**Implementation of the Pocket book led to improving quality of care for children and reducing unnecessary hospitalizations in Kyrgyzstan**

In order to improve the quality of care (QoC) for children at first level referral hospitals, WHO and the Ministry of Health (MoH) with the financial support of the Russian Federation implemented a three-year project (2012-2014) in Kyrgyzstan.

Implementation of the project included assessments of quality of care for children, training of doctors and nurses on nationally adapted WHO Pocket book, providing basic equipment and subsequent monitoring and regular supportive supervision to pilot hospitals. In Kyrgyzstan, the project included a research component to quantify the results of interventions in project and control hospitals (N=20). Analysis of these data showed a significant reduction of unjustified hospitalization rates (from 47.6% to 13.2%), incorrect treatment (from 77.9% to 15.7%), unnecessary pain (from 73.6% to 15.8%), incorrect use of IV fluids (from 64.5% to 2.8%) and reducing the iatrogenic risk (from 83.8% to 14.5%) in the pilot hospitals between the baseline and second assessment.

One of the key achievements was a cost reduction for medicines and supplies. Reportedly, one of the pilot hospitals decreased its expenditure for drugs and supplies by approximately 68% after project implementation. The project also has convincingly proved that process of improving the quality of care for children leads to decreased hospitalization rate, but increases demand for outpatient care. As a result, many hospitals beds were freed and medical staff workload decreased. Due to implementation of the WHO Pocket book a number of children, who after an assessment, treatment and short observation was recommended to continue treatment at outpatient centers has increased. It led to conflict with existing provisions by the mandatory health insurance fund (MHIF), where a short hospital stay (less than 3 days) is not paid.

At the mid-term and the final project round table, where the main results of the project, lessons learned and recommendations for the future were presented, along with other issues the need to harmonize the financing system of hospitals was highlighted.

As a result of discussions between the MoH, MHIF, administrations of pilot hospitals and international partners, it was proposed to develop and pilot a new financing system and establishment of short stay/observational child wards in hospitals.

Taking into account main results of the project and in order to protect child rights, improve quality of health care services for children, effective use of hospital resources and state budget funds, the MoH jointly with the MHIF has developed and approved a model regulation "Short-term stay unit for children in hospital" (joint Order No 110 of the MoH dated 15.02.2016 and MHIF No 42 dated 15.02.2016). Currently, five hospitals of the country have established one-day stay units with pilot financial mechanisms. This regulation was designed to optimize a number of hospital beds, improve efficient use of resources, reduce unnecessary hospitalizations in the pilot health care organizations, and further in all hospitals of the country.

Short-stay unit in hospital is intended for providing of care for children within 24 hours, when a long hospital stay is not required. To improve quality of emergency care new beds were established in admission departments of the district hospitals and in new departments at the national health facilities.

Results of piloting of above mentioned regulation for hospital care for children during first 24 hours will allow institutionalizing a new financing mechanism for various levels and assessing possible cost implications by the MHIF for its implementation at national scale.

In summary, implementation of the Pocket book and child-right approach in provision of care for hospitalized children in Kyrgyzstan has improved many aspects of hospital care; it has substantially decreased unnecessary hospitalizations, reduced hospital costs for patients and triggered revision of financial regulation.