

Year 6 Report (2017 activities)

An annex of the Specific Objectives (SO) and Expected Results (ER) has been prepared at the end of the document for your convenience

Country: Kyrgyzstan

EU-Luxembourg-WHO UHC Partnership

Date: 30 January 2018

Reporting Period: 1st January – 31 December 2017

Prepared by: WHO Country Office in Kyrgyzstan

INTRODUCTION

The template is structured into IV sections.

Section I: Results

We recommend completing section II prior to section I.

This section is to serve as an exhaustive listing of the results and outputs that have arisen from the UHC Partnership in 2017. Kindly relate these to Specific Objectives, SO I, SOII and SOIII (see Annex). Please note that this section focuses on results achieved through the (partial) completion of activities indicated in the roadmap, with activities having contributed directly or indirectly to listed results and outputs. In brief, section I puts emphasis on the results achieved; section II focuses on the activities per se. Hence our recommendation to complete section II prior to section I.

To take an example, a result could be an improved health sector coordination (as measured or perceived by the actors), as part of an enhanced governance and leadership of the health sector by the MoH or the Government. An activity that has contributed to above-mentioned result could be holding regular meetings, or organization of the joint annual review on a regularly basis. Another example could be to get an increased share of the government budget allocated to the MoH, as a result of the elaboration and utilization of the Health Accounts (which is here considered as an activity).

Section II: Activities

This section includes four subsections pertaining to the roadmap activities.

The first subsection is a list of the activities completed or partially completed as per your country's roadmap in 2017. Please provide a more detailed overview of how activities were undertaken, including the role of the partnership, as well as key documents accomplished (finalized reports, plans, case studies etc.).

The second subsection is for information on any obstacles encountered, or changes in circumstances that affected your original plan as per the roadmap. Please also list here and report on all *additional* activities that were funded by the UHC Partnership which were not included in the original roadmap.

The third subsection serves to understand key takeaways and learning points as a result of the activities or changes this year.

The fourth and final subsection includes a summary and relevant evidence of how the programme activities or results have been communicated to the public.

Section III: Impact Assessment

This section is intended to be a more in-depth exploration into one of the activities, or perhaps two to three interlinking activities that may showcase the impact of the UHC Partnership in a broader context beyond the specifics laid out in the roadmap. The purpose of this is to highlight the more intangible value of the UHC Partnership beyond the outlined metrics, and its contributions in wider scope towards universal health coverage, and should ideally include enough details to be understood by an external reader with no background knowledge of universal health coverage or the UHC Partnership.

Section IV: Roadmap for 2018

The purpose of this section is to look forward and consider what the goals are for 2018 and how those may be reached. Please list the planned activities as well as the time frame for those activities for calendar year 2018, and relate activities to SO's and ER's (see Annex).

SECTION I: RESULTS

Main results

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.*

Kyrgyzstan:

The fourth generation health sector strategy preparation

MoH leading role was put in the center of guiding principles and approaches to the formulation process so that further the stronger role MoH in determining further prospects of the health system development. The inclusiveness of Inter Sectoral Working Group of MoH ensures the early involvement of all stakeholders in policy development process and later on yield support and promotion of document for approval by the Kyrgyz Government and monitor implementation. The bottom-up process is being insured via the intensive local consultations: the thematic groups and focus group meetings called frequently once need for testing, discussing the ideas appears. The regional consultations involved representatives from all 7 provinces to consult the sector strategy values and strategic approaches toward UHC.

The neutral role of facilitating rather than leading the process is agreed approach taken by WHO to support MoH enthusiasm to develop the strategy, to build local expertise and MoH capacity in the program formulation process but most importantly to stimulate the ownership and responsibility for the next strategy.

The consultation with development partners supporting the health care reforms started in October 2016 when WHO launched the discussions on the fourth generation health strategy at the Joint Annual Review of Den Sooluk program. The DPs contribution throughout the process is being coordinated by WHO to ensure the "one voice" input provided in a timely manner.

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.*

Kyrgyzstan:

Governance issues in the health financing

MHIF governance strengthening process is progressing: The institutional development strategy for 2018-2021 has been updated by MHIF, the draft standard operation procedures (SOP) for planning and reporting are designed and discussed, the recommendations for optimization of MHIF structure are being gradually implemented, the regular capacity building events organized. The territorial organizations of MHIF are being involved in the institutional strengthening process and highly appreciate that.

MHIF purchasing arrangement strengthening

The MHIF governance strategy development and incremental improvement conduces a shift

towards strategic purchasing and MHIF requested TA to assess the situation and perspectives for introduction of strategic purchasing principles and improvement of case-based payment system, DRGs. TA provides a ground to work further on the strategic purchasing.

Hospitals safety assessment and a policy dialogue

The comprehensive assessment of quality of health care was conducted during the reporting period. The valuable overview and set of recommendations on how to improve the quality of care in Kyrgyzstan were presented at the policy dialogue of MoH, MHIF and DPs at the platform of Den Sooluk Thematic Week on health service delivery in December 2017 (TW) and initiated the discussions on how to align the accountability arrangements and quality of care mechanisms to support the model of care.

The health service delivery aspects were taken from the point of urgent need to optimize the oversized hospital service that drains the resources. MoH, MHIF and DPs discussed and developed the concept and ToR of service delivery master plan, the master plan will be elaborated in 2018-2019.

ER 4- Countries receiving HF support will have implemented financing reforms to facilitate UC

Kyrgyzstan:

Reducing financial burden for outpatient medicines through a multi-facet approach

Developed drafts of bylaws on medicines and medical devices constitute main regulatory framework for circulation of medicines and medical devices as cover the issues on registration/market authorization, quality assurance etc. The documents provide clear procedures for different approaches of registration of medicines depending on the priority areas of health system, the clear procedure on documents to be submitted and other processes to ensure the availability of medicines with assured quality, safety and efficacy in the pharmaceutical market of country.

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.

Kyrgyzstan:

Hospitals safety assessment and a policy dialogue

The results from the hospital safety assessment will be fed to policy discussions at the launch of development of the country health service delivery master plan (under Health SWAp, led by MoH and World Bank) and for development of individual hospital master plan.

SO III: To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.

ER 6: At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated

Kyrgyzstan

Communicate health reforms and engage stakeholders

In 2017 WHO put as priority the dissemination of technical reports (Trends in out-of-pocket expenditure and use of health services in Kyrgyzstan, 2000–2014; and Reducing informal payments for health care in Kyrgyzstan: achievements and challenges, 2001–2013; Pharmaceutical pricing and reimbursement reform in Kyrgyzstan; The hospital safety assessment) to facilitate the informed decision making and streamline the discussion processes. For this activities WHO used the relevant program resources and disseminate the reports at the Den Sooluk JAR, Thematic weeks as well as the Round tables, seminars with participation of wide range of stakeholders.

SECTION II: ACTIVITIES

Main activities achieved and progress made:

Please estimate **approximate percentage of achievement** for each roadmap activity.

Please note which activities were undertaken with the technical support of WCO, potentially in collaboration with existing initiatives of UN agencies, NGOs etc.

What are some concrete and visible outputs of Partnership activities (e.g. annual review report, plans and strategies, case studies, publications)?

Please relate all undertaken activities to SO I, SO II or SO III, to an expected result (ER1-ER6) and report progress on the indicators as per the roadmap. This can be presented in a table format or in bullet points.

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.

The fourth generation health sector strategy preparation

Roadmap Activity: Support to MoH in development of the 4th health sector strategy and coordination of DPs

60%

MoH requested support to develop fourth health strategy from WHO in October 2016. WHO has supported the development of three consequent sector strategies and agreed to provide the technical and financial support to ensure continuity of ideas, facilitate the progressive institutionalization of new approaches, integration of lessons learnt. This time specifics: the process is multi-staged, inclusive, consultative, aimed to foster the national ownership, political will and responsibility. The MoH order on creation of Inter-Sectoral Working Group (ISWG), the Expert group and Technical Working Group was issued on 26 May 2017, ISWG consists of 43 members from all constituencies as Parliament, Prime-Minister Apparatus, ministries and agencies, service providers, NGOs, patient organizations, professional associations, chaired by the Minister of Health. The inclusiveness of ISWG ensures the early involvement of all stakeholders in policy development process and later on yield support and promotion of document for approval by the GoKR and monitor implementation. MoH leading role was put in the center of guiding principles and approaches to the formulation process so that further the stronger role MoH in determining further prospects of the health system development. Open and transparent discussions at the different platforms: Den Sooluk JAR, Thematic weeks, DPs meetings, regional consultations, high-level policy dialogues on health financing, inter-sectoral coordination.

Key Outputs:
MoH order on development of 4th health sector strategy,
composition of ISWG and EG.
Presentation on strategic approaches and values provided at the TW, DPs, and regional consultations.
Presentation of first draft of State Program of health care development 2019-2030 provided at the TW on HSD

The bottom-up process is being insured via the intensive local consultations: the thematic groups and focus group meetings called frequently once need for testing, discussing the ideas appears. The

<p>regional consultations conducted via the round of big meetings in all 7 provinces. The DPs contribution throughout the process is being coordinated by WHO to ensure the “one voice” input provided in a timely manner.</p>	
<p>SO II: To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue</p>	
<p>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.</p>	
<p>Governance issues in the health financing</p>	
<p>Roadmap Activity: Strengthening the MHIF governance practice and building organization capacity to implement</p>	<p>95%</p>
<p>MHIF institutional strategy for 2018-2021 has been updated and document will be finalized by mid- January 2018.</p> <p>Analyses of MHIF organizational structure and recommendations for improvement were prepared and as results three territorial unit of MHIF revised the structure and merged their finance and accounting units. The central office of MHIF differs implementation of optimization proposal due to resistance to idea of reduction of management layers and positions. Considering potential development related with strategic purchasing further changes can be expected over 2018 to align the organization around strategic development</p> <p>The draft standard operation procedures (SOP) for planning and reporting are designed, discussed and pending final approval.</p> <p>In order to involve the territorial organizations (TO) of MHIF in the process of institutional strengthening TOs of Jalal Abad, Talas and Naryn were visited during the reporting period to inform and discuss the institutional strategy of MHIF, key development areas and also issues of concern. People interest was high in all MHIF TOs and the need for future workshops was clearly expressed.</p> <p>The work stream on strengthening the governance practices meet some reluctance from the board members, particularly from the top level, that affects the implementation progress. Several attempts have been made to arrange discussions of what governance arrangements can be strengthened but the board meetings were cancelled before taking place. The tactic suggested to MHIF management is to “pressure” the Board agenda with issues of strategic nature, supported with strategy reporting and regularity of calling Board meetings.</p>	<p>Key Outputs:</p> <p>Revised institutional strategy SOPs Proposal on optimization of MHIF structure</p>
<p>MHIF purchasing arrangement strengthening</p>	
<p>Roadmap Activity: Support MHIF in strengthening purchasing arrangements</p>	<p>100 %</p>
<p>The MHIF governance strategy development and incremental improvement conduces a shift towards strategic purchasing and MHIF requested TA to assess the situation and perspectives for introduction of strategic purchasing principles and improvement of case-based payment system, DRGs. This request is in line with several objectives of the Den Sooluk Thematic Meeting on Health</p>	<p>Key Outputs:</p>

<p>Financing held in September 2016. To support MoH and MHIF WHO engaged the international expertise to assess the purchasing arrangement for PHC and inpatient care and the current practices at the levels of MHIF, health facilities (HF), identify barriers for introduction of strategic purchasing, and suggest the medium term and long term measures. The consultant also provided assessment of MHIF preparedness and capacity to move toward strategic purchasing introduction and conducted one day seminar on the strategic purchasing of health service was conducted during second country visit of international consultant. The final report with recommendations delivered in the end of December 2017 and currently being translated in Russian for further dissemination.</p>	<p>Final report Seminar on strategic purchasing</p>
<p>Roadmap Activity: Support MHIF to improve the case-based payment system</p>	<p>100%</p>
<p>Kyrgyzstan uses case-based hospital payment applying diagnosis-related groups (DRGs). The first time DRGs system was introduced in 1997 containing 140 groups. The revision of DRGs system is being undertaken periodically as it happened in 2003 with introduction of ICD 10 coding for therapeutic cases and ICD 9 for surgical procedures; in 2015 the DRGs revision was conducted to take into account the one day hospitalization of children and TB treatment.</p> <p>Currently MHIF uses 203 DRGs. Due to the limited budget, financing of the treated cases is carried out in therapeutic cases only for the main diagnosis, and in surgical cases for the main operation in accordance with the classification of surgical operations. In January 2017 MHIF has requested technical assistance to inform and guide the revision of hospital payment system, including DRGs.</p> <p>The international consultant was assigned to conduct the assessment of the hospital payment system in Kyrgyz Republic and provide recommendations for improvement. Two missions were undertaken to Kyrgyzstan, the specific literature reviewed and analysis of different data requested made before, during and after the missions. "Assessment of hospital payment systems of Kyrgyz Republic with recommendations for improvement" and "Assessment of capacity of Mandatory Health Insurance Fund to manage case-based payment system with recommendations for capacity building activities". The reports were sent for translation to Russian so that share with MoH and MHIF and conduct the follow up discussions</p> <p>In order to start piloting of strategic purchasing principles for MHIF contracting of health facilities in two provinces in 2018 the seminar was conducted for Talas and Jalal-Abad territorial units and central office of MHIF in December 2017. The contracting arrangement was revised and enhanced via introduction of the volume and specification of services. The methodological approach for grouping the health care services using International practices and experience on the basis of analysis of last year performance of providers was presented. The seminar provided also methodological support to use the MHIF database for planning purposes, preparation of appropriate methodological guideline for MHIF internal use , contract monitoring tools.</p>	<p>Key Outputs:</p> <p>Two assessment reports</p> <p>The seminar materials, presentations and MHIF data base, contract monitoring tools.</p>
<p>Roadmap Activity: Starting dialogue on perspective of mixed payment and P4P basics at PHC level for better health</p>	<p>0%</p>

<p>outcomes</p> <p>MoH coordinated efforts of four projects (Autonomy of health organization project of Swiss Development Cooperation, Results Based Funding (RBF) of WB, Defeat TB project of USAID and WHO NCDs work stream) and established a single technical group which has developed single approaches, design and methodology for piloting the model PBF PHC in 25 Family Group Practitioners (FGPs) in 3 rayons of Issyk-Kul oblasts. The piloting started in the end of 2016. The MoH single technical group will conduct the piloting result assessment preliminary in the second part of 2018.</p>	
<p>6. Quality of health services delivery network</p>	
<p>Roadmap Activity: A policy dialogue on improvement of quality of care and service delivery network</p>	<p>100%</p>
<p>Three country missions in period from March to June 2017 were undertaken by the international consultant to prepare the overview of the current context of quality of care in Kyrgyzstan. The policy dialogue and discussions at the Den Sooluk Joint Annual Review in April 2017, Den Sooluk Thematic Week in June 2017 as well as the first technical review and country coordination workshop on Quality of Care convened by the WHO European Centre for Primary Health Care in Almaty, Kazakhstan, in April 2017, served as valuable source of data and evidence and the efficient platform for information collection and exchange to inform development of the Quality of care in Kyrgyzstan report. The report findings in form of presentation: Strengthening quality of care inputs and processes: policy options from country assessment, were presented at the Den Sooluk Thematic Week on health service delivery in December 2017, at the session on the Governance and other system enablers aimed to consider the alignment of accountability arrangements and quality of care mechanisms to support the model of care. The Thematic Week recommendations were: (1) developing national system of quality management. The concept of quality of care should be clearly defined in order to determine what it means for the context of Kyrgyzstan. For this purpose it is necessary to develop and adopt a national framework and plan for quality of care ensuring high-level commitment and stakeholder alignment. (2) The potential of clinical practice guidelines should be optimized with their use for audits for compliance and clear indicators for monitoring. Involving professional associations and patient groups into the process of developing national clinical guidelines and protocols is also recommended. In working to improve quality of care. These TW conclusions together with the assessment recommendations will be taken forward in 2018</p>	<p>The quality assessment report The World bank Summary Notes of thematic week on HSD, December 2017</p>
<p>Roadmap Activity: Contribute to the policy dialogue on design and development of hospital master plan</p>	<p>100%</p>
<p>WHO participated in the design of ToR for development of master plan at the different discussion platforms such as DPs coordination meetings, the focus group meetings, at the Den Sooluk Thematic week and JARs as well as in correspondence exchange. WHO supported shift of focus from the hospitals to the service delivery system. MoH with financial support from WB and KfW commissioned the development of ToR for design of service delivery master plan. That ToR was used for the international bidding of conducted in</p>	

<p>2017. The health service provision master plan development will start in mid2018 and progress will be discussed throughout development process at JAR, TW, DPs meetings .</p>	
<p>ER 4: Countries receiving HF support will have implemented financing reforms to facilitate UC.</p>	
<p>Roadmap Activity <i>Revision of mechanism of ADP MHI medicines reimbursement to introduce negotiation lever for price decrease</i></p>	<p>5%</p>
<p>Reducing financial burden for outpatient medicines through a multi-facet approach</p>	
<p>Activities undertaken: Technical assistance through expert support to the working group of Ministry of Health and Drug Regulatory Authority in development of legal document/bylaws on regulation of medicines has been provided. This was done to ensure the implementation of newly adopted three laws on medicines and medical devices, which provide legal basis for introducing of price regulation for reimbursed medicines from additional drug package and then for essential medicines list subsequently. To start the revision of mechanisms of reimbursement of medicines from ADP there is need to develop basic legislation for medicines regulation to ensure the availability of medicines in the KGZ market (market authorization with different approaches) as well as regulation to ensure that medicines are coming to the country safe, effective and its quality assured. WHO provided expertise to ensure the developed documents compliance with the regulation of Eurasian economic union as well as avoiding contradiction of drafts with existing relevant legal documents, which could occur the failure of approval by Government office. WHO used organizational resources to conduct the inter country workshop on medicines pricing - 1st CIS Pharmaceutical Pricing and Reimbursement Network Meeting, 13 – 14 June 2017, Moldova. And supported participation of national counterparts of top level: MoH state secretary and the drug regulatory agency director</p>	<p>Key Outputs: Draft of the regulation “On procedures of registration, confirmation of registration, amendments to registration dossier of medicines’ has been developed and posted on the web page of the Government of KR for public discussion for further approval by Government</p>
<p>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>Roadmap Activity: <i>Complete the country hospital safety assessment</i></p>	<p>100%</p>
<p>Quality of health services delivery network</p>	
<p>Technical assistance provided to the national expert team to organize and conduct the assessment of the hospital safety in the north part of the country (4 oblasts – Chui, Issyk-kul, Naryn and Talas) and capital Bishkek, covering 36 hospitals from all levels of services provision – tertiary, secondary and rayon level territorial level. Consultancy support provided by the international consultant. The safety levels of the hospitals, individual hospital safety Indexes and gaps/weaknesses identified (both structural and non-</p>	<p>Key Outputs: 2nd round of the hospital assessment conducted, individual hospital safety Indexes identified, full,</p>

<p>structural) to be used in comprehensive action plan to strengthen the resilience of the hospitals. In average the structural safety index has the highest average score (0,42), followed by the emergency and disaster management safety index (0,32), with the non-structural safety index (0,29) with the lowest score. However, the emergency management safety index of republican hospitals is at a high level indicating that the central level hospitals are better prepared to respond the emergencies. The draft full and summary reports developed in RUS and ENG (including the analysis of all 70 hospitals assessed during two rounds) and the key results and findings discussed with the MoH key authorities, experts and Developmental Partners, including UN Agencies.</p>	<p>summary and individual reports developed.</p>
<p>Roadmap Activity: The policy dialogue to discuss the results of hospital safety assessment</p>	<p>80 %</p>
<p>The Round Table conducted in August 2017 with participation of the Government, MoH authorities, national experts, heads of the hospitals and Developmental Partners. 44.3% of hospitals were classified under safety group "B" indicating an average level of safety while the remaining 39 hospitals or 55.7% were classified under safety group "C" indicating a low level of safety.</p> <ul style="list-style-type: none"> - 36 individual hospital reports developed and printed out. Summary and full reports drafted both in RUS and ENG. - The key findings will be used as a contribution to the hospital master plan development and further policy dialogue on strengthening the resilience of the hospitals sector of the country. 	<p>Key Outputs:</p> <p>36 individual hospital report developed and printed out. Summary and full reports drafted both in RUS and ENG. Round Table policy dialogue conducted. Completion – 80%.</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>	
<p>Roadmap Activity: Regular communication of reform process at country and local levels and support to develop a reform communication plan</p>	<p>50%</p>
<p>Communicate health reforms and engage stakeholders</p>	
<p>In 2017 WHO put as priority the dissemination of technical reports to facilitate the informed decision making and streamline the discussion processes. For this activities WHO used the relevant program resources and disseminate the reports at the Den Sooluk JAR, Thematic weeks as well as the Round tables, seminars with participation of wide range of stakeholders.</p>	<p>Key Outputs: WHO policy papers, reports printed and disseminated at the big events</p>
<p>Changes in circumstances or problems encountered that affected the original plan:</p> <p><i>Please provide information on activities eliminated, changed, postponed or added. Please list them and provide the reasons for each of them: obstacles encountered, remedial</i></p>	

measures taken, etc.

Activities eliminated, changed, postponed

Roadmap Activity	Reasoning to eliminate/change/postpone activity
ER3: Starting dialogue on perspective of mixed payment and P4P basics at PHC level for better health outcomes	This activity is partially postponed until the results of piloting of RBF approach for PHC will be ready. The overall assessment of health service delivery practice was conducted in the reporting period

Lessons learned:

Please describe the principal lessons learned during the last 12 months of the implementation of the UHC Partnership.

- 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 initiative allows to scale up WHO technical assistance and capacity building efforts to complement policy dialogue that is highly appreciated by national authorities.
- 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 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.
- 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.
- 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.
- 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).
- The best health financing architecture and mechanism will not be able to be effective and act in full capacity if the health service delivery system has not be changed and

- protected by the rigid outdated legislation
- The functional strengthening of institution acting as a purchaser of health services is important to ensure the capacity enhancing to keep up with rapidly changing health technologies and be a driver of changes to tackle the health care system inefficiency

Visibility and communication:

Please give a short overview of visibility and communication events that took place and attach evidence: scanned newspapers, pictures, brochures, etc.; also if only available in the local language. Please describe how communication of the programme results to the public has been ensured.

WHO Regional Office for Europe:

Kyrgyzstan strengthens health services delivery through high-level policy dialogue - <http://www.euro.who.int/en/countries/kyrgyzstan/news/news/2019/01/kyrgyzstan-strengthens-health-services-delivery-through-high-level-policy-dialogue>

Kyrgyz app for the care of children in hospital now available - <http://www.euro.who.int/en/countries/kyrgyzstan/news/news/2017/11/kyrgyz-app-for-the-care-of-children-in-hospital-now-available>

Review of Den Sooluk health sector reform notes improved health outcomes and coordination in Kyrgyzstan - <http://www.euro.who.int/en/countries/kyrgyzstan/news/news/2017/05/review-of-den-sooluk-health-sector-reform-notes-improved-health-outcomes-and-coordination-in-kyrgyzstan>

Ministry of Health of Kyrgyzstan

В Бишкеке прошло обсуждение новой Программы развития здравоохранения до 2030 года

(Bishkek hosted a discussion of the new Health Development Program until 2030)

<http://med.kg/ru/412-v-bishkeke-proshlo-obsuzhdenie-novoj-programmy-razvitiya-zdravookhraneniya-do-2030-goda.html>

Тематическое совещание в рамках программы «Ден соолук» по организации предоставления услуг здравоохранения завершило работу
(Thematic Meeting within the "Den Sooluk" program on the organization of health services completed its work)

<http://med.kg/ru/414-tematicheskoe-soveshchanie-v-ramkakh-programmy-den-sooluk-po-organizatsii-predostavleniya-uslug-zdravookhraneniya-zavershilo-rabotu.html>

В минздраве проходит совещание в рамках программы «Ден соолук» по организации предоставления услуг здравоохранения
(Ministry of Health conducts a meeting within "Den Sooluk" program on the organization of provision of health services)

<http://med.kg/ru/404-v-minzdrave-prokhodit-soveshchanie-v-ramkakh-programmy-den-sooluk-po-organizatsii-predostavleniya-uslug-zdravookhraneniya.html>

Заседание межведомственной рабочей группы по обсуждению новой Программы развития здравоохранения КР до 2030

(Meeting of the interdepartmental Working Group on discussion of the new Health Development Program of the Kyrgyz Republic until 2030)

<http://med.kg/ru/366-zasedanie-mezhvedomstvennoj-rabochej-gruppy-po-obsuzhdeniyu->

<http://med.kg/ru/359-v-minzdrave-proshla-vstrecha-s-ekspertami-voz-po-obsuzhdeniyu-novoi-programmy-razvitiya-zdravookhraneniya-kr-do-2030.html>

В минздраве прошла встреча с экспертами ВОЗ по обсуждению новой Программы развития системы здравоохранения до 2030 года
(Ministry of Health held a meeting with WHO experts to discuss a new Program for Health System Development till 2030)

<http://med.kg/ru/359-v-minzdrave-proshla-vstrecha-s-ekspertami-voz-po-obsuzhdeniyu-novoi-programmy-razvitiya-sistemy-zdravookhraneniya-do-2030-goda.html>

Государственная программа развития здравоохранения 2030 -
(State Program for the Development of Health Care 2030 -)

<http://zdrav2030.med.kg/>

Mandatory Health Insurance Fund

Тренинг по стратегическим закупкам медицинских услуг (Training on strategic purchasing of medical services) - <http://foms.kg/news/273>

Семинар по стратегическим закупкам медицинских услуг (Seminar on strategic procurement of medical services) - <http://foms.kg/news/255>

Развитие стратегических закупок в системе «Единого плательщика» (Development of strategic purchasing in the “Single Payer” system) - <http://foms.kg/news/203>

Стратегические закупки в системе здравоохранения (Strategic purchasing in the health system) - <http://foms.kg/news/178>

Встреча с региональными представителями Европейского бюро ВОЗ (Meeting with regional representatives of the WHO Regional Office for Europe) - <http://foms.kg/news/166>

SECTION III: IMPACT ASSESSMENT / RESULT CHAIN

Impact assessment / results chain:

*Please explain to which extent 1-3 country level activities have already contributed towards achieving the overall programme objectives. **Carrying out activities as per the roadmap is good. We would like to go beyond the activities and try to relate them to potential contribution of the Partnership to broader results or impact: better services for the population, improved health status of the population or a specific target group, better equity, contribution to health in all policies, contribution to lives saved, better access to care and services, improved financial risk protection, better coordination or involvement of the actors... The linkages might be direct (sometimes) or indirect (most of the time) but should be explained with as many details as possible to let an “external” reader understand the added value of the Partnership. If possible, those broader results should be supported by indicators.***

Where possible, please use short stories /field voices box / quotes (MoH, district level officials, health workers etc.) / press releases to illustrate the impact and added value of the programme and WHO action in the policy dialogue process.

SECTION IV: ROADMAP 2018

Roadmap/timeline for 2018:

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2018. **These activities should be related to SO's/ER's and have clear timeline and indicators.**

If applicable, we also advise you to define key milestones for each activity, to be able to report on key achievements/progress made on the road towards completion of an activity. In this regard, an 'activity' means a distinct output of the UHC Partnership program, meaningful in terms of the UHC Partnership's overall specific objectives and expected results, and constituted by a report, a document, etc. A "milestone" means control points within an activity that help to chart progress. Milestones may correspond to the completion of a key sub-activity, allowing the next phase of the work to begin. They may also be needed at intermediary points so that, if problems have arisen, corrective measures can be taken. A milestone may be a critical decision point within an activity where, for example, the consortium must decide which of several options to adopt for further development.

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.

Roadmap Activity: Support to MoH to finalize the 4th health sector strategy and promote for approval

ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.

Roadmap Activity: Institutionalization of data collection for the System of Health Accounts (SHA) to support MHIF to build the reporting system to feed into the Global UHC health expenditures tracing

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.

Roadmap Activity: Facilitate the strengthening the MHIF good governance practices and building capacity to implement the MHIF organizational strategy

ER 4: Countries receiving HF support will have implemented financing reforms to facilitate UC.

Roadmap Activity: Support MHIF to strengthen the purchasing mechanisms toward improving efficiency and contribution to Universal Health Coverage (UHC)

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.

Roadmap Activity: Contribute to the policy dialogue on development of the MoH service delivery master plan using the results on hospital safety assessment, emergency medical service assessment results and other up-to-date evidence

Roadmap Activity: Follow up on the hospital safety index report as national planning, integrating preparedness to service delivery reform and capacity building of leaders of service providers

SO III: To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.

ER 6: At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.

Roadmap Activity: Regular communication of reform process at country and local levels

Roadmap Activity: Conduct mapping of Official Development Assistance (ODA), including 2nd round of mapping of 2017 information, and provide platform for dialogue with partners

Annex:

Specific Objectives and Expected Results of the EU-Luxembourg- WHO Universal Health Coverage Partnership

Specific objectives (SO)	Expected Results (ER)
<p>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.</p>	<p>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.</p> <p>ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.</p>
<p>SO II. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue.</p>	<p>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.</p> <p>ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC.</p> <p>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>