

Ganja/Livermore Partnership Nurtures Strong Community Involvement in Azerbaijan's Primary Healthcare Reforms

In 2004 when the first groups of US healthcare professionals arrived in Ganja as part of a newly established community-based primary care partnership, the specialists from Livermore and Oakland were eager to share their experiences working hand-in-hand with the California communities they served to better identify key health concerns and develop effective, targeted interventions. After all, ValleyCare Health System – the lead US member of AIHA's Ganja/Livermore partnership – was established with assistance from local residents who banded together to raise money to supplement federal grants. This money was used to build the first Valley Memorial Hospital and, even to this day, ValleyCare still depends on private contributions to keep pace with expanding community health needs.

Initially, the American idea of forming a Community Health Advisory Board was rejected by a majority of local partners in Azerbaijan. Finding the concept too foreign and downright strange, the Ganja physicians balked at the idea of inviting patients, teachers, journalists, and other members of the community to join them –

trained medical professionals – on a board whose main purpose is to solve health problems. Physicians, they reasoned, know perfectly well what kind of health problems the population faces and what should be done to solve them.



During a partnership exchange to California, board members get a first-hand look at how individuals from the local community contribute to ValleyCare's planning processes.

The mentality shift the US partners sought did not happen over night. During their first few exchange trips to the United States, Ganja physicians and nurses learned so much about the role communities play in US healthcare, most specifically in their partner city of Livermore. In addition, professionals from Alameda County Public Health Department shared their vision on things like coping with conflict, public health ethics and principles, and fundraising.

It was this first-hand look at how clinicians in California effectively work with a broad range of local stakeholders to design and implement programs that helped the Ganja partners begin to

embrace the idea of integrating community representatives into their own efforts to shape the health system back home in Azerbaijan.



Milwaukee partners meet with members of the Community Advisory Board to determine the most pressing health-related issues facing Ganja's citizens and set priorities for future work.

Ganja partners agreed to recruit and train members of a Community Health Advisory Board that included not only doctors, but nurses, a journalist, patients, a legal specialist, an engineer, a teacher, and local residents.

Clinicians were committed to making the board work because they recognized the importance of improving the city's primary care system and wanted to be involved in the process. Many liked the new commitment to community involvement while others were attracted by the idea that the board would play a crucial role in

the project. They wanted to gain new knowledge and skills and have a place where problems could be discussed openly and solved by the whole community.

Board members have been meeting regularly for three years now to discuss ongoing health issues and provide recommendations on how to improve the partnership project. They helped identify four health concerns that were most pressing – bronchial asthma, hypertension, diabetes, and women's health – and helped design wellness programs.

Any initial "strangeness" about engaging community members in the process of making improvements to Ganja's primary care system has disappeared.

The Community Health Advisory Board has taken on a leading role in the partnership's work, so it was no surprise that members became very concerned when local budget constraints caused a problem with remodeling Polyclinic No. 6 where a model Primary Healthcare Center was to be established. The project was in danger of failing due to lack of funds, but once again ValleyCare's history and experience served as a reference point.

Through their excellent networking skills, board members launched an intensive search for those who could help them solve this problem. The group came up with ideas on how to raise

money and awareness about the new center among local residents.

The Livermore partners helped the renovation project with a large cash donation from physicians in the United States for the clinic renovations. Then, a local private donor was found and funds to complete the renovations were acquired. The extensive remodeling project was completed in August 2006 under the close supervision of board members. They also helped develop criteria to determine what items should be purchased with the donated funds, keeping a close watch on both cost and how the new equipment would help further the goals of the center. They even made recommendations about who should work in the new facility, planned the grand opening ceremony, and helped select a name for the clinic.

It was largely due to the dedication and support of the board that the model Primary Healthcare Demonstration and Training Center was able to open its doors in Ganja on September 12, 2006. Poised to play an important role in advancing the development of family and community-oriented primary care, the center consolidates curative and preventive services at the primary level and serves as a training resource for upcoming government initiatives in primary healthcare.

There is no doubt that the board members who helped make the center a reality are proud of this achievement.