WORLD HEALTH ORGANIZATION
EUROPE

National planning meeting on improving hospital care for children in Uzbekistan

November 14, 2008, Tashkent

ABSTRACT

In November 2008, WHO Regional Office for Europe, jointly with the Ministry of Health (MoH) of Uzbekistan held a national workshop on the improvement of inpatient paediatric care in Uzbekistan, for policy-makers, paediatricians, research institutions and other organizations. The participants examined implementing the integrated management of childhood illness strategy, the barriers that were in the way, and the remedies that could be found. The meeting concluded with recommendations.

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Introduction

WHO Regional Office for Europe assists and supports implementation of the integrated management of child illnesses (IMCI) strategy as a key strategy to reduce under-five child mortality and improve child health and development. Its principles are recommended for implementation on inpatient care level to achieve wide coverage of care services and sustainable implementation of interventions.

In November 2008, WHO Regional Office for Europe, jointly with the Ministry of Health (MoH) of Uzbekistan held a national workshop on planning the improvement of inpatient paediatric care in Uzbekistan.

Sixty-five participants attended the meeting: leading experts of the MoH, officials of health educational institutions, chief medical officers of oblast paediatric hospitals, chief paediatricians of oblasts and representatives of research institutions as well as officials of UNICEF, ADB, ZdravPlus, and WHO.

The meeting was opened by Professor A. Kamilov, deputy Minister of Health of Uzbekistan, Dr. Michele Tailhades, Head of WHO Country Office, Uzbekistan, and Dr. Aygul Kuttumuratova, WHO Regional Office for Europe. In his welcoming remarks Prof. Kamilov underscored the significance of IMCI for the entire health sector of Uzbekistan, but most of all for the primary health services which were in the process of major reforms and transition to family doctors. The deputy Minister paid special attention to the improvement of the quality of health services for children at inpatient pediatrics care institutions. Dr. Kamilov informed participants about the plans of MoH to reform and re-equip the children's hospitals.

Dr. Tailhades noted that the IMCI strategy had a profound impact on the health system in general including primary health services, inpatient care, and health education. He particularly emphasized that the IMCI strategy was supported by the MoH, and the recommendations for management of sick children at primary inpatient institutions were approved by the prikaze (ordinance) # 155 of the Ministry of Health in 2007. Dr. Tailhades noted the role of the donors in supporting the initiatives of the MoH aimed at achievement of quality healthcare.

Dr. Kuttumuratova stressed the significance of the WHO strategy in providing high quality inpatient care to children. According to the recommendations of this strategy, every hospital should have the capacity to conduct major diagnostic studies and have the main drugs essential to treatment of acutely ill children. A comprehensive approach to improved practice was an important component of successful implementation of this strategy, enabling improvements in the practical skills and knowledge of doctors on the clinical management of sick children in inpatient care and permanent mechanisms of quality care (internal audit, mentorship, monitoring and evaluation).The wider implementation of the strategy would facilitate more successful achievement of the Millennium Development Goals including MDG 4 and MDG 5. Further, Dr. Kuttumuratova explained the goals and objectives of this meeting.

Goals and objectives of the workshop

These included:

- presenting the outcomes and recommendations obtained in the course of assessment of the quality of inpatient pediatric care in Uzbekistan;
- sharing experience in improving the quality of inpatient paediatric care;
- discussing the organizational and management aspects influencing the quality of inpatient care;
- conducting discussions and identification of limitations and gaps in implementation of quality inpatient care;
- developing recommendations for a strategic national plan for improvement of the quality of inpatient paediatric care in Uzbekistan, utilizing the outcomes of national assessment of the quality of inpatient care for children and conceptual WHO approaches to improve the quality of child care at primary inpatient institutions..

Presentations

Dr. R. Jubatova presented a report reflecting the current state of paediatric care in Uzbekistan. Currently the healthcare system was being reformed at all levels, but some factors were hindering successful implementation of reforms including the inadequate qualifications of health

workers, lack of succession in the service provision between health institutions and ambulance service, lack of uniform standards of diagnostics and treatment (inadequacy of health services provided) both on outpatient and inpatient level, and inadequate sustainability of implementation of new technologies retaining "old" stereotypes of managing childhood illnesses. The report underscored that for improvement of the quality of pediatric care, unified standards of diagnostics and care should be developed and implemented at all levels of healthcare incorporating the principles of evidence-based medicine. It was essential also to incorporate regulations in the pre-diploma and post-diploma training programs, supply modern equipment, disposables, and essential medications to the paediatric health institutions.

Dr. E. Stasii, WHO consultant, reported on the findings of the assessment of the quality of health services provided to the children at inpatient care services. The study had been conducted with the help of a WHO instrument to survey the quality of inpatient paediatric care. Analysis of the questionnaires had illustrated the shortage of adequate supplies and equipment at most of the primary and secondary level hospitals. Only 2 of 8 hospitals had stable electricity supplies, while 6 hospitals experienced periodic blackouts. One hospital had a backup source of energy in case of a blackout. Hospitals did not have stable water supplies: 2 experienced rare cut-offs and 6 of 8 hospitals often experienced a shortage of tap water. None of the 8 hospitals had detergents and soap for patients. According to the findings of the questionnaires, oxygen was always available at 2 hospitals, 3 hospitals had oxygen dosimeters, and only one hospital had an oxygen concentrator. Four of the 8 hospitals had artificial pulmonary ventilation for newborns. Three hospitals had phototherapy equipment. Only 4 of 8 hospitals had functioning X-ray equipment.

Main clinical procedures were offered by most of the hospitals surveyed, while some health institutions were only able to offer some services regularly: cerebrospinal puncture was done only at one hospital; venesection – at none, thorax drainage – at 1 of the 8 hospitals. Based on the findings of the survey, major antibiotics were available at most hospitals but some remained unavailable. Diazepam was not available at any of the hospitals at the time of the visit. Analysis of the data received at the time of visiting the hospitals and assessment of 87 cases illustrated that access to the health institutions was satisfactory. However, limited availability of free-of-charge drugs for treatment, free-of-charge testing methods, and lack of adequate meals made it difficult to hospitalize patients and thus reduced the accessibility of quality hospital services for sick children.

Assessment of specific cases identified a number of shortcomings in clinical management (diagnostics, treatment, and monitoring) of sick children at the inpatient hospitals of all levels. Thirty five per cent of 87 children surveyed did not need hospitalization. Ineffective and potentially dangerous therapy was prescribed for 76% of cases, clinical management was suboptimal in 81% of cases, and there were no clinical protocols/guidelines and/or clinical standards in 94% of the cases.

Problems were found in the inpatients' meals and in breastfeeding of newborns. In conclusion, recommendations were made in the report for addressing existing problems. For improvement of the quality of pediatric services at the inpatient hospitals, an integrated multi-lateral approach should be considered, involving:

- improving the clinical and practical knowledge of health workers in pediatrics;
- strengthening the healthcare system to support inpatient hospitals;
- improving knowledge at the family and society level to provide care to the healthy and to sick children.

Dr. D. Kobilova presented information on three years of experience of implementation of the strategy at the health institutions of Ferghana oblast. He noted that the outcomes of monitoring showed positive shifts towards improved quality of paediatric care but they were still insignificant. There were still problems in separating the patients and providing emergency care, the process of succession and sequencing was not being complied with, doctors did not always comply with diagnostics and treatment standards, and not all hospital administrators provided constant support. The prerequisites for successful implementation include improving the logistical base of hospitals, continuous monitoring, increasing the number of trained doctors, improving public awareness, and providing opportunities to share experience between various areas and institutions with achievements.

Dr. N. Karabaeva, an ADB staff member, presented a report on the outcomes of implementation of steps to improve inpatient care for children in 5 oblasts in the framework of the Maternal and Child Health project. Monitoring had been conducted on average 2-3 months after training. There were shifts towards improved quality of pediatric care but they were still insignificant. Problems were found in compliance with standard clinical protocols both in diagnostics and

treatment: there were still cases of unjustified hospitalization and unjustified prescription of drugs. Polypragmasy was still found and nutrition was not assessed. Oral rehydratation solution were not used in diarrhoea cases. There was no oxygen available and no provision for emergency care in the admissions ward. Also it was noted that positive changes were more substantial at the institutions with the support of the administration. There was no integrated mechanism for assessment of the inpatient pediatric service.

Group work

The working groups discussed the factors facilitating successful implementation of the strategy to improve the quality of pediatric care in the inpatient care institutions, detect barriers and gaps in their implementation, and find most optimal ways to address them. The participants were offered exercises to identify factors facilitating implementation of the strategy to improve the quality of inpatient pediatric care on national level (Group 1), health institution level (Group 2), and on HEI and SSEI level (Group 3). The outcomes were presented at the plenary meeting.

Group I - National level

Factors facilitating successful strategy implementation included:

1. support of MoH: order # 155 on *Inpatient Care for Child Population in Uzbekistan* issued on April 10, 2007;
2. working group established and national coordinator appointed;
3. adapted study materials available;
4. experience of pilot regions available;
5. training centres and IMCI centres in place in the oblasts;
6. service providers available locally;
7. trained national trainers available;
8. all health workers are interested in adopting the evidence-based medicine practices.

Hindrances:

1. inadequate financing for inpatient institutions;
2. differences in the HEI curricula with clinical protocols included in the guidelines;
3. **c**ontradictions in the regulations;

4. **i**nadequate accessibility of quality control of services in private clinics;
5. **i**nadequate public awareness;
6. **i**nadequate number of guidelines and study materials;
7. **l**ack of standard assessment instruments;
8. aggressive marketing of drugs;
9. absence of laws on marketing of breastmilk substitutes;
10. inadequate succession between “special” experts;
11. lack of a system for auditing institutions;
12. lack of the system of incentives for trainers;
13. inadequate involvement of practitioners at conferences.

Remedies to overcome hindrances:

1. establishment of a working group to review the content of training programs;
2. review of the curricula of HEIs and SSEIs and ensure their compliance with the principles of evidence-based medicine;
3. review of the financing mechanism of inpatient hospitals;
4. review and ensure compliance of existing prikazes relevant to drug policies at the inpatient institutions, laboratory service, and sanitary-epidemiological service;
5. review of drug policies.
6. drafting of the law on marketing of breastmilk substitutes;
7. inclusion of knowledge on IMCI and standard protocols on inpatient care to the evaluation standards of doctors;
8. establishment and utilization of the integrated instrument of assessment of the quality of health services at health institutions;
9. improvement of the supply of training materials, reproduction of essential number of copies, and dissemination through the IMCI centres;
10. creation of the mechanism of incentives for programme trainers;
11. facilitation of involvement of doctors at conferences;and
12. regular development and demonstration of thematic TV-clips and publication of booklets and other materials to improve public awareness.

Group Two. On the institutional level

Factors facilitating implementation of the strategy for improvement of quality pediatric care at inpatient institutions:

1. healthcare system reform programme;
2. prikaze of MoH;
3. trainers available;
4. trained staff available;
5. support of partners available;
6. adapted and approved clinical guidelines available, in accordance with evidence-based medicine;
7. health workers available locally;
8. availability of resources (financial and human resource); and
9. experience of pilot hospitals available.

Factors possibly hindering promotion of protocols for inpatient management of sick children:

10. inpatient hospitals were financed by the number of beds;
11. oxygen unavailable (no funding for centralized supply of oxygen);
12. lack/shortage of consumables (disposable-forks, masks, reductors, etc.)
13. not all essential drugs available in the pharmacies, titles of some drugs in the records did not meet the requirements of Prikaze 155.
14. premises for admissions ward for children at CRH not adequately equipped for rapid separation and provision of urgent care;
15. no staff position for child admissions ward at some CRH;
16. no clear criteria for who to be trained first (one should start with managers);
17. infectious disease specialists not involved in training and programme implementation.
18. thinking stereotypes changed very slowly;
19. health workers encountered problems with quality counselling for parents;
20. inadequate child care skills and knowledge of mothers or caregivers.

Remedies to overcome hindrances:

1. according to the PP-700, the issues of improvement of the infrastructure (oxygen, water supply, electricity, etc.) needed to be addressed;

2. at this stage, staffing patterns were being reviewed at the Ministry of Health. Proposals should be made to the MoH to change the norms to ensure compliance with prikaze # 155 of 2007;
3. the Central rayon hospital should dedicate staff positions for child acute care specialists.
4. the transition to capitated financing should be initiated. Advocacy among decision-makers.
5. rational planning of resources available at health institutions.
6. develop integrated standards for assessment of the quality of hospital care. They should be approved by the MoH and used by all inspectors.
7. initiative/working group should be established at the health institution. Achievement of the critical mass – at least 60% of doctors trained – at each institution.
8. cover all resuscitation specialists of pediatric hospitals and doctors of child infectious disease inpatient hospitals.
9. review the training curricula of health workers and make essential changes based on the outcomes of monitoring and assessment
10. conduct regular monitoring (internal and external) and analysis of the outcomes in hand.
11. make decisions based on facts and plan activities according to real data.

Group 3: HEIs/SSEIs

Factors facilitating implementation of the strategy for improvement of quality pediatric care at inpatient hospitals:

1. existence of prikaze # 155 and the need for implementation in the healthcare practices;
2. training at universities already started and trainers are available at departments;
3. availability of pocket reference books (available at HEIs)
4. good communication between academic institutions and clinical bases;
5. interest of students and future teaching;
6. support by the Ministry of Health and international organizations;
7. inter-HEI roundtable held on implementation of the inpatient care guidelines to university curricula.

Factors hindering implementation to the curricula of HEIs:

1. Often managers and oversight bodies were not familiar with new directives of the MoH (e.g. prikaze # 155 of 2007);

2. Shortage of trained human resources for implementation of the new principles of inpatient management of sick children.
3. Shortage of study materials and visual aids.
4. Shortage of hours at the departments. Changes in the academic hours can be made only after endorsement of the Ministry of Higher Education.
5. Prikazes of the MoH arrive at HEIs and SSEIs with substantial delay.
6. Conservative approach and inadequate understanding of the importance of the process of implementation of new technologies by the chairs and members of departments.
7. Inadequacy of clinical bases for training based on new requirements. For instance: admissions ward cannot demonstrate the process of separation.

Remedies to overcome hindrances:

1. create mechanism for early warning of special departments;
2. determine the resources and donor support for involvement of HEIs and SSEIs in the planning for implementation of new programs;
3. update standard curricula for students and doctors regularly.
4. developm mechanism for enhancement of the collaboration of departments and clinical bases in clinical work;
5. introduce new aspects of inpatient management of children into the questions for evaluation of health workers;
6. regularly present the outcomes of monitoring of implementation of prikaze # 155 to all stakeholders;
7. disseminate success stories of health institutions in the course of implementation of the strategy of IMCI in the broad medical community.

Main recommendations of the workshop

In the course of the workshop and working group discussions, the meeting participants developed recommendations which were considered essential for inclusion in the detailed plan of the MoH and donor organizations for improving the quality of inpatient care for children.

1. According to the PP-700, improve the infrastructure of primary pediatric inpatient health institutions (oxygen supply, water supply, electricity, etc.);
2. Initiate a review of the mechanism for financing inpatient institutions under the healthcare sector reforms.
3. Review and ensure compliance of existing prikazes on drug policies at inpatient institutions, laboratory and sanitary-epidemiological service.
4. Review, approve, and enact uniform standards and instruments for assessment of the quality of hospital care for children.
5. Working group will consider the workshop recommendations and develop medium-term (5 years) and short-term (1-2 years) action plans designed to improve inpatient care for children. The mechanisms of monitoring and assessment of implementation should be detailed and endorsed in the planning process.
6. Minimum critical mass – at least 60% of doctors trained – shall be achieved at each hospital. This to be done by training on the WHO strategy for improvement of the quality of inpatient care for resuscitation specialists of children's hospitals and doctors of pediatric infectious disease inpatient hospitals.
7. Conduct regular monitoring (internal, external) of the quality of hospital care for children according to the new standards. Conduct analysis of the data received and make changes in the action plan according to the data obtained. Promote dissemination of information obtained among all stakeholders and organizations.
8. Based on the outcomes of monitoring and assessment, review the curricula for health workers and make essential changes for effective training;
9. Ensure inclusion of new knowledge and skills for management of sick and healthy children based on the principles of evidence-based medicine in the doctor assessment standard.
10. Promote dissemination of positive experience of certain health institutions in the implementation of the strategy of hospital IMCI among the broader medical community;

11. Review curricula of HEIs and SSEIs and adjust them to comply with the principles of evidence-based medicine;
12. Set up the mechanism of timely information of special departments about new prikazes of the MoH of Uzbekistan.
13. Facilitate development and dissemination of information and communication materials in order to enhance public awareness on the issues of care for sick and healthy child.

Annex 1. Meeting agenda

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA

ORGANISATION MONDIALE DE LA SANTÉ
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ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

National planning meeting on improving hospital care for children

14 November, 2008 – Tashkent, Uzbekistan

AGENDA

08.30–09.00	Registration
09.00–09.20	Workshop opening. Welcome remarks by the Ministry of Health, WHO
9.20–09.45	Goals and objectives of the meeting, expected outcomes Aigul Kuttumuratova – WHO Regional Office for Europe
09.45–10.15	Current state of pediatric services of Uzbekistan *Rosa Jubatova – Director, Pediatrics Research Institute, chief pediatrician of MoH of Uzbekistan*
10.15-10.45	Experience of implementation of WHO guidelines to provide inpatient care to children in Ferghana oblast. Lessons learned. *Kabilova, D.K. – Chief medical officer of Ferghana oblast multi-profile center*
10.45-11.00	Coffee Break
11.00-11.30	Outcomes of assessment of the quality of inpatient child health services *Ekaterina Stasii – WHO consultant*
11.30-12.00	Discussion
12.00 – 13.00	*Lunch*
13.00-13.30	UzJD project activities focused on improvement of inpatient care for children. Lessons learned and planned activities.

	Nigora Karabaeva – UzJD Project Coordinator (ADB)
13.30 – 14.00	Discussion
14.00-14.10	Separation into groups and terms of reference for groups
14.10-15.30	Group work: 1. Organizers of healthcare system 2. Healthcare practitioners 3. Pre- and post-diploma education
15.30-16.00	*Coffee Break*
16.00-16.30	Presentation of group works and discussions
16.30-17.00	Recommendations of the Meeting
17:00 – 17:30	Closing of Workshop

Annex 2. List of Participants

14 November, 2008, Tashkent, Uzbekistan

№	Full name	Occupation
1.	Kamilov, A.I.	Deputy Minister
2.	Yadgarova, K.T.	Director, Main Department of Maternal and Child Health
3.	Michele Tailhades	Head of WHO Country Office, Uzbekistan
4.	Jubatova, R.S.	Director, Paediatrics Research Institute
5.	Najmiddinova, D.K.	Deputy rector of Tashkent Medical Academy
6.	Salikhova, K.Sh.	Deputy Director, Paediatrics Research Institute
7.	Usmanova, M.S.	Lead expert, Main Department of Maternal and Child Health
8.	Daminov, T.O.	Chair of Department, Tashkent Medical Academy
9.	Umarnazarova, Z.S.	Director, IMCI Center
10.	Alimova, Kh,P.	Chief medical officer, children's ward of Republican Emergency Medical Aid Center
11.	Khudaykulova, G.	Tashkent Medical Academy
12.	Shamsiyev, F.S.	Tashkent Institute for Post-Diploma Training, Department Chair
13.	Mukhamedova, Kh.T.	Tashkent Institute for Post-Diploma Training
14.	Akhmedova, D.I.	Deputy Rector of Tashkent Paediatrics Medical Institute
15.	Fayziyev, Kh. N.	Tashkent Paediatrics Medical Institute
16.	Gulyamova, M.S.	Tashkent Paediatrics Medical Institute
17.	Umarova Z.S.	Tashkent Paediatrics Medical Institute.
18.	Israilov A.	Tashkent Paediatrics Medical Institute
19.	Usmanova, R.M.	Chief medical officer, Tashkent Paediatrics Medical Institute
20.	Usmanova, N.A.	Deputy chief medical officer, Tashkent Paediatrics Medical Institute
21.	Khalikov, A.I.	Chief of ward, Tashkent Paediatrics Medical Institute
22.	Aliev, A.L.	Chief of ward, Tashkent Paediatrics Medical Institute
23.	Kuchkarov, S.B.	Ferghana Oblast Health Department
24.	Olmosov, G.	Chief paediatrician, Kashkadarya Oblast Health Department

25.	Mirzakulov, Ch.	Chief paediatrician, Surkhandarya Oblast Health Department
26.	Suvonov, U.	Chief paediatrician, Samarkand Oblast Health Department
27.	Nurimbetov, Kh.	Chief paediatrician, Khorezm Oblast Health Department
28.	Shamsiddinov, A.S.	Chief medical officer, Bukhara OMMДЦ
29.	Khamidov, I.M.	Chief medical officer, Andijan OMMДЦ
30.	Rashidova, D.	Chief medical officer, Jizzakh OMMДЦ
31.	Avezov, Sh.S.	Chief medical officer, Khorezm OMMДЦ
32.	Kabilova, D.K.	Chief medical officer, Ferghana OMMДЦ
33.	Rakhmanov, A.A.	Chief medical officer, Namangan OMMДЦ
34.	Ruzieva Yu. S.	Chief medical officer, Surkhandarya OMMДЦ
35.	Mirzakhanov, A.	Chief medical officer, Syrdarya OMMДЦ
36.	Mirzarakhimova, S.	Chief medical officer, Tashkent OMMДЦ
37.	Sabirova, M.	Chief medical officer, MMДЦ of Karakalpakstan
38.	Jalilov, B.M.	Deputy chief medical officer, Samarkand OMMДЦ
39.	Muratkhujayeva, A.V.	Chief medical officer, Children's clinical hospital # 5
40.	Sultanov, Kh.K.	Chief medical officer, Children's clinical hospital # 3
41.	Mirzasharipova, M.	Ferghana OMMДЦ
42.	Ubaydullaeva, I.M.	Ferghana Health department
43.	Navruzova, Sh.R.	Pediatrics Department, Bukhara Medical Institute
44.	Sharipiva, N.J.	GP Centre, Bukhara Medical Institute
45.	Akhmedova, M.M.	Pediatrics Department of refresher department, Samarkand Medical Institute
46.	Khakimova R.Kh.	Tashkent Oblast Health Department
47.	Ortikova	Tashkent Oblast Health Department
48.	Mukhamedova N.A.	Tashkent city Main Department of Health
49.	Eshniyazova N.	Paediatrics Research Institute
50.	Akhmedova, I.M.	Paediatrics Research Institute
51.	Utepova, G.B.	Paediatrics Research Institute
52.	Kim, O.V.	Paediatrics Research Institute
53.	Pulatova, M.	Paediatrics Research Institute
54.	Shogiyosova, N.	Paediatrics Research Institute
55.	Muratova, N.	Tashkent Institute for Post-Diploma Training
56.	Rahmatullaev, Kh.	Chief medical officer, Kokand children's hospital

57.	Fuzaylova, N.	UNICEF
58.	Karabaeva, N.	Joint Project Implementation Unit
59.	Abdullaev, N.	Joint Project Implementation Unit
60.	Tsoy, E.	ZdravPlus project
61.	Ekaterina Stasi	WHO consultant
62.	Aygul Kuttumuratova	WHO Regional Office for Europe
63.	Fakhriddin Nizamov	WHO Country Office, Uzbekistan
64.	Zulfia Atajanova	WHO Country Office, Uzbekistan