

## PROJECT PROPOSAL FOR UZBEKISTAN

**TITLE OF THE PROJECT:** Integrating mental health into primary health care

### **A. BACKGROUND INFORMATION**

#### **1. Background Country Information**

##### **TABLE 1: BACKGROUND COUNTRY INFORMATION**

Uzbekistan is a Central Asian country with an approximate geographical area of 447,000 square kilometers and a population of 26.17 million. The proportion of the population under 15 years is 34%. Sixty-four percent of the population is rural.

The main languages spoken in the country are Uzbek, Russian and Tajik. The largest ethnic group is Uzbek, and the largest religious group is Muslim.

The country is a low income group country based on World Bank 2004 criteria. The proportion of health budget to GDP is 3, 1% (Human Development Report, UNDP, 2006). The per capita total expenditure on health is 91 international \$, and the per capita government expenditure on health is 68 international \$ (WHO, 2004). The life expectancy at birth is 70, 3 years for males and 74.7 years for females (Human Development Report, UNDP, 2006). The literacy rate is 94% for men and 91.5% for women (Mental Health Atlas, WHO, 2005).

There are 31 hospital beds and 3.5 physicians per 100,000 population in Uzbekistan. There are 18 psycho-neurological dispensaries that provide outpatient psychiatric services. There are 249 ambulatory-polyclinic institutions with psycho-neurological departments. Psychotherapeutic departments are integrated in 13 polyclinic institutions; two of the psychotherapeutic departments were opened in 2004.

There are 16 psychiatric hospitals (including two Regional Mental health Centres with hospitals in Andijan and Samarkand) in Uzbekistan. Psychiatric care in Uzbekistan is only in the public sector.

#### **2. Background to the current project proposal**

##### **TABLE 2: BACKGROUND TO THE CURRENT PROJECT PROPOSAL**

At the 2005 WHO Ministerial Conference on Mental Health in Helsinki, the Ministry of Health of Uzbekistan signed the "Mental Health Declaration for Europe". A workgroup, created by the decree of the Ministry of Health of Uzbekistan, developed a National Mental Health Action Plan in accordance with the Helsinki Declaration and Mental Health Action Plan for Europe. It was approved by the MoH in the board meeting in June 2007. One of the main directions of NAP is integration of MH into the PHC. Considering the lack of human and financial resources for MHS, it is important to bring psychiatric services closer to people by integrating these into general practice. This would also entail training of basic psychiatric skills to general practitioners, family

doctors, district doctors and other medical personnel. Because only two percent of the training for medical doctors is devoted to mental health, in comparison to 4% for nurses. In terms of refresher training, only 12% of GPs have received at least two days of refresher training in mental health, and 20% of primary health care nurses have received such training.

Consequently, training of GPs will create opportunities for people with mental disorders to gain access to qualified primary medical care. Achieving the objectives set out in the Biennial Collaborative Agreement between the Ministry of Public Health of Uzbekistan and the WHO Regional Office for Europe will help Uzbekistan to achieve this goal.

### **3. Analysis of the strengths and weaknesses of the mental health system.**

#### **Table 3: WHICH ARE THE THREE MAIN STRENGTHS OF THE COUNTRY MENTAL HEALTH SYSTEM?**

1. Concerning the diagnostic procedures, a transfer to ICD-10 has been fulfilled
2. widespread presence of primary care facilities
3. essential drugs are available without fee for the patients under the dispensary observation

#### **Table 4: WHICH ARE THE THREE MAIN WEAKNESSES OF THE COUNTRY MENTAL HEALTH SYSTEM?**

1. lack of mental health component in primary care
2. lack of psychiatrists
3. slow deinstitutionalization

### **B. DESCRIPTION OF THE PROJECT**

#### **Table 5: BRIEF DESCRIPTION OF THE PROJECT**

There are more than 3000 Primary rural medical facilities (SVP) in Uzbekistan. General practitioners are working in each SVP. They can provide emergency care to the patients with mental disorders and refer them to psychiatrists. The scope of care is explained in the Attachment №14 of the order of the MoH № 535.

Establishing a primary health care training program on mental health, to be developed in regions throughout the country. Topics for training might include: depression, psychosis, suicide, child and adolescent issues, alcohol abuse, anxiety disorders and patients with chronic complaints. Also the interaction of GPs with psychiatrists will be included in the program of the training, based on the order of the MoH #535 and the “Guideline on integration of MH into PHC”, which was published in 2007.

Training will be conducted in Educational centers for General Practitioners in each region of Uzbekistan as a ToT.

The project will be firstly implemented in Tashkent, and after a revision, it will be extended to all 13 regions of the country.

<b>Table 6: DESCRIPTION OF THE WEAKNESSES IN THE MENTAL HEALTH SYSTEM THAT THE PROJECT TACKLES</b>
1. Primary care staff deliver few mental health interventions: mild and moderate mental disorders are not recognized
2. The link with outpatient facilities is weak, because of the scarcity of outpatient facilities and the lack of an organizational link
3. Undergraduate and post-degree mental health training is poor for all the mental health staff

<b>Table 7: GENERAL OBJECTIVES OF THE PROJECT</b>
1. To enhance the capacity and competencies of PHC providers to identify, assess, treat and refer people with mental health problems
2. To increase the mental health training level of primary care staff
3. To monitor the changes in the treatment of mental disorders through a simple monitoring system

### Steps towards implementation of the project

- Please describe the specific activities that are planned for the project. Divide the project into steps and for each step of the project provide details on:
  - o **WHAT SPECIFIC OBJECTIVES WOULD YOU LIKE TO ACHIEVE THROUGH THIS PROJECT?** (e.g. what specific goals do you want to achieve). Please include plans for a mid-term and final evaluation.
  - o **ACTIONS** (what is going to be done?)
  - o **ACTORS** (who will be responsible for implementation of the activity?)
  - o **TIME** (how much time will it take to accomplish each step?)
  - o **RESULTS** (list the specific results expected at the end of each step. Make sure the results are written in measurable terms. For example, 100 nurses will be trained on mental health; a training manual on the identification of mental disorders will be developed, etc).
  - o **INDICATORS** (include the specific indicators (WHO-AIMS and others) that will be used to measure the success of each of the specific results expected. For example, an indicator on the number of nurses graduated from the training programme will be used; a post training test to assess the knowledge gained through the training programme will be developed).

	SPECIFIC OBJECTIVE	ACTIONS	ACTORS	TIME	RESULTS	INDICATORS
Step 1	To enhance the capacity and competencies of PHC providers to identify, assess, treat and refer people with mental health problems	Training of GPs on mental health through face to face training and the development of a training module. (5 days training for GPs in Tashkent, then in 12 regions of Uzb - Total 13 trainings for GPs over 3 years	Working Group, including the chief specialists of the MoH, teachers of Tashkent Institute of postgraduate medical education	September 2009 in Tashkent 2010 in 6 regions of UZB 2011 in 6 regions of UZB	A training module on mild and severe mental disorders developed; 260 GPs trained on mental health	No. of doctors, & trained (WHO-AIMS items 3.1.2., 3.2.3), No. of days of training , No. of sub districts covered, number of patients treated in primary care centres, psychotropic drugs consumed, referrals between primary care and specialist services
Step 2	To create a Working group to monitor the	Establishing a WG, including Head of the	Head of the PHC unit, head of WG of the	In 2009 monitoring and	WG has establishes and 13 meeting	WG for monitoring established & no. of

	progress and develop mechanisms to deal with potential problems of integration	primary care unit of the MoH the Head of the Working Group (chief psychiatrists) that will discuss the problem of integration every two months	MoH, WHO	supervision in Tashkent In 2010-11 monitoring and revision in 12 regions of Uzbekistan	held	meetings held
Step 3	Mid-term evaluation of project in sub-district 1	Set up team to evaluate progress in Tashkent using identified indicators. Hold workshop to discuss results and adapt project for further implementation	Regional Health Authority Working Group of the MoH, WHO	May 2011	Mid-term evaluation completed and lessons learnt summarized for implementation in other provinces	Mid-term evaluation team established, indicators administered, and workshop held
Step 4	Final evaluation	Evaluate progress of the project using identified indicators. Hold Roundtable to discuss results	Regional Health Authority Working Group of the MoH, WHO	September 2011	Evaluation completed and workshop held	Evaluation report
Step 5	Adaptation of educational programme on mental health for Family Practitioners	Review of current postgraduate educational program for GPs and include WHO training program accordingly	Working Group of the MoH, Department of GPs of Tashkent Institute of postgraduate medical education	October 2011	Educational programme for GPs adopted	No. of GPs educated in the Department on adopted programme

<b>Table 9: DIFFICULTIES AND SOLUTIONS</b>	
<b>EXPECTED DIFFICULTIES</b>	<b>POSSIBLE SOLUTIONS TOWARDS THE EXPECTED DIFFICULTIES</b>
Lack of motivation of primary health staff in adding a new workload to the existing one	Creating new sub-specialities for those primary health professionals who successfully complete the training courses
Resistance from the Academic and Professional Institutions to change the teaching programmes in mental health	Coordinated intervention and proposal from the Ministry of Health and the University
Split between primary and psychiatric care	Coordination group at Province level between the Heads of the two Departments

### **C. IMPACT OF THE PROJECT**

<b>Table 10: WHAT WILL BE THE IMPACT OF THE PROJECT</b> (e.g. in terms of accessibility of mental health facilities, availability of medicines or interventions, improved follow up, more respect for human rights, implementation of new interventions, etc)
1. Increase of accessibility for patients with moderate mental disorders
2. Increase of psychotropic drug consume
3. Increase of referral to mental health services of patients with severe mental disorders
4. Improved follow up for severe mental disorders after the discharge from general hospital wards

### **D. RESOURCES**

<b>Table 11: NEEDED RESOURCES FOR THE WHOLE PROJECT</b> (sign to which class the project belongs)	
<b>Small</b> (<50,000 USD) (e.g., development of a mental health plan)	
<b>Medium</b> (50.000-500,000 USD) (e.g. organizing a series of trainings for primary health care professionals)	<b>XXXXX</b>
<b>Large</b> (>500,000) (e.g. implementing a network of outpatient facilities in the country)	

<b>Table 12: DESCRIPTION OF THE NEEDED RESOURCES</b>		
	<b>DESCRIPTION</b>	<b>AMOUNT IN \$</b>
MENTAL HEALTH STAFF		
BUILDINGS		
EQUIPMENT	Materials for primary care information system	20,000
TRAINING	Trainers, travels, training materials	150,000
MEDICINES	Expected increase in consumption of	100,000

	psychotropic drugs	
OTHERS (specify)		
Total		<b>270,000</b>

<b>TABLE 13: POSSIBLE SOURCES OF FUNDING</b> (these sources are presumed and not necessarily already found now).	
FUNDER	
Government - Department of Health	20,000
NGOs	
Professional Associations	
Others (specify) WB, International Organizations	<b>100,000</b>
Total	<b>120,000</b>