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Round table  
“Reforming the Health Sector: Issues and Solutions”  
15:00-16:30, 21 July 2006

**Moderator:**

Muratbek Imanaliev, President of the Institute for Public Policy

**Discussion speakers:**

1. Kasymbek Mambetov, Deputy Minister and State Secretary of the Ministry of Health
2. Bolot Maripov, Deputy of Jogorku Kenesh (Parliament)
3. Almaz Ismankulov, Director of the Eye Microsurgery Hospital
4. Toktokan Borombaeva, Executive Secretary of the National Council on Women, Family, and Gender Development Issues under the President of Kyrgyz Republic

**List of participants:**

1. Ainura Ibraimova, Deputy Minister of Health, and Director General of the Fund for Obligatory Medical Insurance
2. Madamin Karataev, Deputy Minister of Health
3. Ludmila Shteynke, Chief State Sanitarian Doctor of the Ministry of Health
4. Almaz Imanbaev, Head of the Department of Strategic Planning at the Ministry of Health
5. Melis Madybaev, Director of the Health Development Center
6. Gulmira Aytmurzaeva, Director of the Center for Health
7. Elena Bayalinova, Press Secretary at the Ministry of Health
8. Nurgul Arystanbaeva, Press Center of the Ministry of Health
9. Dinara Joldosheva, Acting Head of the World Bank Mission, Coordinator of the Credit Portfolio
10. Svetlana Rogojnikova, National Coordinator of the Swiss Development Health Office
11. Asel Sargaldakova, World Bank Expert on Health Issues
12. Esen Turusbekov, Program Coordinator, DFID
13. Baktykan Tolonova, the Association of the Family Doctors Group
14. Raushan Abdylidaeva, “Interdemilge”
15. Gulmira Asanbekova, “Maksat” Public Fund
16. Nazgul Turdubekova, the Youth Human Rights Group (YHRG)
17. Maxim Novichenko, Columbia University

**Muratbek Imanaliev:** Health has not only a medical dimension, but also social, economic, and even political dimensions. The state-building of any country is based on three main components: the socio-economic base, cultural values, and behavior parameters or people’s norms. Therefore, the last two important components are connected precisely with health. Health culture and physical culture are an inherent part of culture in general, and the problems of healthcare concern all of us.

Civil society is interested to what extent the healthcare system is able to solve the problems that have existed before, that are emerging now, and that will possibly emerge in the future.

One of the ideological, and to some extent political functions of the healthcare system is the formation of a world outlook related to the cult of health, which is the case in many western countries. Much needs to be done in this sense in our country. Naturally, we all understand that when we talk about healthcare, it is not only a problem for the Ministry of Health, our hospitals, clinics, medical work-force, or our Government, but also for society in general.

Let me give the floor to the State Secretary of the Ministry of Health, Kasymbek Beishenbekovich Mambetov. It is interesting to know how the Government perceives these problems.

**Kasymbek Mambetov:** The Ministry of Health has regularly worked on these issues starting from 1991, after the breakdown of the USSR; we had to face many problems on our own. We have partially switched from costly, protective, free of charge, medical-sanitary care to market relations, and during the first five years these processes were going disjointedly. We did not know where to go or how to proceed. There were one-time attempts by international donor organizations and various financial institutions to help us solve these problems, but they were desultory.

The process of reforming our healthcare sector has extended for precisely ten years, starting from 1996. In that exact year, we started reforming in a thorough and systematic way. We are now working under a second program, having mastered the first program, “Manas.”

Our main customer is the population, and only it can feel all “pros” and “cons” of this reform. We have tried to turn over the so-called pyramid, so that the basis moves to the first level of healthcare. By basis I mean the physical and economic availability of medical and pharmaceutical services to ordinary people, especially in difficult to access, remote regions and for socially vulnerable groups of people. We have started to institute family medicine; throughout the CIS, we were the first ones who developed and started to introduce state a medical policy. Many things were done in order to increase the amount of medical equipment and to improve techniques; many things were done in order to improve the quality of service provided in medical-sanitary care.

In the first stage of healthcare sector reforms (1996-2005), much work was done. The reform process has received general approval. Not everything we wanted has been realized, which is natural if one takes into account the amount of financial funding, extremely low salaries, the catastrophic outflow of the medical work-force, increases in prices, and other objective factors.

We have costs, and there are yet unaddressed problems. We are trying to be open and transparent. It is pleasant to note that according to the results of the first wave of reforms, we have decided to put emphasis on the population, on the individual, in order to produce, as you say, a cult of health. Of course, we are far behind the vision that exists in the West, but we have made the first steps and we have gained good experience: the Djungal model and the Naryn experience, which we have been distributing throughout entire country. I believe that we will reach our goal, and we are pleased about that.

Currently, we are working on bringing the cooperation between civil society, NGOs, public medical organizations, and private medical organizations closer together. We think that there is a lot to be done. “Manas Taalimi” is a unique program which does not have an equivalent

elsewhere in the post-soviet area. The wide-sector approach is, of course, new for us. I am grateful to the donor community for starting this pilot project with us with confidence. They trust us, which has been confirmed by the fact that fifty-five million USD were provided by donors for the five years of program implementation. This is in addition to the budget of the health system.

We are doing many things in order to reduce the burden on financial expenses, especially for vulnerable groups of the population. This year, we have undertaken serious steps, without waiting for grants (thanks to the Government), including the abolition of co-payment for children under five years of age, pregnant women, women in childbirth, and for our respected veterans older than seventy-five years of age.

We have decided to choose several priorities for this year: tuberculosis, pulmonary health, maternity, and childhood protection. Unfortunately, the issues of maternal and infant mortality remain of immediate importance; on this issue, we rank quite low among CIS countries, which concerns us. Therefore, we are working on it everyday. We have many questions now on brucellosis and other infectious diseases, which also greatly harm the working population, raising the ratio of disabled people.

The “Millennium Development Goals” provide a direction for us, through which we are working on poverty reduction. We have been trying to tie it all closely together and put everything in one context so that there would be additional support for the budget from a sector-wide approach (SWA).

It is necessary to strengthen primary healthcare (the center for family medicine, the group of family physicians, and medical assistance centers), to increase the level in those areas where the network is most poorly developed (making an emphasis especially on the medical emergency service) so that we could sell our pharmaceutical medications in those places where there are no drugstores.

We want to move away from those moments when we had such a universal approach. Now, we want to work with a targeted approach, selectively, in a differentiated way; we have decided to become more flexible. Before, reforms were aimed at the whole country, and now we want to place the emphasis on each region. No two regions are similar; no two oblasts are similar. Even Bishkek must not copy Osh or Kyzyl-Kiya. Although our country is small, there are great differences and peculiarities within it. In other words, we must be more flexible and efficient with respect to all of these peculiarities.

The most important thing, I believe, is that there were, are, and will be positive moments in our reform. Of course, there will be some costs in this reform, but we are working on it.

**Muratbek Imanaliev:** I have a question to Maripov. From the parliament’s perspective, how do you see the problems of reorganizing or reforming the healthcare sector? Furthermore, how could parliament assist in the development of this reform?

**Bolot Maripov:** If you do not mind, I would also mention some experience that I had when I was a journalist. Concerning the parliament’s position on this issue, I must say that I am among those who came to parliament most recently; therefore, I have small parliamentary experience in this regard.

I am concerned with the fact that our decision-making center in many spheres, including medicine, has actually shifted toward donors, to the World Bank in particular. Without

depreciating or exaggerating its contributions, I will nevertheless state the opinion of the majority of people, which is that the quality of medical services has greatly declined.

Once I had the chance to interview quite a lot of participants in projects which were initiated by the agencies of different countries, including the World Bank and IMF. Everything that I was told off the record by numerous consultants who had been assisting in the implementation of those projects had one idea in common: Look at what happened in African countries and in many Latin American countries: Their economies and systems of public services were practically destroyed, mainly because of the efforts of such agencies. I do not think that they originally had some kind of sabotage plans in mind. Nevertheless, I think that we must stop perceiving what donors and international organizations say as the truth of ultimate authority. Even if these experts are well qualified, we have our own peculiarities, as the State Secretary of the Ministry of Health has mentioned, and we need to take them into account.

Today, the centers of family medicine have turned into some kind of strange conglomerations. For example, I myself, and many of my acquaintances, have practically stopped visiting those centers. There is hope only for some trustworthy doctors, and, unfortunately, most of them are from our generation. Frankly, I do not know where we will go in the future. I am concerned with the fact that the system of upgrading doctors' qualifications has practically disappeared. Every time I deal with doctors, I torture them and ask questions: how do they upgrade their qualifications, what do they do, what opportunities do they have? It turns out that one of the main channels of upgrading qualification is seminars and conferences which are conducted by companies that promote their products.

The case of medical malpractice causes great anxiety, because as far as I know, the wider public is not informed about medical responsibility.

I can demonstrate the case of one of my constituents. She was supposed to have heart surgery, and the doctor prescribed a medicine to take – intimate gel. He made the patient take this “medicine”....

This is happening because many doctors, due to their low salaries, have to sell medicines, bio vitamins, etc.

I would very much like to see the establishment of more than one, two or three independent research centers or institutions which would work on the development of policy in the healthcare sector. Just as in many other spheres in our case, the executive structures are not actually working on this issue. What we have as the result of it, we can see in practically every ministry. Of course, I do not want to depreciate the accomplishments of the people who work in the healthcare sector. I think that for many of those, it is a feat that they work while having such small resources. I know there are specific criteria on allocating funds for medical services, and that we are far behind according to these indicators, at minimum by three, if not by four times. Of course, it is impossible to do anything with such money.

One of the ways to solve this problem that I see lies, of course, in getting adequate funding. By the way, this point is relevant not only for the healthcare sector. We need to change the planning system and the budgeting system as a whole, because each year practically the entire country gets stuck on the same knob. In other words, when distorted standards are put in place, it is related both with salaries and with funding in general.

When next budget for 2007 will be composed in September. It would be preferable for us to receive adequate numbers, because we will have to live according to that model: pay little salaries, maintain hospitals and polyclinics for small findings, etc.

In my view, the solution to this problem lies in the establishment of such centers as would provide their own alternative points of view, their alternative development programs. As far as I know, we have two doctors in parliament, and deputies have to choose from what is given, since decision-making equals coping with information. By the way, I had a chance to participate in the process of planning the budget for 2006, and would like to say that frankly, the information is sparse, completely insufficient.

During the budget approval process, we had little factual guidance. I think this is one of the main problems.

In order to create alternatives to state medicine, I also would like to talk about medical insurance. In order to allow this sphere to make its weighty contribution, we must introduce some changes here, in the activities of insurance companies in particular. There is a need for calculations, models – things that we do not have, at least not today.

**Muratbek Imanaliev:** Now I would like to give an opportunity to Professor Almaz Ismankulov to express his ideas as a representative of the private medical sector.

**Almaz Ismankulov:** This, by the way, is the first round table to which I have been invited. There was no reaction from Ministry of Health to my more than two hundred publications. That is why participation in this round table is pleasant for me, because this is an opportunity to exchange ideas. You know, doctors always have many anecdotes on medical themes. One of those goes as such: “One patient comes to a psychiatrist, and the psychiatrist asks him to tell everything from the beginning. So, the patient starts with the words: ‘In the beginning, I created the sky and the earth.’” In other words, to become like this patient, perhaps it is necessary to start from 1985. At that time, the Soviet Union was greatly loosing to the West in the technological race, and we were trying to compensate this gap by the quantity of doctors. In principle, this is one of the possible options for such extensive development. However, by the time of *perestroika*, it turned out that we had four times more doctors per head than, let’s say, in London. This situation is quite a serious preponderance.

You have given the floor to me as a representative of the private sector, but I would like to say that when twenty-nine years old, I was a Doctor of Medical Science; I was among those doctors who had to leave medicine. I returned from the Fedorov clinic, where I had been working on a conveyor belt, making 60 surgeries each day, and the local medical structure said: “You are not needed,” because according to the Labor Code, whoever came last has to leave first – it is a very “wise” rule.

There are many new doctors who were neglected just because they were not needed, and we have had very dramatic destinies. If you take a walk through Dordoi market, you will be able to see a large number of our schoolmates. In our school, Alla Fridman had the highest IQ: two higher educations. Not far from here, there is a shop, “Svetoch,” and if you go there, you can find her selling computers. Once we were copying everything from her in school. I can give many such examples. People have lost their professions. If we speak from an economic point of view, the Government has spent money on these people, but they have dropped out totally. I do not want to blame the Ministry of Health, because it has always perceived critiques too personally. That is why I offer to construct the story in this way: Let’s assume that we are talking

about Burkina Faso, not Kyrgyzstan, so it will not be associated with our Ministry of Health, but with the Ministry of Health of Burkina Faso.

**Muratbek Imanaliev:** Don't you think they will be offended? (Everybody laughs)

**Almaz Ismankulov:** I think they won't have time to enter the website. By that time, we will all have run away. I think that each sector consists of two parts – it is like a glass with water. The glass is the material part, and the water in it is the social part. Doctors are people who work in the social sphere. Let's assume that we are one department: you are the chief doctor, and we will not be able to re-elect you somehow. However, since your uncle is sitting in the Supreme Court, we will not be able to remove you, because any one who dares to object will lose his job. This is a very serious situation. Now, each of us has some kind of minimum, because we have to earn money. For example, I have two children, and I want to feed them in the evening. That is why I, in any event, will find an opportunity to earn some money – whether I am selling bio vitamins, or making surgeries that are not necessarily needed by patients. When your children are hungry, you will find the words to convince the sick person that it would be preferable to make this surgery...

I think that we, doctors, should have spoken honestly to people in the beginning: “In any event, we will take this money from your pockets.” Whether it will be through funding or direct payment, departmental money or individual clients, or through taxes – people will pay for everything; nothing is for free. It is exactly these things which were not told to the people. I do not know why.

Some people are more enterprising, some less enterprising; some have left, some have remained; some have gone against their consciences, and some have not. There are some people who live today half-starving and terribly dressed because they are not able to cross this barrier, are not able to blackmail, and in some sense they are pitiful. They are morally pure, but have suffered the most from the situation.

Regarding the material part, it is quite a serious aspect. This office, possibly, belongs to somebody. It is quite evident that it is nice here; repairs were made. Unfortunately however, there are no owners in the hospitals even now, which is a serious obstacle. Each of us – doctors, surgeons, etc. – earns money. In principle, in the evening we could happen not to be here, but instead gather in a restaurant or somewhere else and agree on a deal: “Let's make personal contributions.” It is not important currently whether we earn money legally or illegally. We could set up new equipment, but we are not able. Why not? Because if we make contributions today, tomorrow you can fire me; therefore, if I make my contributions today and then tomorrow I can be fired, I will not do it, because there is no guarantee that I will benefit. Moreover, when I take money from a patient, I am immediately violating the Criminal Code. I will never admit that I am taking money from a patient. However, if, for example, I have made a surgery, and, perhaps, there were complications due to objective reasons, and sometimes because of the patient himself, I am in severe moral dependence on the patient, because I have to perform the dance of a workaholic bee. This position is very unpleasant, because sometimes I am not guilty, sometimes guilty, but there are no civilized relations between people, between patients and doctors.

Now, regarding the material base – this is also a very delicate question. To whom do lands under the hospitals belong, do you know? They belong to the committee on land tenure. Moreover, if we go deep into legal issues: our land, as it turns out, does not belong to our country at all, because after the breakdown of Soviet Union there appeared no official document which would legitimize the land as belonging to our country. Up to this day there is no such document, which

is a very serious thing, because one could say: “Take your bricks, and free the land.” To whom do the buildings belong? If they are city hospitals, then they belong to the committee on municipal property governance, or to the Fund for State Property. In other words, doctors are not the owners of their buildings. How do you think the medical work-force can work effectively if they are subordinate to one department, their building to another department, funding is given by a third source, and the land from a fourth source? That is to say, it reminds one of the year of 1937, when there were no owners: *kulaks* were to be shot, the rest to be repatriated and sunk into poverty. This is the economic aspect.

Now, regarding the triumphant reports, I understand the happiness of the Ministry of Health of Burkino Faso when one country says: “We will give you a grant.” This has transformed into an interesting phenomenon since Akaev’s period. By the way, now it is customary to pick on Akaev, but I would like to say that his intellectual capacity was very high. It is more noticeable from afar today than when he was working. In the time of his rule, it became the fashion that receiving a grant was an accomplishment. I, for one, think that this perspective is not correct. If my son approaches me and says: “My grandpa gave me some money” – it is a shame, because if my son went and earned money, that is a fortune in the family. This is my personal opinion; maybe I am wrong.

Now, concerning the money that is flowing in, it is distributed according to a specific system, of course. I will give you one example. There is an outflow of the medical workforce from villages. We all understand this perfectly well, because nobody wants to live for that salary, in that infrastructure, in that cultural area. However, right now we are equipping little hospitals with expensive apparatuses. Thus, there is a question: “Should we have started differently? Maybe it was necessary, firstly, to strengthen and train personnel, and then equip hospitals with expensive apparatuses.”

Unfortunately, the greater portion of apparatuses are sophisticated, and it is quite difficult to exploit them, because it is currently very hard to find specialists in the city who could professionally work with those apparatuses. For this reason, I join Bolot Maripov’s statement in this case, regarding prescriptions that do not always make sense. Moreover, maybe those companies and donors are doing their activities while thinking about their manufacturing interests and apparatus.

Furthermore, the changes in the system were on the right track, at least according to the track that was chosen originally. For example, individual payment was established, which is a very correct idea of FOMI (Fund of Obligatory Medical Insurance), as Ainura Sultanovna knows perfectly well. It is a well-created system. Today however, Ainura Sultanovna is subordinate to the Ministry Health, and it turns out that we, private, religious, and foreign clinics, have to fight for this money. She must be independent and must prefer, for example, my clinic instead of Kasymbek Beishvekovich’s, to whom she is subordinate.

**Ainura Ibraimova:** I have chosen your clinic, despite the position of the Ministry of Health ...

**Almaz Ismankulov:** No, no. In reality, it is the only private clinic, with which a contract has been signed...

**Ainura Ibraimova:** Excuse me, may I interrupt you, because it is very important. Other private clinics do not want to work with us, though I have offered them the opportunity. Do you know why they refuse? Because they do not want transparency, and they immediately say that they are afraid of taxation.

**Almaz Ismankulov:** I agree with you, but I tell you that our flag officers also do not wish to sign any agreements with you. Don't you agree with me? Not all clinics have signed agreements with you, right?

**Ainura Ibraimova:** Absolutely all of them have signed. As for private firms, I have offered it to many, and those firms have found out about our system: that it is transparent; all information about payment for services is publicized. They said: "Ainura Sultanovna, will this information go to the tax inspection? We do not need it then." And that is it; so please do not say that...

**Almaz Ismankulov:** Then you can praise me; I have nevertheless taken your contracts. The last thing that I want to talk about is the result, about the attitude of the population to its health. I am very pessimistic about this issue. Why? Because I think it will not work through oral education. For example, how are people made to follow the rules of road traffic in the West? Very simple: you can violate them if you want, but please pay the money for your violation, and the system of car insurance will make you into a "morsel" already in the next year. Next time, you will allow all the drivers who violate the rules to pass you, because if you crash with them somewhere, you will also be bitten by the insurance system. Unfortunately, our insurance system is not insurance in its full meaning, because if we are sick, it does not constitute an insured misfortune. The insurance system functions just as a financing system, in an enforcement manner. It is not clear why all financial flows go through without control by cash register; since there is some kind of financial flow in the country, it should be monitored. I understand that it is great that we have, let's say, one hundred million USD in grants. It is good in principle, but I am more than convinced that today, let's say, the "Dordoi" market does not deal volumes of one billion USD.

I am convinced that the elasticity of demand in medicine is almost zero; people are and were sick. If one checks the statistics of the patients' appointments, then the Revolution in Kyrgyzstan has not influenced our clinics in any manner. On the day of the revolution, on the next day, and today, people are going through medical treatment with the same frequency. I think that if we could create some kind of transparent market for medical service, then we, in reality, would receive much more money as investments, as well as earn it by our own work. Then, all work would be honorable; physicians would work, and new working places would be created. For now, reforms are in the process. I am not saying that it is going badly, but it is an attempt to keep the soviet system, which is principally impossible...

**Muratbek Imanaliev:** I would like to give the floor to Toktokan Joluevna, Executive Secretary of the National Council on Women, Family, and Gender Development Issues under the President of Kyrgyz Republic.

**Toktokan Borombaeva:** First of all, I would like to thank the Institute for Public Policy for inviting all of us for an open discussion. I had such a full schedule for today, literally six to seven meetings, but despite that I shifted two meetings after receiving an invitation and being informed about the goal of this roundtable.

Annually, our secretariat conducts an analysis on each Ministry and issues booklets on gender aspects of healthcare, education, etc. On first page of the booklet, you can see that the level of maternal mortality in Kyrgyzstan is one of the highest among Central Asian states. Even if we make reforms a thousand times, the most important thing is the result. What has been the result? The results are the followings: the coefficient of infant mortality among boys is much higher compared to that among girls. That is why we have so few men in the country. Boys are born more often, but they die more often; in addition, we lose men because of drug addiction, AIDS, etc. The mortality rate from tuberculosis is three times higher among men compared to that among women.

We publicize all the hot issues for public discussion, conduct special activities, and develop recommendations. The President's decrees or programs are adopted based on these recommendations.

When we conducted a case study on children, we were terrified. For the first time, we submitted to discussion all the negative facts regarding homeless children, who live in undergrounds, regarding children who are in prisons, children pushing wheelbarrows... We have made forty information stands, two video films, and six video rollers. We placed all stands in the Presidential Administration building for three weeks, so that the President could also see what the situation of children is in the country.

From year to year, we were given tasks to formulate a national program for the protection of the population's reproductive health, first through the program "Ayalzat," and then through the National Action Plan on gender development. It was written, and each year it has been moving from one program to another, but nothing has been done. The Ministry of Health has created a working group together with us. We spent literally three months making a very good document and analyzing everything. Of course, not many people liked it, because they did not want to publicize all the problems. Still, we decided, "Let's not hide anything, but show all the facts." As a result, by this Saturday, the President approved and signed this program.

We have the program "Manas Taalimi." Today, I met with three big donors who are doing needs-assessment in Kyrgyzstan. I told them: "You all always talk about gender issues. However, unless we solve family problems and social problems, it will remain far beneath the politics." I raised a series of questions. First of all, we need to improve the situation in the regions, so that people would not have to run to Bishkek in order to get comprehensive medical services, place their children in good schools, and get a job. All of these needs should be satisfied locally in the regions. We do indeed need to improve the prestige of the medical workforce and teachers. I said: "You donors, please think about how to improve specialists, how to train them."

We have argued many times about how to improve the quality of medical services and the prestige of the medical workforce in the villages. They have agreed in principal, and some of them even asked for one more meeting.

One important question is how grant money is used. I have raised also another issue: "Let's make the activities of each international organization transparent!" Recently, we wrote a letter to international organizations asking them to provide information about the results that they have achieved during the last four years in Kyrgyzstan. Right now, we are preparing a country report on the performance of international conventions, on the liquidation of any type of discrimination against women. It is not a secretariat report, but a country report. We must provide all information on what NGOs, state agencies, and international organizations have done. However, I have not received replies yet.

If international organizations are transparent, only then will they be able to request transparency from grantees.

**Muratbek Imanaliev:** It would be very nice if all your statements here and those documents which you have mentioned would be publicized, so that people would know what the current situation is and how to overcome the obstacles.

We talk a lot about donors, and one of the problems raised during this round table is donation. Unfortunately however, we cannot exclude healthcare from the general context of Kyrgyzstan's situation. The relationship of Kyrgyzstan with West is according to the format of donor- client.

I am not inclined to criticize donors, although I must admit that there are, of course, people who are not quite honest or respectable, and there are many problems within donor organizations, both interstate and private NGOs that work with donations.

I will give you an example: in the 1960's, South Korea and Zambia began developing their economies from approximately the same starting positions. The indicators were basically very alike, and I would like to add, that they both started with the assistance of the IMF, World Bank, and other international financial organizations. However, after ten years, the South Korean economy surpassed the economy of Zambia by four times. Why did it happen? Why, with the assistance of the same organizations, could one country develop while another could not? It happened because of the ability to use the money that was given by donors. I want to note that the level of corruption was higher in Korea than in Zambia in those days, and still is. However, there is, so to say, a specificity in the development of corruption in different countries. In Eastern-Asian countries, corruption (it is a paradoxical phenomenon) has played a positive role in the development of the country, while in Africa the corruption has played an extremely negative role and brought serious inter-ethnic tensions and conflicts. Unfortunately, I am afraid that the same thing can happen here, or is already happening.

We need not just analysis, but some kind of solution to this problem. That is why I have a question about donors for Ainura Sultanovna. I have been called a total pessimist, but when I hear the speeches of Ainura Sultanovna, I always become optimistic and think that our country has a bright future after all. If we could hear your opinion on donation and how it works. Mainly, I am interested whether people know about it, i.e. whether rural and urban residents know who these donors are, what they give, and where this money is going.

**Ainura Ibraimova:** Thank you very much for the invitation to this round table, which was accepted by the Ministry of Health with great pleasure, because we understand the importance of such meetings. After looking at the list of invited guests, we were expecting that there would be many disputed opinions, which is what has actually happened in reality today. I think that such meetings are very important, at least for improving our mutual understanding. It is a pity that the deputy (Bolot Maripov) has already left. It is a common practice here that somebody says his/her opinion, and then, without listening the opposite side, leaves. In parliament, people like to talk a lot, but as for listening, they do not have time. That circumstance creates some kind of misunderstanding within the parliament, of course.

In relations to donors, the harsh attacks by deputies and our respected doctors who work in the private sector surprise me a bit. Why? Because, in reality, these relations are not as described, at least not in the healthcare sector. "Manas Taalimi" – is a national program. Those who have read this program cannot say that this is a program of the WHO, World Bank, or someone else. Let them just take the trouble to read this program. It is a real, highly Kyrgyzstan-specific program. Another point is that it ascribes to the universal human and healthcare values that are proclaimed by the WHO. I think that no country can object to such values as equality, justice, accessibility, and quality improvement. These are the values about which the WHO talks. Is it possible for Kyrgyzstan to say: "We are against equality?" That is why we were guided by those values which were declared by World Health Organization – they are wonderful.

We have taken as priorities the Millennium Goals for Development. Our country has signed the UN declaration. We need to reduce maternal mortality by 3/4, reduce infant mortality by 2/3,

stop HIV and AIDS, etc. In other words, these are truly global problems and objectives which Kyrgyzstan also faces. Together with these problems, we also talk about brucellosis. Brucellosis is a common problem in Kyrgyzstan; many countries do not even know about it. We must also mention iodine deficiency, which is also a problem in Kyrgyzstan. That is to say, we have a Kyrgyz program, and donors, thankfully, have said: “We are ready to support your national program.” This is the program, by the way, which was developed by the Ministry of Health, by the expert group which was formed by the Ministry of Health, and the program that has been developed in-depth during the year. All of those who have read it say that it is a good program.

For the first time in the territory of post-soviet area, a kind of method has been used which is unknown to anybody. Today, Moldova is working through the so-called SWAP approach. It is a sign of great trust from donors in us, when they are ready to direct their money to support the budget. What is the support of the current budget? It includes both salaries, deductions from the Social Fund, purchases of medicines, gasoline, etc. It is, that is to say, everything that is needed by our medical organizations. Today, donors have agreed to facilitate that need. For that we should criticize them severely and say that they are, so to speak, destroying our system? I completely disagree with the points of view of our deputy and Almaz Ismankulov.

**Almaz Ismankulov:** But I did not criticize.

**Ainura Ibraimova:** Well, then I agree with your point of view. However, you have been talking about Burkina Faso, while I do not want to talk about Burkina Faso. As a matter of fact, I want to talk about the healthcare sector of Kyrgyzstan.

I am 100% confident that if there had been none of the reforms which were implemented in the country, we would not have a healthcare sector today. We would have totally privatized, totally private medicine, inaccessible for our entire population. We do not have to look far for the examples. Just analyze Georgia: 80% of all medical services in Georgia are private; only 20% somehow function, and people are crying there because they do not have any medical help. That is to say, they have nothing at all.

Moldova has chosen a different approach, and their system of individual payment, by the way, was borrowed from us. I am completely convinced that without the reforms that were implemented, today we would not have any kind of healthcare sector in our country. I think these are quite serious achievements for the country, the Government, and the Ministry of Health as a whole. I am convinced of that.

As for relations with donors, I cannot talk about other donor organizations. Therefore, I will not dare to judge the activities of the IMF. However, I want to say that the World Bank, WHO, Swiss Agency on Development of Cooperation, and DFID are those structures which we call accumulating donors. Thanks to them, it must be said, we are completely transparent today, and provide literally all reports that we have. Because of SWAP, we see data today which we never had before. Today, we have our consolidated budget; before, we never could collect our budget – it was very difficult. Ask any other structure whether they have the same picture at all as we do in the sphere of financing. I have some figures on the consolidated budget, including special funding, co-payment and all resources. It has become possible thanks to donors. It was a very difficult job; how much our accountants were sobbing I will not say. However, we have collected all money, and today we are completely transparent; we have a system of internal auditing, and soon a system of external auditing will be developed together with the Audit Chamber, which will be auditing us.

As for informal payments, yes, our medical workforce takes exactions. We speak honestly about it, because if we look at it with “open eyes,” it is obvious that our medical workforce cannot live on the money which they earn. In 2000, even on 6000 soms per month, it was impossible to live in Bishkek. Maybe it is possible to live for 6000 soms in remote regions, but not for 2000 soms.

One doctor, the head of a department, told me: “Ainura Sultanovna, do you think it is pleasant to look at a patient and wait to see whether he/she will give something or not. Do you know how much it humiliates me? But then, what do you expect from me if I have such a low salary, and I have a wife and four children at home.” In other words, this problem should be solved, and it should be addressed and solved by society. Of course, those people are pitiful who did not blackmail, and perhaps we need to be proud of them – people who have not lost their dignity and do not blackmail. It is necessary to support such people in every way possible.

Now, regarding the issue of people’s attitudes towards their health, this is a problem which cannot be solved by Ministry of Health alone. This problem must be solved by society. In this case, I am proud of the Naryn experience – with the experience of village committees. You can imagine what happened in Naryn when village committees prohibited candidates to distribute vodka during election campaigns. Naryn oblast was the only one in our country where candidates did not distribute vodka among people.

**Muratbek Imanaliev:** Possibly, they gave cash.

**Ainura Ibraimova:** Possibly they gave flour. I do not know what they gave, but they did not distribute vodka. In Issyk-Kul, I know, villages were drunk. In addition, by the way, thanks to these village committees, salt without iodine is not delivered. In the villages, where such committees exist, they are trying to solve the problems of brucellosis. Of course, they are not able to solve this problem completely, since there is a need for Governmental support. Still, it has become clear that unless society initiates preventative measures, and does not merely wait calmly, we will not be able to achieve anything.

The problem of awareness is quite difficult. On the one hand, it is quite expensive, and we always have the dilemma of whether to spend money on apparatuses, purchasing ambulance cars and expensive medical services, or to spend it on purchasing one line in the newspaper for twenty-four thousand soms, or to issue a scrolling add on TV. The question of public service announcements should be addressed. I am convinced that television companies must not be allowed to charge us a fee for displaying scrollers on the harms of smoking, for example, or that people should buy salt with iodine, or demonstrating to people their rights.

**Muratbek Imanaliev:** In my opinion, civil society could not reach its main objective – the socialization of the individual. In other words, people should be introduced to some values, some guiding principles, including the healthcare system or, more correctly, human health in general.

Here, representatives of different international organizations are present at the round table, who assist our Ministry of Health and associated organizations. I would like to hear their opinions on reform, how they see it.

**Dinara Joldosheva:** You have been raising very profound questions, which concern me not as a representative of the World Bank, but more as a citizen of Kyrgyzstan. I will try to provide also the World Bank’s view on this issue. First of all, I want to say that there are different types of donor organizations: there are private companies, funds and countries which provide assistance. I think it is necessary to differentiate these types, because all donors have different motives for assisting. Concerning the view of donors, I want to say that in international practice, such a

concept has appeared as the “Kyrgyz Healthcare model.” There is no model of Burkina Faso healthcare or any other, but there is a Kyrgyz model, and it was created by the Kyrgyz healthcare sector, of course, with the assistance of donors.

I agree with Deputy Maripov that reform is successful when the Government itself and the country will be involved in developing and implementing reforms, making independent decisions, and, more significantly, taking responsibility for these reforms. Ideally, it should be in this way, but we must remember that we are only fifteen old years as an independent country. For this reason, whether we want to or not, we must admit the fact that the potentials are quiet low. That is why donors have to provide us with assistance, at least with technical assistance. It is the task of the Government, the sector, and the ministry to use fairly the technical assistance provided.

Unfortunately, frequently the most difficult decisions made by the executive branch are reasoned to the parliament, as the conditions of the donors require. I think this situation demonstrates the weakness of the executive branch. That is to say, if they work in a systematic and planned manner, it would be easier to explain and reason. It is the wrong approach to say that there is money from donors, as well as requirements, and that if we do not implement the requirements, they will not give us the money. We need to change this approach urgently. I hear what our deputy, Maripov, and the respected Mr. Ismankulov have said, and I am, perhaps, a pessimist by nature. Nevertheless, it is also necessary to look at the positive side. Most importantly, Kyrgyzstan, despite the fact that the previous budget was practically miserable, could keep the system. That is the most important thing. Kyrgyzstan could avoid depopulation. There are migrants, i.e. those who live abroad to work. Concerning grants and credits: as you know, I think that it is nothing to be ashamed of that the country is receiving grants in this development stage. Rich countries also live on credits. If the Government works effectively, and instead of credits receives grants, I think it is a very positive movement, not a negative one. One should not compare different forms, the different development levels of various countries.

One should not consider the healthcare system separately from other sectors or areas of life. To some extent, healthcare development has been faster and more aggressive than other sectors. For example, reform of the public service or financial sectors is just beginning to take pace, but healthcare has advanced far while others have fallen behind. That is why, for example, the “Manas” project was not that successful, although this project was developed first. I think that the problem in Kyrgyzstan is that during ten eclectic years of development, there was no well thought out national strategy. Additionally, perhaps, there was no national ideology. I did not have time to be in a political party, but I nevertheless think that national ideology has a very important meaning for the development of the country. The example of South Korea was mentioned: one of the main components there was a national ideology. I have read that when there was a crisis in the country, ordinary farmers dug gold goods out from their hiding places and banks and brought them to the treasury. For the national ideology, the President, Government, and Parliament should have a single common agenda, which should be supported by the private sector and NGOs, of course. Today however, we do not know exactly who wants what. That is why distorted public opinion is formed, and public opinion is often the key for the success of reforms.

Deputies are respected people. Unfortunately however, few of them are professionals. When a deputy gives an example of single instance as generalization in some kind of sector, people will receive it at face value. On a single instance, during soviet times, when there was a perfectly well-trained medical workforce, there were also cases when Vishnevsky ointment was taken. This issue should not be discussed on such a level. In addition, national ideology is connected with ethics. I do not think that any doctor could publicly say: “In order to feed my children, I will

do anything”. It should not be like this. I am telling this not as an economist or as a member of the World Bank, but as a human being. We should have restrictions: what we can say publicly, and what we cannot.

About the healthcare sector: Starting from 1996, the World Bank has been investing quite a serious amount of money in Kyrgyzstan. The first project had a budget of fifteen million USD. Big money is coming in for the second project today, not for the support of concrete individual projects, but for the support to develop a strategic program for the sector. I think it is quite a serious step. I can confidently state that our money was spent according to the goals and objectives of the project.

**Muratbek Imanaliev:** I think that there should be some kind of uniting ideology. In particular, I will give the example of post-war Japan, when a Japanese politician announced the slogan “Japan as one family!” It greatly contributed to the rapid reconstruction of post-war Japan.

**Raushan Abdylidaeva:** Concerning the prison health system: It should be closely connected with the civil health system, and all aspects of the civil health system should be incorporated to the prison health system. Currently, there are sixteen thousand prisoners in the institutions of confinement. Although these people have violated laws, we should not deprive them of medical care. Today, the healthcare of the penitentiary system exists by the funding of donors; we do not have other funds. One issue always remains open: donor assistance is provided temporarily in order to develop the functional mechanisms. Donors then leave, but those people who are supposed to continue working on programs remain. If donors give funds to us to develop the mechanisms, then the Government must continue these programs. Only then will donor assistance play an important role, which it has.

**Svetlana Rogojnikova:** I would like to say several words on behalf of the Swiss Agency for Cooperation. I have been working with donor organization for almost ten years, and I can say that during these years donor organizations have changed greatly. They have changed in their approaches: in the development of programs and local staff recruitment. If eight years ago a group of Swiss experts came and made needs assessments, then now, we do not use that practice at all. In the process of developing certain projects, which are financed by the Swiss Agency, we organized round tables and seminars where everybody – local and donor organizations, and the Ministry of Health in particular – could participate and make their own contributions. I think that the Djungal model, which was developed within the framework of our project, is generally one of the most minimal approaches to a national program.

First of all, it was necessary to conduct needs assessment, and then to help the population solve their problems and prove that their participation was the most important thing. The same thing is happening with the national program – it is a real national program, and it could be said that it operates with minimal attraction of foreign experts compared with what was standard five to eight years ago. Regarding the attitude of the Government and parliament, I think both parliament and the Government need to work a lot here. For example, two years ago we conducted a round table specially for deputies, and I can say that out of the seventeen who we invited, only two deputies came. This practice used to be common. It demonstrates the attitude of our parliament. When we were working on the problem of brucellosis, international organizations, the government, and parliament perfectly understood the importance of the problem. Again however, the main role in the roundtable was played by the international organizations that really work in this area. Out of the five invited, only one deputy came. That was it. We were very grateful to him for his comments and for his participation, but behind the round table nothing happened. That is why I think that a lot depends on the coverage of these issues by the mass media, TV or some kind of analytical notes, so that those notes would be

provided to deputies and they would know what is happening. I think donor organizations are taking into account what is happening here. If the program is not implemented and approved by the Ministries of Health or Finance, then we cannot develop any program.

**Asel Sargaldakova:** Concerning the issue of the outflow of the medical workforce: It could also characterize an advancement of the healthcare sector, because this issue was raised by the Ministry of Health. It is also a problem in other sectors, but only the Ministry of Health has raised this issue and started implementing solutions to this problem.

Many countries face such problems, when experts begin leaving to other countries where the standards of living and well-being are higher, including salary. Since this is a comprehensive problem, it is difficult to find one answer or one model which works for all countries.

Migration is a natural process; people must not be prohibited from moving somewhere where they could have a better life. Still, if the country is able to provide specialists who are demanded in other regions of the world, then this migration situation should be used to the advantage of the country. For example, many medical workers in Ghana leave for Great Britain, but there are certain agreements between Ghana and Great Britain.

I would like to point out the fact that the Ministry of Health has worked well. Even after the events of March 2005, when the whole country became politicized, healthcare was the only sector which did not become involved in politics *per se*, but continued working under the program “Manas Taalimi.”

When we, donors, came to see what had been done during the last period, the Ministry of Health knew the answers to questions for which we did not have answers. This is one more advantage of the Ministry of Health. Sometimes we had to acknowledge that on some aspects we have to catch up with them. The distinguishing characteristic of the program “Manas Taalimi” from other programs is that this program is not declarative. The Ministry of Health has developed a detailed action plan on how the program “Manas Taalimi” would be implemented: how much funds were needed to realize this program. Then, considering the amount of funding in the budget and the resources provided by donors, the priorities were defined.

Donors have noted progress in the implementation of the “Manas Taalimi” program, i.e. the program has quickly passed from the stage of design to the stage of implementation.

**Nazgul Turdubekova:** I would like to speak as a person who represents an organization which works directly on monitoring human rights in mental hospitals, orphanages, juvenile colonies, and other closed institutions. There were many opinions here about different programs: what should be done in order to make these programs effective?

When you enter these institutions and make monitoring on what kind of medical services are provided to children and mentally ill people, quite often the answer is zero. Moreover, they do not see specialist doctors at all, neither dentists nor gynecologists. The people who create different programs should pay more attention to these problems. If one of the indicators of program success were the opinion of the target group, then it would advance much faster. Nevertheless, healthcare is a service. Therefore, I think that the opinion of the client, the user, should be the driving force. It is necessary to ask the questions: what, how and why? It is impossible to advance without asking the masses.

**Almaz Ismankulov:** I just wanted to say that the comment about migration is an opinion: that people are leaving to earn money. I have a different point of view. I have quite a successful

clinic, and quite large salaries for the staff. Nevertheless, they leave to Germany, Switzerland, the Philippines, Korea, China, Russia, and other countries.

Perhaps it sounded too harsh that I said surgeons always try to earn money. The issue is not that a surgeon will make an unnecessary surgery; he will make a piercing or an ear piercing... Nowadays however, the most horrible thing is that there are no career prospects for the young medical workforce. This situation exists because the economic situation has created such a condition when older professionals take all operations and the youth just does not have any opportunity for career development. This point is very important, because it represents an absence of career prospects; there are no opportunities for learning. If we talk about donor organizations today (maybe my words were misunderstood), I did not mean that it is bad. I meant that it is better to earn than just to receive. Don't you agree that today 100% of aid goes to just 1/4 of the medical system – to the state agencies – leaving 3/4 outside? I agree with Ainura Sultanovna that the “Manas Taalimi” program is Kyrgyz-specific, because it does not have any word about nongovernmental medicine. It is all about that 1/4. Yesterday, one doctor told me that she was leaving for Kemerovo because after reading the “Manas Taalimi” program, she found out that she would not have any prospects: “I do not see any prospects; let's say I will work five more years; I will get old, and that is all.” This observation is a serious problem.

Recently, I read one of your articles in the newspaper “Litsa.” You wrote just after the revolution that we need a leader who would be the nation's father. I just wish that the Ministry of Health, without discriminating against private or off-budget clinics, would become a father of all medical workforces: unemployed, those who have lost their profession, or those who work in private sectors or abroad – the entire medical workforce must be perceived by the Ministry of Health as its children.

**Ainura Ibraimova:** Indeed, we are not talking in vain about integrated systems, and it is written in the law on health protection. When we talk about these systems, we mean the service system, including both private and state structures, etc. In other words, everything that is written there relates to all medical organizations, including, by the way, private ones. We can also make agreements. State guarantee programs allow us to have agreements with private sectors. Another thing is that when there is a collision in budget laws, we have to overcome it. We do not discriminate against them; we are saying that it is an integrated system.

**Kasymbek Mambetov:** I do not want to place such an opinion in the heads of participants that there is a one-gate game: when we are criticized, we defend ourselves. We are not trying to make excuses; on the contrary, we are demonstrating what we have done, and more significantly, what has not been done.

Healthcare has not only medical units of measurement, but also social, economic, and even political. It is proven that in all these problems, including tuberculosis and brucellosis, we are responsible for 15% of the outcome; the remaining 85% should be addressed together, jointly. Why are all observers speaking as prosecutors, and we as defendants?

The main thing is to diagnose a modern healthcare system, as we did last time together with Ismankulov. We have overcome a system crisis; we have stood up. A lot has been achieved under the first program, “Manas,” but certain problems remain unaddressed. The system reform is progressing smoothly, stage by stage, and it is meeting deadlines. Before, we used to get credit, but now we are trusted and are given grants – this is a significant demonstration of trust. However, the system is big, it is not possible to change everything in fifteen years. The last stage of the reform is being implemented by our specialists – this is a significant factor. We already have such specialists as can be sent to other countries as specialists on the international level. I

supervise the sector of labor resources, the workforce. Currently, this is the main problem of the healthcare system. We have raised this issue on the presidential level. Unfortunately however, the Government cannot increase multiple salaries and save our personnel. A great number of the medical workforce is leaving the country and staying abroad. The president must increase salaries by 20% starting from July 1. Thanks at least for that.

Thanks to the parliament, we have started to develop a doctor's deposit, which will start to function by September 1. Each doctor will receive 3000 soms to his/her deposit account. I do not think that it is a great amount of money, but it will ease the problem. We want to develop a similar deposit program for nurses; we are asking for assistance from the WHO to conduct a systemic analysis.

The Family Healthcare Organization has conducted a family day this year with the slogan, "The Medical Workforce Problems of Healthcare." It is necessary to understand that this problem exists not only in our country: our workforce is leaving to Russia, and the Russian workforce is leaving to the West. However, our resources are limited, and that is why the outflow of our medical workforce affects us so badly. Still, we are working on this problem. In conclusion, I want to say that the Ministry of Health is open for discussions; we have taken the first step. Thanks to the Institute for Public Policy; they have taken the next step. Let's have such meetings more often, and we will try to share more information. I have come to understand that we need to make a presentation of the "Manas Taalimi" program in many public institutions. As less people know about his program, more questions will emerge.

**Gulmira Asanbekova:** I represent the public union "Maksat" on the protection and realization of the rights of medical service customers. We protect not just patients, but also the medical workforce. In spring, we conducted a roundtable on the results of a questionnaire. It was the first time in Kyrgyzstan that we surveyed our medical workforce, and they requested that it be done anonymously, because they were afraid of pressure. In this questionnaire, we asked such questions as, for example, "Do you know your rights?" It turned out that 90% of our medical workforce does not know their rights.

The thing is that the relationship between people and the medical workforce has become hostile. It means that we are on different sides of a barricade, although we supposedly have one common goal – to improve people's health. The point is that our population is uninformed not because our medical workforce works poorly, but because the population does not want to accept this information. The main principle is the following: health is not just a right, but also a responsibility. Making our population hear this principle is a serious problem.

Regarding our private medical institutions, let's assume that the medical workforce is regularly exported in state medical institutions. Many patients come to our public union with complaints about the quality of medical services provided by private clinics. There are no specialists here, as it appears to me. Reform is a national project; therefore, it should cover everything.

**Almaz Ismankulov:** Just the other day, together with Kasymbek Beishenbekovich, we created a commission under the license department. State and private medical workers check private clinics. We support those that meet the standards, and ask for the closing of those that do not.

**Muratbek Imanaliev:** I would like to thank all of you for your participation in this roundtable, and for your open discussion of all the existing problems. I am happy for the fact that we have touched on specific achievements. At the same time however, we talked about specific problems that exist today in healthcare system.