

## **Effective State-NGO Partnerships: Health Reform Policy Implementation in Kazakhstan and Kyrgyzstan**

The Central Asian republics inherited a health system from the Soviet Union that was centralized, hierarchical, and standardized. Policies, practices and treatment norms were all developed in Moscow and passed to each republic for implementation by the health ministry, which in turn issued directives to each *oblast* (province) health departments that oversaw city and *rayon* (county) level administrative units. The system emphasized tertiary care and specialty services.

In Kazakhstan and Kyrgyzstan, a series of health reform measures were established in the 1990s to implement pilot service delivery arrangements that sought to strengthen primary health care. These efforts were conducted with the governments in collaboration with USAID's *Zdrav* Reform program and World Bank's MANAS Health Care Reform program. Primary care providers were privatized and encouraged to form family group practices (FGPs), which in turn developed FGP associations (FGPAs).

FGPAs are formally established, non-governmental entities. They serve as intermediary institutions between government and newly created FGPs. An FGP consists of a pediatrician, a gynecologist, and an internist. The public health system contracts with FGPs through a health insurance fund to provide services. The creation of FGPAs in both countries emerged from the search by health reformers for alternative modes of service delivery in

the context of public sector downsizing and cutbacks. Privatization and a diminished role for the state opened up space for FGPs and FGPAs in support of their operations. However, the state, with international donor assistance, was a major force in setting up FGPAs.

Besides FGPA involvement in service delivery and support to their members, devolution of some regulatory functions and shared approaches to quality assurance and monitoring brought them new roles and responsibilities in setting quality-of-care standards, monitoring performance, and accrediting health care providers. Donor resources and technical assistance have helped FGPAs to fulfill these new roles and responsibilities. These have been important in providing the means to enable the associations to demonstrate to government officials that they can be effective partners in health sector reform.

### **Lessons Learned for Effective State-NGO Partnerships**

PHR collected data through interview and site visits in Kazakhstan and Kyrgyzstan during February-March 1999. While the findings are preliminary, several lessons can be drawn from the experience in Kazakhstan and Kyrgyzstan in setting up FGPAs and partnering them. A supportive legal framework is central to facilitating the emergence of viable non-governmental organizations (NGOs) and a vibrant civil society.

- > NGOs established by government agencies with donor support will pursue objectives that fit closely with the desires of their creators – limiting both their level of initiative and comfort with advocacy for change.
- > The flexibility, autonomy and responsiveness that the NGO structures offer have made a difference in the speed and effectiveness of primary health care services reform, particularly in terms of medical staff performance.
- > The experience of the *Zdrav* Reform and other donor-funded health reform efforts show that NGO capacity can be created using facilitative technical assistance and external resources. FGPA's will continue to require outside help and funding for several years before they become sustainable.

An effective approach to NGO formation and interaction in health reform policy implementation in Kazakhstan and Kyrgyzstan depends on the following:

- > Government support and donor financing for the establishment of NGO associations of primary health care practices.
- > Creation of legal and institutional frameworks that establish civil liberties and public accountability, as well as market liberalization and privatization efforts that foster engagement of civil society and the private sector.
- > Donor support for capacity building for NGOs in the areas of strategic planning, program design, management, and evaluation.
- > The development of short-term goals

to help implement health reforms and support formation of FGPA's, paired with the development of long-term goals to provide services to members.

- > The creation of sustainability plans that work to create eventual demand (and financing of) these services from members of the association themselves.

This study of health sector reform in Central Asia provides evidence that the approach to NGO formation and interaction in health reform policy implementation being applied in Kazakhstan and Kyrgyzstan is leading to effective NGO partnerships. NGOs can potentially contribute flexibility, responsiveness, adaptability and efficient and effective performance to health sector reform. By creating and strengthening NGOs, governments are increasing opportunities for citizens to participate in decision making and action relating to policy formation and implementation, which are critical to developing new patterns and practices of governance.

*To receive a copy of the full report, "New NGO Partners for Health Sector Reform in Central Asia: Family Group Practice Associations in Kazakhstan and Kyrgyzstan," contact*  
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