



HEALTHCAP

PROJECT NEWSLETTER No. 3 / 2015

HEALTH RESEARCH CAPACITY AND WATER-RELATED DISEASES

EDITORIAL

Enduring HEALTHCAP

HEALTHCAP has initiated a process to sustain the science-based capacity building project. One of the first steps towards this was trust-building activities in the first year of the project. This was essential for long-standing collaboration between partners. The second year (2015) is devoted to laying the foundation for the project by preparing 'state-of-art' papers, collecting secondary information on Tashkent Province, and preparing for the collection of primary data.



The 'state-of-the-art' papers include urban water supply, health care management, and surveillance and monitoring of public health. These papers will help in situation assessment of public health and in developing course modules for master students in public health. The 'state-of-art' papers will be supported by the analysis of the secondary data. The Team had collected health statistics and socio-demographic infor-

mation, which will be geo-spatially analyzed to identify hot-spots of disease emergence, and to characterize the factors influencing the diseases.

The Project's doctoral candidates in Uzbekistan have prepared their project proposals, which will be submitted to the Ministry of Health for approval. The proposal of the German doctoral candidate has been



approved by the University of Bonn. The candidate is currently in the field collecting data for her research and training masters students on bio-statistics and research methods. The Team plans to select and train four to five students to conduct household surveys in two case study districts in Tashkent Province. The Team is also preparing course modules that will be integrated with the existing educational module for Master's in public health at the School of Public Health, Tashkent Medical Academy.

V.S.Saravanan

NEWSLETTER 3

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JULY 2015

Special points of interest:

- * Automated Survey: Capturing complexity of public health research
- * Uzbekistan to improve activities of sanitary-epidemiology services



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CAPTURING THE COMPLEXITY OF PUBLIC HEALTH IN UZBEKISTAN

Automated Survey: Capturing complexity of public health

HEALTHCAP began their field research with the households survey in Tashkent Province. With 4.45 million inhabitants (as of 2011), Tashkent, where the capital of the same name is located, is the country's third-biggest and fastest-growing province. Here, over 80 percent of the population is connected to the main water supply, and 70 percent of households are equipped with a wastewater system. Although Uzbekistan is taking steps to improve its water supply, there are still not enough wastewater treatment plants, reservoirs, or water distribution systems. Many of the existing facilities were built in Soviet times and are by now run down. Amidst this, hepatitis is proving to be a problem: the number of new hepatitis-A infections in Tashkent is 30% above the national average.

In the province of Tashkent the HEALTHCAP team is therefore looking at two quite different districts. Olmaliq town, a little over 80 miles from Tashkent, is an industrial region home to several huge smelting facilities and related industries operated by JSC Almalyk MMC, one of the largest mining-metallurgical enterprises in Uzbekistan. Most of the households are connected to the mains supply. In contrast, the rural district Kibray is just a 15-minute car ride from Tashkent, and specializes in agricultural production and processing. Many of the people here access water from aquifers near their homes, but others still have to fetch water from the river or from water distribution points. The different characteristics of these two districts will provide insights to the links between social and environmental determinants of health in local Uzbek urban town settings.

The major part of the data the team collected was done using a computer-aided survey of 200 selected households in each of the two districts. Young Uzbek researchers, and master students from Tashkent Medical Academy (TMA), used smartphones and tablets to carry out the survey and transfer the information directly to an online server.



Courtesy: Volkswagen Stiftung

These participants (masters students) were trained for over a week on the purpose, the methodology adopted and means to maintain privacy and ethics. This class training was combined with hands-on-training for pilot-testing the questionnaire. The participants had to answer a comprehensive list of questions including: how do you access your water, what do you use it for, how clean is it, are you happy with the supply, what diseases are common in your community? In addition to training on survey research, these students were also trained in bio-statistics and data management in two workshops. This was especially appreciated by one of the researchers Ms. Lola Isakova in Tashkent:

“Since 2014 I have been aware of the project at RISHOD and I have already learnt some new scientific methodology in partnership with the German experts. The HEALTHCAP project is an ideal opportunity to combine these skill sets with research. I am currently helping to identify and fill the gaps in the monitoring of water-related diseases by analyzing the epidemiological and environmental parameters.”

This household research was supported with the collection of secondary data such as health statistics and demographic information. The primary and secondary data will be analyzed in an integrated manner to understand the diverse set of risks faced by the people in Tashkent Province. This will offer insights into the complexity of public health in the region, and contribute to the training of graduates in conducting field research, analyzing information and, ultimately, strengthen health research in the country.

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NEWS AND CONFERENCES

Uzbekistan to improve activities of sanitary-epidemiology services

abuse of power and neglect of their professional duties had not been eliminated.

The Government of Uzbekistan issued a resolution “On measures on further improving activities and system of providing skilled cadres to sanitary-epidemiology service”. The document states that a gradual reformation of the healthcare system supports the formation of a legislative basis for preserving and strengthening the health of the population. The document suggests that the Ministry of Healthcare, State Sanitary and Epidemiology Services and their local branches do not fully implement the laws on protection of Uzbek citizens’ health.

In order to deepen reforms in healthcare and improve efficiency of the centers for state sanitary-epidemiologic supervision, the Cabinet of Ministers passed an order that head doctors of the regional sanitary-epidemiologic centers should sign work contracts for at least 5 years. Head doctors of the centers should undergo attestation once in three years according to the resolution. After five years, head doctors will be appointed to similar positions in other regions.

The centers for sanitation and epidemiology conducted a study that showed that only 60-70% of the equipment in special labs is modern. Additionally, it revealed that there are problems with the selection of skilled cadres for sanitary-epidemiologic services. Only 84.4% of the sanitary-epidemiological service was staffed. 45% of the doctors have no qualification category, including 30% of the top managers. Negative phenomena such as the

Also, the government outlined the main directions of the activities of the centers of state sanitary-epidemiology supervision, which includes monitoring the sanitary-epidemiologic situation and radiation levels in Uzbekistan, implementing measures to improve the health of population, and preventing air, soil, water and food pollution.

*Note: Information is drawn from UzDaily:
<http://www.uzdaily.com/articles-id-32791.htm>*

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CONFERENCE NEWS

8th European Public Health Conference

Milan, October 14-17

The conference serves as a platform for exchanging information and debate to researchers, policy-makers, and practitioners in the field of public health and health services research as well as public health training and education in Europe.

World Water Week 2015

Stockholm, August 22-28

The program of World Water Week 2015 consists of over 160 events and 8 workshops. The most relevant topics relating to “Water for Development” will be discussed – i.e. Financing, SDGs, Integrity, Gender issues, Climate Change, Energy, Sanitation, Food, Conflict Resolution, Water Management, etc.

ISNTD Water 2015

London, September 30

The International Society for Neglected Tropical Diseases (ISNTD) will bring together the main stakeholders, researchers, NGOs, and policy-makers involved in the development of safe water, sanitation infrastructure and hygiene programs for improved public health.



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RESEARCH NEWS

An assessment of the occupational and environmental health needs in seven Southeastern European and West-Central Asian countries

Dec 2015

Journal of Epidemiology and Global Health 5(4)

Coman, A.; Chereche, R. M.; Ungureanu, M. I.; Marton-Vasarhelyi, E. O.; Valentine, M. A.; Sabo-Attwood, T.; Gray, G.C.

Eastern European and Central Asian countries are undergoing rapid socioeconomic and political change. There is a lack of regulation, and environmental and occupational problems are increasing. Many old industrial facilities are either abandoned or use outdated technologies that severely impact on the environment. Scholars developed an interdisciplinary One Health research network to identify environmental and occupational problems. From 2012 to 2014, this GeoHealth Hub engaged academic centers and public health institutions in various countries: Albania, Armenia, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Romania, and the United States with the goal of strengthening environmental and occupational research and training capacities. Employing interviews and large group meetings, the scholars conducted an evidenced-based needs and opportunities assessment focused on aquatic health, food safety, and zoonotic diseases. Comprehensive reviews of the published literature led to the identification of priority research areas such as heavy metal and pesticide contamination, tick-

Trends in health systems in the former Soviet countries

2014

Observatory Studies Series 35, European Observatory on Health Systems and Policies, WHO

Rechel, B.; Richardson, E.; McKee, M.

The countries of the former Soviet Union (FSU) have experienced an impressive transformation in almost all aspects of the political, economic and social spheres. Health and social protection systems were slow to adapt to the rapid epidemiological and demographic change, characterized by a preponderance of non-communicable diseases, health issues linked to lifestyle choices, and challenges related to an ageing society. This latest book of the European Observatory series is an important tool for policy-makers as it attempts to systematically assess the health systems performance of 12 FSU countries using the time-tested framework established by the *Health in Transition* series. It sheds light on the persistent and often widening gap between featured FSU countries as compared to countries of similar economic performance elsewhere. The book focuses on individual countries' challenges in providing financial protection as well as access to care, the need to guarantee a minimum of service quality, the results of uneven capacity to regulate both the affairs of the public and the private sector, and the efficiency and effectiveness of different health systems, while simultaneously stressing the need for transparency and political accountability.



RESEARCH NEWS

Central Asian Post-Soviet health systems in transition: has different aid engagement produced different outcomes?

September 2014

Global Health Action 16 (7)

Ulikpan, A.; Mirzoev, T.; Jimenez, E.; Malik, A.; Hill, P., S.

The scale of development assistance for health in CAPS countries has been limited compared to other countries with similar income, partly due to their limited history with the donor community, lack of experience in managing donors, and a limited history of transparency in international dealings. Despite commonalities at the start, two distinctive trajectories formed in CAPS countries, due to their differing politics and governance context. Conclusions: The influence of donors, both financially and technically, remains crucial to health sector reform, despite their relatively small contribution to overall health budgets. Kyrgyzstan, Mongolia, and Tajikistan have demonstrated more effective development cooperation and improved health outcomes; arguably, Uzbekistan and Turkmenistan have made slower progress in their health and socio-economic indices because of their resistance to open and accountable development relationships.

Uzbekistan: Health System Review

2014

Health Systems in Transition Series 16(5)

European Observatory on Health Systems and Policies, WHO

Ahmedov, A.; Azimov, R.; Mutalova, Z.; Huseynov, S.; Tsoyi, E.; Rechel, B.

Since Uzbekistan's break-up with the Soviet Union in 1991, the country has embarked on several major health reforms covering health care provision, governance and financing, with the aim of improving efficiency while ensuring equitable access. Primary care in rural areas has been changed to a two-tiered system, while specialized polyclinics in urban areas are being transformed into general polyclinics covering all groups of the urban population. Secondary care is financed on the basis of past expenditure and inputs, while financing of primary care is increasingly based on capitation. There are efforts to improve allocative efficiency, with a slowly increasing share of resources devoted to the reformed primary health care system. Health care provision has largely remained in public ownership but nearly half of total health care expenditure comes from private sources, mostly in the form of out-of-pocket expenditure. The Health Systems in Transition (HiT) series consists of country-based reviews that provide a detailed description of a health system and of reform and policy initiatives in progress or under development in a specific country. Each review is produced by country experts in collaboration with the Observatory's staff. HiTs seek to provide relevant information to support policy-makers and analysts in the development of health systems.



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RESEARCH AND INNOVATION IN THE POST-2015 DEVELOPMENT AGENDA

The post-2015 development agenda provides a framework for identifying global and national priorities and galvanizing action toward poverty reduction and sustainable development. Because poor health contributes substantially to poverty, research and innovation for health are critical to eradicating poverty and should figure prominently in the post-2015 development agenda.

Progress on developing new interventions targeting poverty-related and neglected diseases has faltered because these diseases occur almost exclusively amongst the world's poorest and most marginalized populations in low- and middle-income countries (LMICs). Although a clear public health need or gap may exist, this need does not necessarily translate into demand for new and improved health tools. Research and development (R&D) and innovation for health can help to increase demand by creating new health technologies, expanding coverage of existing tools, and contributing to economic growth.

Gains made toward achieving the Millennium Development Goals (MDGs) related to health (MDGs 4, 5, and 6) have been based largely on R&D investments made years earlier. However, current R&D investments in health are inadequate to meet tomorrow's challenges. Although there are promising tools in the pipeline to meet global health challenges, investments in the development and deployment of these tools need to be continued and increased to achieve the expected impact.

This collaborative paper shows support for research and innovation in the final post-2015 agenda and stimulates and informs discussion about how to measure the impact of R&D of new and improved health tools targeting the needs of LMICs.

Source: PATH: The Role of Research and Innovation for Health in the Post-2015 Development Agenda: Bridging the Divide Between the Richest and Poorest Within a Generation. Washington, DC: COHRED, Global Health Technologies Coalition, International AIDS Vaccine Initiative, PATH; 2014. Available at: http://www.ghtcoalition.org/files/GHTC_post_2015_paper_SEPT2014.pdf

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RISHOD

The Research Institute of
Sanitation, Hygiene and
Occupational Diseases
(RISHOD) of the Health

Ministry of the Republic of Uzbekistan



RIIWP

Research Institute of
Irrigation and Water
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Tashkent Institute of Irrigation and
Melioration



HRI

Hydrometeorological
Research Institute (HRI),
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ICIS

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www.zef.de/healthcap.html

The HEALTHCAP newsletter is a biannual publication.
HEALTHCAP is funded by the Volkswagen Foundation.