

Primary Care Evaluation Panel Gives AIHA Partnerships High Marks for Work in Eastern Europe and Central Asia

A recent evaluation of AIHA's primary healthcare partnerships in Eastern Europe and Central Asia gives the program high marks for ushering in significant system-wide changes resulting in measurable improvements in the delivery of high-quality primary prevention and treatment services.



Community-based patient education and outreach programs like this health fair in Dubna, Russia, played an important role in getting people to take greater responsibility for their own wellness.

Commissioned by USAID and conducted by Terra P Group, Inc. between August and December 2006, the evaluation focused on the achievements of 28 USAID-funded partnerships established in Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan, Turkmenistan, and Ukraine over an 8-year period spanning 1998-2006. Collectively, the patient population with steady access to partnership-supported primary care services is estimated at 1.2-1.5 million people.

Key accomplishments cited in the 164-page report issued earlier this year reflect impressive changes at both the provider and end user levels.

AIHA's Primary Healthcare Partnership Program "has increased the capacity of primary care providers to address the problems and concerns of an estimated four out of five patients who come to see a primary care doctor."

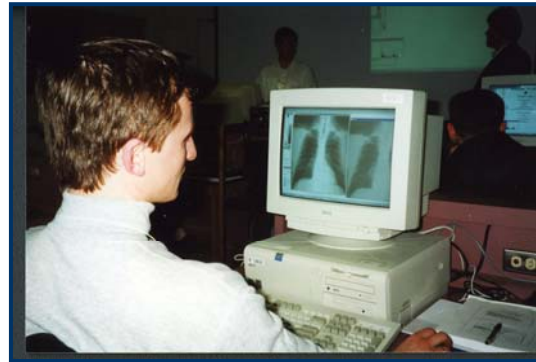
On the provider side, the skills-based clinical training and peer-to-peer support that are the hallmarks of AIHA's partnerships led to marked improvements in both access to and quality of care, as well as more rational use of healthcare services — particularly higher rates of preventive care such as annual physicals, gynecological exams, well baby check ups, and early screening for cancer and chronic diseases.

Because the work of these partnerships was driven by the needs of each community, many positive changes took place at the patient level as well. Partner education and outreach efforts resulted in increased demand for primary care services, more patient involvement in the healthcare decision-making process, and greater individual responsibility for personal health and wellbeing.

According to the report, tangible evidence – both quantitative and qualitative – of health and social sector gains was apparent in the overall reductions of mortality and morbidity in partnership communities throughout the region. Specific areas of improvement that contributed to these gains include cervical and breast cancer, hypertension, neonatal and perinatal conditions, occupational injuries, dental caries, sexually transmitted infections, intestinal parasites, nosocomial infections, drug and tobacco use, and excessive or inappropriate use of antibiotics.

While the partnerships had a positive impact at three main levels – individual, institutional, and community-wide – they were also a highly effective vehicle for introducing systemic changes that strengthened care delivery and facility management, the evaluators reported.

A key reason for this success is the fact that partnerships worked with the existing system rather than against it, they concluded, stating: “The infusion of new content into established provider networks [reduced] the collateral burden of structural change and moderated political and professional tensions [in the] culturally sensitive, effective management of a major systemic innovation in the healthcare sectors of 11 countries.”



Partnership activities stressed the use of evidence-based clinical practices as a way to improve outcomes and ensure the most rational use of limited resources.

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