introduction. The completion of tasks of 2016 and new areas suggested for 2017 will contribute to achievement of impact results.

**Linking activities to overall Objectives:**

*Please see below list of overall programme monitoring indicators and select the ones which apply to your country Road Map. Please describe if this target has been met and how.*

- National Monitoring & Evaluation framework indicators developed and used
- Reduced share of direct out-of-pocket payments in total health expenditure by at least 10%
- Fall in the incidence of financial catastrophe and impoverishment due to out-of-pocket payments
- NHPSP is in line with JANS attributes
- An agreed Health Financing (HF) strategy exists, linked to NHPSP, such that more rapid progress towards Universal Coverage (UC) is feasible
- Increase in utilization of outpatient health services, particularly among the poor, or a more equitable distribution of public spending on health
- Inclusive National Policy Dialogue exists, with a roadmap defined, agreed and rolled out
- Proportion of identified bottlenecks which have been analysed and addressed during annual reviews (address the consistency between situation analysis and follow-up in Annual Review reports)
- Number of substantive policy changes achieved as a result of more effective and inclusive health sector reviews
- Number of improved policy frameworks elaborated and implemented as a result of a truly representative multi-stakeholder consultation
- Positive trend seen in stakeholders' alignment with NHPSP
- Existence and implementation of an IHP+ compact or equivalent at the country level
- Agreed or strengthened mutual accountability mechanisms such as joint annual reviews
- Positive trend in stakeholders overall performance on aid effectiveness performance scorecards, or equivalent

**Reminding Strategic Objectives and Expected Results of the EU-Lux/WHO UHC Partnership**

Strategic objectives (SO)	Expected Results (ER)
SO I. To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity;	ER 1. Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity; ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.
SO II. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue;	ER 3. Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable: ER 4. Countries receiving HF support will have

	<p>implemented financing reforms to facilitate UC;  ER 5. Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.</p>
<p>SO III. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.</p>	<p>ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.</p>