

## ZdravPlusII Primary Health Care Reform - Central Asia

### Objectives

The U.S. Agency for International Development's ZdravPlusII Primary Health Care Reform Project in Central Asia provides resources to help the governments of Central Asia improve the financial sustainability, efficiency, and quality of their health care while preserving equitable access.

Implemented by Abt Associates and partners, ZdravPlusII operates in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan. ZdravPlusII is a five-year follow-on to the ZdravReform (1995-2000) and ZdravPlus (2000-2005) projects, both implemented by Abt Associates.

### Principal Activities

In these former Soviet Republics, providing quality health care entails focusing on reforming the primary health care (PHC) sector by engaging with and advocating change at every level of the health care system – at national ministries of health, at facilities, with health care workers, and with the general population. ZdravPlusII works with ministries of health to gain national-level acceptance and support for reforms carried out in pilot sites by working on new health financing and payment mechanisms and on national-level decrees allowing PHC doctors to expand their scopes of practice. Work at the facility level entails restructuring the system to encourage the population to visit their primary care physician at out-patient facilities as opposed to going straight to the hospital. This step combines with re-training primary-level health care workers in the principles and practices of family medicine – thus providing rationalized, better quality care focused on prevention at a lower cost to the system and the population. ZdravPlusII seeks to inform people not only about how to keep themselves and their families healthy, but also to educate them about their rights and responsibilities within the reformed and restructured primary health care system.



### Progress to Date

New policy processes, provider payment systems, health information systems, and health management tools, products, and interventions have been implemented in four countries. ZdravPlusII has helped local governments introduce family medicine and strengthen primary health care through extensive training, expansion of scope of services, and development of quality improvement mechanisms. Communities have begun to understand their health care rights and responsibilities through open enrollment campaigns, health promotion activities, and community health programs. In Kyrgyzstan, a comprehensive, integrated health reform model that includes a single payer system has produced compelling results, making it a leader among the states of the former Soviet Union and providing globally relevant lessons learned.

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## Learn More

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