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**Uzbekistan profile of the Sexual and Reproductive
Health (SRH) services available at PC level**

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Assignment

Design your country profile of sexual and reproductive health services available at primary care level ([The role of primary care in enhancing sexual and reproductive health – Laura Guarenti](#)).

Introduction

In recent years, primary health care in Uzbekistan has seen dramatic changes in organization, management and financing. The Soviet multi-tiered system of primary care is being replaced by a two-tiered system, consisting in rural areas of rural physician points (SVPs) and outpatient clinics of central rayon hospitals. A state-guaranteed benefits package of primary care services has been introduced and financing is increasingly based on capitation. In addition, a considerable number of physicians and nurses have been trained in general practice. There are, however, a number of challenges that remain. One of them is the considerable regional differences that exist in health financing. Another challenge is that some rural areas have difficulties attracting primary care workers. Overall, the institutional and financial link between primary and secondary care needs to be strengthened, as at present GPs have an incentive to refer patients to higher levels of care, which is financially inaccessible for large parts of the population.¹

The Uzbekistan health care system

In the post-Soviet era, the quality of Uzbekistan's health care has declined. Between 1992 and 2003, spending on health care and the ratio of hospital beds to population both decreased by nearly 50 percent, and Russian emigration in that decade deprived the health system of many practitioners. In 2004 Uzbekistan had 53 hospital beds per 10,000 of population. Basic medical supplies such as disposable needles, anesthetics, and antibiotics are in very short supply. Although all citizens nominally are entitled to free health care, in the post-Soviet era possibilities to illegally bypass the slow and limited service of the state system exist. In the early 2000s, policy has focused on improving primary health care facilities and cutting the cost of inpatient facilities. The state budget for 2006 allotted 11.1 percent to health expenditures, compared with 10.9 percent in 2005.²

Primary health care

The 1996 law on health protection was a major first step in the Uzbekistan's health sector reform, since it contains a vision for the future health care system and recognizes a number of principles, such as the universal right to health care, access to PC services for the whole population, and prevention as a priority for the health sector. Furthermore, it safeguards the confidentiality of patient information and the protection of patients in case of harm resulting from medical intervention. On the supply side of health care, the law defines who may be involved in clinical practice and the responsibilities of physicians. In January 2006, an incentives-based payment schemes for physicians was introduced. Salaries are related to the volume, the complexity and the quality of the care provided.³

The latest development of PC sector is the Presidential Decree issued on 19 September 2007, specifying current challenges and priorities. Continued attention needs to be paid to a number of

issues, such as: the effectiveness of prevention, health care management, poorly organized diagnostic services, the monitoring of pregnant women, modern medical training and teaching and a more important role for scientific evidence. As answers to these challenges, the decree promotes the creation of high-level national expert centers, improved retraining for GPs and further facilitation of private practice. The quality of care in rural primary care units, known as SVPs, and family polyclinics should be improved by the creation of coordination and support structures at district level.³

Public primary care services are available to all without charge. For prescribed medicines, co-payments apply (except in the case of vulnerable groups). Private health services are fully paid out of pocket.

Quality of SRH services

In June 2011, the United Nations Population Fund released a report on The State of the World's Midwifery. It contained new data on the midwifery workforce and policies relating to newborn and maternal mortality for 58 countries. The 2010 maternal mortality rate per 100,000 births for Uzbekistan is 30. This is compared with 44.6 in 2008 and 61.1 in 1990. The under 5 mortality rate, per 1,000 births is 38 and the neonatal mortality as a percentage of under 5's mortality is 48. Maternal mortality has not declined significantly since 1995.

A national policy for maternal and newborn health services has been developed, and a policy for the provision of free maternal and child health care services is in place. Midwifery is considered as a specialty of nursing. A two-level system for midwifery education has been introduced with the aim of improving the quality of midwifery services. The division of responsibilities and tasks between obstetricians and midwives during delivery is reportedly unclear and presents a challenge in the work environment.

This data represents progress in quality of provided SRH services, however a big gap for improvement still exists.

Location of SRH services

Most of the SRH services are located in big cities and suburban areas. There are very few medical centers in small rural and remote areas. In the new system, GPs are the core of primary care. The basic unit for primary care in rural areas is the SVP. In cities, family polyclinics will be the basic units, but this transformation is still ongoing.

Human resources who provide the SRH services

In Uzbekistan SRH services are provided by head physicians, general practitioners, home care nurses, primary care nurses and midwives.

Most of the deputy district head physicians in the three biggest provinces are male and well advanced in their forties. In Tashkent, the gender balance is the least skewed, at one third women. In Syrdarya (Uzbekistan district), there was one woman among the nine doctors, while in Fergana (Uzbekistan district) all were men. The age of the doctors was relatively high. In Fergana and Tashkent, the average age was mid-40s and in Syrdarya it was almost 50.⁴

Competencies of health care providers

During the period 1998-2005 medical education became subject to accreditation and a licensing scheme was introduced for professionals. Medical education should prepare medical students with skills and tools for monitoring and improving their professional performance – alone or in a team. With regard to their education, the majority of GPs had completed postgraduate training in general practice. However since general practice is a relatively recent postgraduate programme, more than 70% of GPs in used to be either a district physician (internal medicine specialist) or a pediatrician.

So far, the GP retraining programme has produced 2335 newly trained GPs, while 620 are currently being retrained. Equipment in 2300 SVPs and 29 urban outpatient clinics has been upgraded. GP training centers have been established in all provinces.

Official job descriptions were reported to exist for all the main primary care disciplines and they contained the basic elements that could be used for evaluation of performance. The list of primary care professions for which a job description exists include: GPs, pediatricians, internal medicine specialists, primary care nurses, home care nurses, midwives/birth assistants, physiotherapists and pharmacists. Each of the job descriptions detailed at least the following topics: specified tasks and responsibilities; required level of knowledge and skills; requirements for keeping up-to-date.

Experts concluded that current continuing medical education programmes responded sufficiently to the need to keeping up to date. GPs need to pass a qualification exam every five years. As well as this, GPs and nurses need better clinical and other information for feedback on performance. This is a priority of the primary care reform.³

In Uzbekistan, deputy head doctors in the districts are responsible for the quality management of primary care services. Three elements were reported to be almost general practice for head doctors in the three Uzbekistan districts: personal development plans for staff; specific staff training for quality improvement in medical care; and regular reports on staff and their activities. Head doctors also confirmed that physicians and nurses in their districts spent sufficient time improving their professional knowledge and skills. Quality improvement is much more than a one-way process of inspection and transfer of knowledge; GPs seem to be actively working on different aspects of the quality of their services. Most of them would like to provide patients with better clinical information and treatment details and improve health education. Improvement of medical record-keeping was mentioned as a priority by most GPs.³

Improvement of PC in Uzbekistan

In capital of Uzbekistan, Tashkent, head doctors generally find that conditions and means for quality management are insufficient. Two thirds of the Tashkent health care providers consider they have insufficient access to external information.

Although policy-making was thought to be a well developed area, there are still gaps in legislation: for instance, in setting norms and standards of care and further development and implementation of clinical guidelines.

Lack of electronic medical record systems can be considered an obstacle in PC development. Electronic medical record systems should be promoted in primary care, as well as electronic access for primary care workers to external sources of information.

It is also important to find and allocate necessary resources for the implementation of innovations.

In general, no major obstacles to the improvement of primary care were perceived, however the following points may slow down the pace of change: the subordinate role of primary care (compared to other levels); the current attitude of health care workers; the weak position of patients (who are not well organized); and the lack of nonfinancial resources (for instance, information, skills, modern training methods, support).³

Barriers to access SRH services

The Uzbekistan is still largely rural: the biggest part of the population lives in rural areas. For these people SRH services are hardly accessible. Most of the medical centers are located in cities and suburban areas, and there is a lack of them in remote areas.

Another barrier for many women and adolescents to access SRH services are local conservative traditions, beliefs and customs. Despite government order decreeing SRH be taught in schools, most teachers feel ill equipped to teach this subject. Traditional parent-child relationships in Uzbekistan discourage frank discussion about sex. The Uzbek health system had no protocol to routinely offer youth friendly SRH services. Health workers often times feel uncomfortable providing information on SRH to young or unmarried people. Due to mentioned factors low percentage of youngsters turn to health providers when they need counseling on sexual and reproductive health.⁵

References

1. Ahmedov M, Rechel B, Alimova V, Azimov R. Primary health care reform in Uzbekistan. *Int J Health Plann Manage.* 2007 Oct-Dec;22(4):301-8.
2. Uzbekistan country profile. The Library of Congress Federal Research Division. Uzbekistan country profile. 2007 Feb. Available from: <http://lcweb2.loc.gov/frd/cs/profiles/Uzbekistan.pdf>
3. World Health Organization. Primary care quality management in Uzbekistan. Copenhagen: World Health Organization; 2008.
4. The State of The World`s Midwifery. United Nations Population Fund . 2011 Jun. Available from: http://www.unfpa.org/sowmy/resources/docs/country_info/profile/en_Uzbekistan_SoWMy_Profile.pdf
5. Ruth Madison. Project Hope. Reaching out to youth. 2009 Dec. Available from: http://www.flexfund.org/workshops/hope_uzbekistan.ppt