

Data Sheet

USAID Mission:	Central Asian Republics Regional
Program Title:	Health and Population
Pillar:	Global Health
Strategic Objective:	176-0320
Proposed FY 2004 Obligation:	\$1,000,000 CSH; \$600,000 FSA
Prior Year Unobligated:	\$1,000,000 CSH; \$75,000 FSA
Proposed FY 2005 Obligation:	\$1,000,000 CSH; \$400,000 FSA
Year of Initial Obligation:	2001
Year of Final Obligation:	FY 2006

Summary: USAID's quality primary health care (PHC) objective works to: create a high quality, user-friendly, cost-effective PHC system region-wide through retraining of doctors and nurses in family medicine and implementing incentive-based provider payment systems; develop pre-service and postgraduate medical education programs; control tuberculosis (TB) by providing in-service training to doctors and laboratory specialists in accurate diagnosis and treatment, improving the monitoring system of TB laboratories and facilities, as well as establishing modern surveillance methods; fight HIV/AIDS through support to prevention, care, and treatment activities; and reduce the use of narcotic drugs.

Inputs, Outputs, Activities:

FY 2004 Program:

Increase the Quality of Primary Health Care (\$450,000 FSA). Funding will support a new health reform contract for all five Central Asian countries to be awarded in early 2005. Principal contractor/grantee: to be determined.

Control TB and Other Infectious Diseases (\$150,000 FSA, \$75,000 FSA carryover). USAID will launch a five-year TB Control Program to strengthen TB surveillance, lab quality and rational drug management within the region's reforming health care system. The program will emphasize control of drug resistance and strategies to address HIV/TB co-infection. Regional conferences and initiatives like a two-year applied epidemiology program and capacity building of reference labs will strengthen the regional system. Headquarter offices for both implementing partners will be regional in nature although based in Almaty, Kazakhstan. Principal contractor/grantee: to be determined.

Prevent the Spread of HIV/AIDS (\$1,000,000 FY 2004 CSH, \$1,000,000 FY 2003 CSH carryover). The Centers for Disease Control (CDC) works to establish HIV surveillance sites and provides technical assistance in the development and revision of evidence-based service delivery guidelines and protocols. Regional funds will be used toward development and adoption of protocols, conferences, training, and other activities that bring together participants from all countries or target cross-border initiatives. A new HIV/AIDS prevention activity will help non-governmental organizations (NGOs) expand service coverage, target high-risk groups, and assist with use of antiretroviral drugs and counseling and testing services. The new activity will provide technical support to governments in the region to implement grants from the Global Fund to fight AIDS, TB, and Malaria (GFATM). Principal contractos/grantees CDC, Open Society Institute-led consortium, and a new, competitively selected partner.

Fight the Primary Causes of Morbidity and Mortality (\$0 FSA). CDC provides regional leadership on a range of public health imperatives, including laboratory diagnostic capacity, reporting and management systems, and training for public health specialists, including epidemiologists and technicians. Regional funds will enable CDC to apply its expertise in the areas of malaria control, tuberculosis control, and other leading causes of morbidity and mortality in the region. Principal contractor/grantee: CDC.

FY 2005 Program:

Increase the Quality of Primary Health Care (\$185,500 FSA). USAID will award a new health reform contract to further extend health finance and health information systems to improve the efficiency and equity of health care for people in Central Asia. The new activity will also assist pre-service medical education institutions to improve training of new physicians, increase the practice of evidence-based medicine and improve the quality of care provided by physicians in PHC and central district hospitals. Principle implementing partner: to be determined.

Control TB and Other Infectious Diseases (\$135,000 FSA). Lessons learned through implementation of components of the TB program will be shared throughout the region through the staff of the TB control program. Principle implementing partner: to be determined.

Prevent the Spread of HIV/AIDS (\$79,500 FSA, \$1,000,000 CSH). CDC will continue to strengthen regional surveillance systems. The third class of students will begin training in the Applied Epidemiology training program, increasing the pool of highly trained epidemiologists available to countries in the region to conduct operations research, outbreak investigations, and lead in analysis and application of surveillance data. The CDC Global AIDS Program may become more involved in the region with USAID support. Lessons learned through implementation of the new HIV/AIDS prevention activity will be shared throughout the region. Similarly, the Drug Demand Reduction program will begin cross-border replication of successful models developed in each country. Principal contractors/grantees: CDC, an Open Society Institute/Kazakhstan-led consortium, and a new competitively-selected partner.

Fight the Primary Causes of Morbidity and Mortality (\$0 FSA). Regional funds will be used for conferences; technical assistance and training that bring together regional experts to address integration of services, for instance, for surveillance and labs, as well as other topics of health sector reform. Principle implementing partner for regional funding: CDC.

Performance and Results: Regional funding this year took advantage of the Government of Uzbekistan's enthusiasm for rapid expansion of USAID's rural primary health care (PHC) health finance and health information systems model, extending implementation from pilot districts in Uzbekistan to cover 80% of three oblasts. New financing approaches and new attention to PHC have resulted in a gradual increase in PHC's share of funding within the overall health budget from 18.7% last year to 22% this year in pilot sites. At present, 608 clinics are being paid according to the numbers of people they serve, using a per capita payment system, a significant increase over 156 clinics last year.

Regional funds supported Uzbekistan's first birth spacing campaign, training to improve PHC family planning skills, as well as quality improvement pilots on prevention of anemia in women of reproductive age. The birth spacing campaign featured a televised soap opera, one in a successful series centered in an Uzbek village with a familiar cast of characters. The soap opera reached an estimated 1-1.2 million people.

An international conference on the status of TB program implementation in Eastern Europe and Central Asia brought together TB specialists from all over the former Soviet Union for their first opportunity since independence to confer on TB issues, best practices, and lessons learned. TB patients in Kyrgyzstan and Uzbekistan are benefiting from improved drug management practices through USAID-supported training of TB staff and Ministry of Health Drug Departments responsible for pharmaceuticals. More than 8,000 current TB patients and a larger number of future patients will benefit from better drug management practices following USAID-supported training that brought drug department administrators and TB pharmacy staff together to learn how to calculate their drug needs and properly store and distribute drugs.

With successful completion of this objective, the Central Asian Region will have health systems that are financed efficiently and physicians who provide quality, evidence-based care in PHC and central district hospital levels, a coordinated comprehensive HIV/AIDS program that includes prevention, care and treatment, and a firmly established TB control program.