



How an Erasmus+ Project can help to improve social justice and equality in the field of children care in Kazakhstan

Prof. Gian Battista Parigi
University of Pavia, Italy
ChildCA project coordinator

Nur-Sultan, 30 October 2019

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www.childca.eu



childca@unipv.it



The role of University: problem analysis and solving

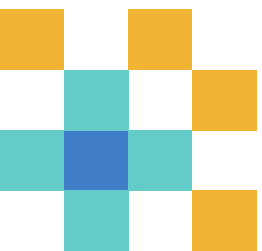
It is a well-known fact that Institutions of
higher education would be able to change
the world especially as a source of new
knowledge
(Conference concept Note)

William E. Deming
(1900-1993)
USA statistician

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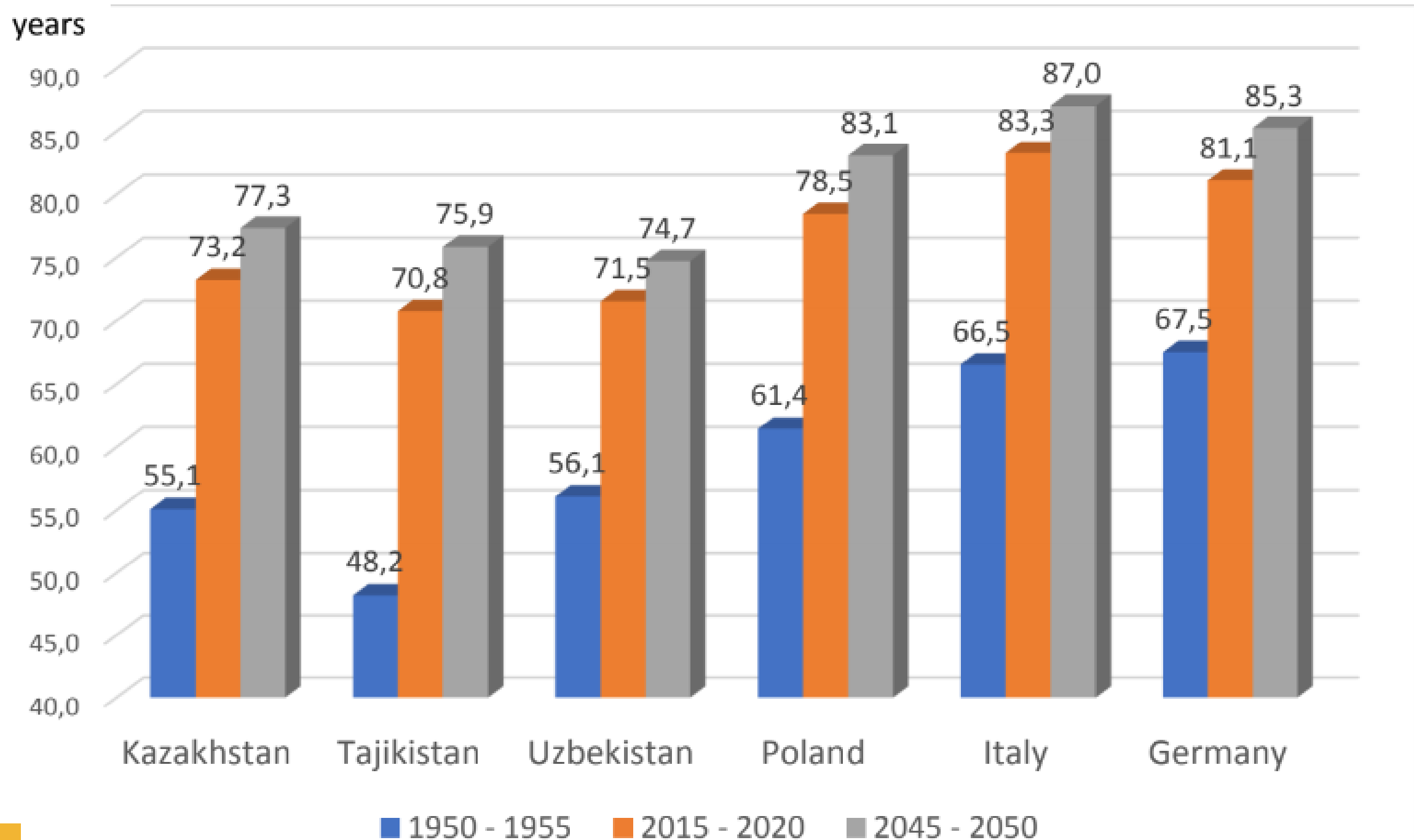
The birth of the project



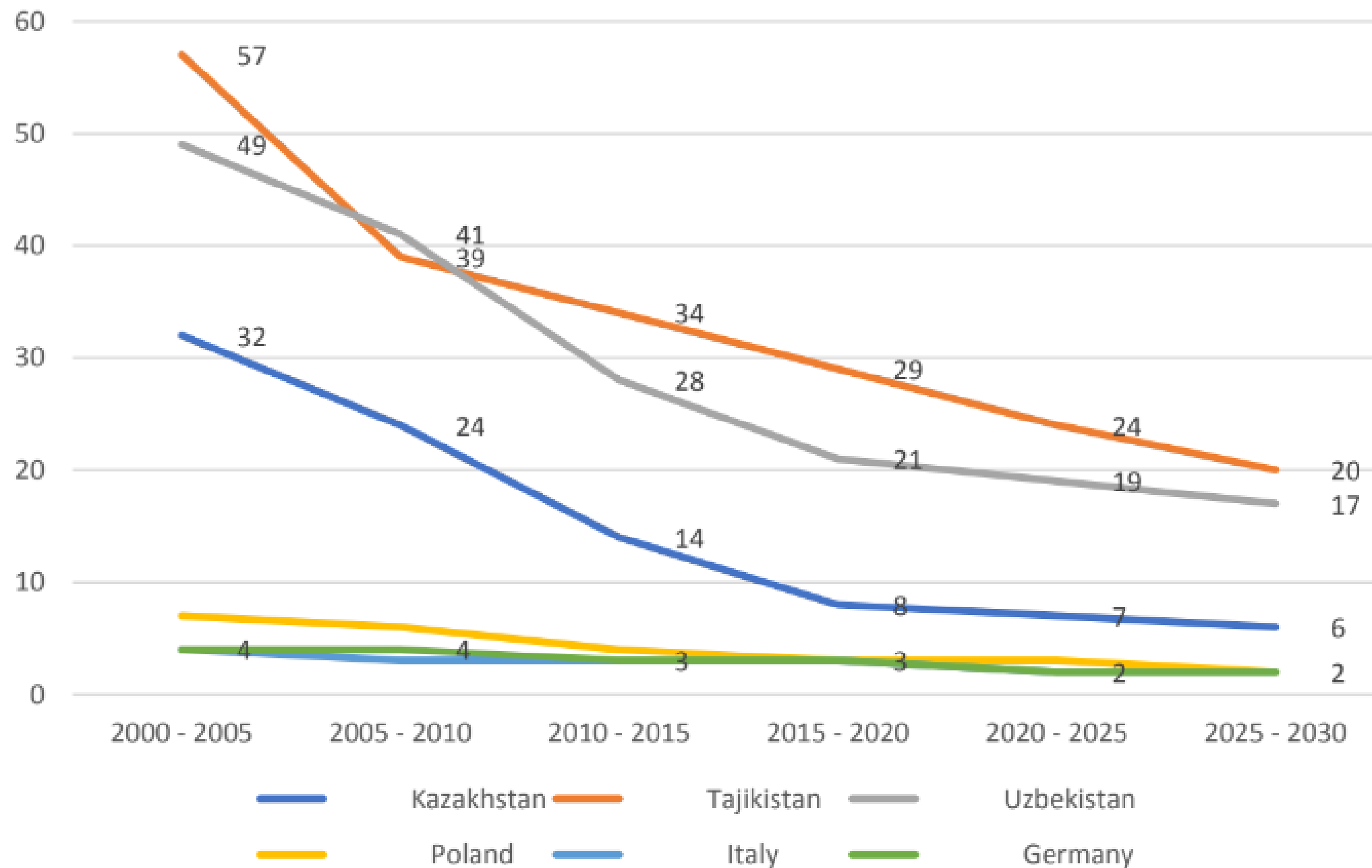
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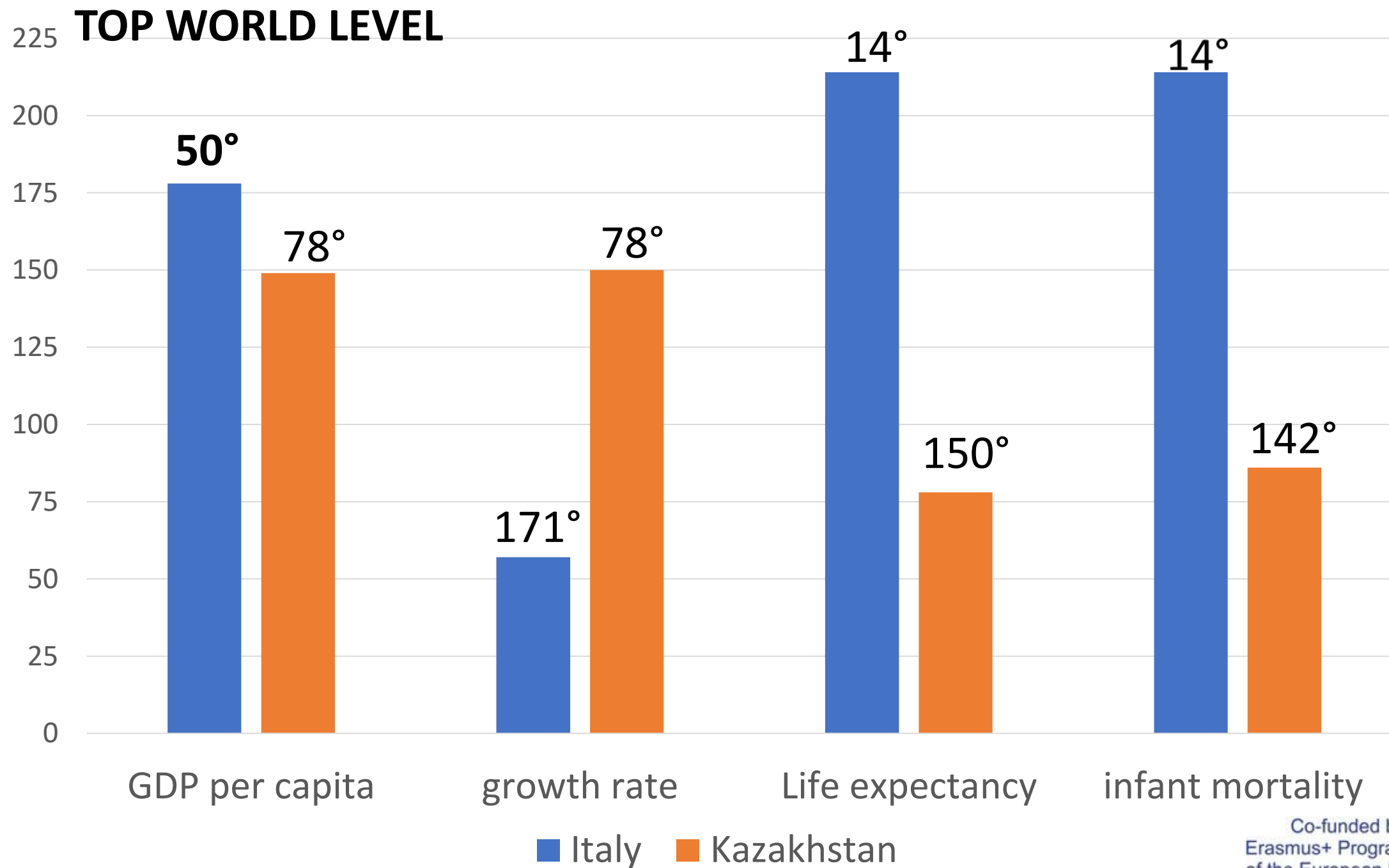
Life expectancy at birth



Infant mortality



Why these differences ?



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Country comparison



Total population (2016)

17,988,000

Total expenditure on health per capita: 1068 \$ vs 3239 \$

20,570

67/75

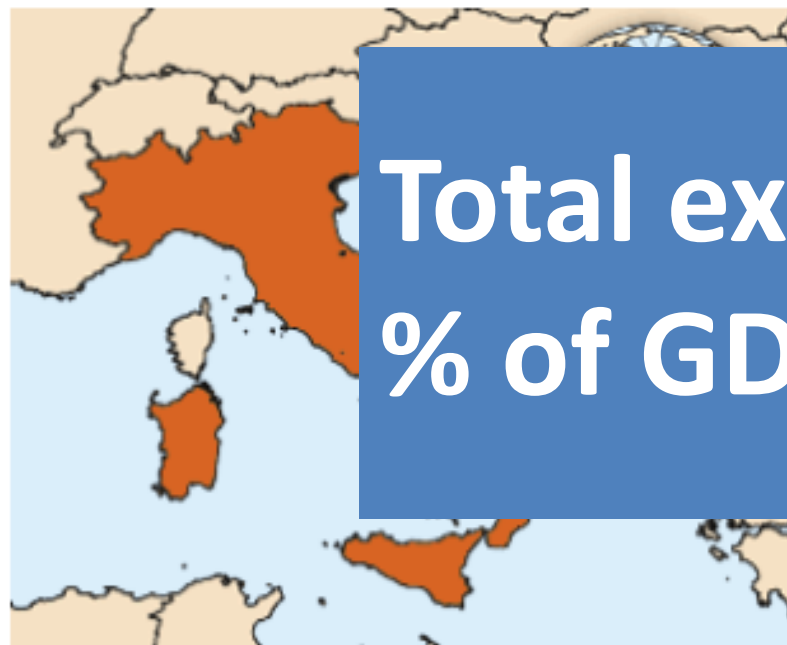
10

256/108

1,068

4.4

Latest data available from the Global Health Observatory



Total population (2016)

59,430,000

Total expenditure on health as % of GDP: 4,4 % vs 9,2%

34,100

80/85

3

68/39

3,239

9.2

Total expenditure on health as % of GDP (2014)

Latest data available from the Global Health Observatory

Postgraduate medical training



**European curricula:
5 to 6 years**



**Kazakhstan curricula:
2 to 3 years**



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Social justice and equality

Social justice is a concept of fair

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What about the role of University to
overcome existing inequalities, not
only in economics, but in health as
well?

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their social

receive what was their due from society



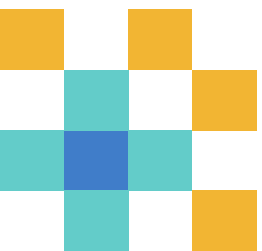
ChildCA Erasmus+ CBHE project

To support the modernization,
professionalization and internationalization
of postgraduate training in Uzbekistan
and Tajikistan HEI in the fields of Pediatrics,
Pediatric Surgery and Child Neuropsychiatry

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Project partners



**ASFENDIYAROV
KAZAKH NATIONAL
MEDICAL UNIVERSITY**

National Medical University SD Asfendiyarov, Kazakhstan



**Al-Farabi Kazakh
National University**

Al-Farabi Kazakh National University, Kazakhstan



Kazakh Medical University on Continuing Education,
Kazakhstan



Tashkent Pediatric Medical Institute, Uzbekistan



Bukhara State Medical Institute, Uzbekistan



Avicenna Tajik State Medical University, Tajikistan



Institute of postgraduate education in health sphere of Republic
of Tajikistan



Khatlon State Medical University, Tajikistan

iversity, Poland



Associated partners



Kazakhstan Ministry of Education and Science



Kazakhstan Ministry of Public Health



Ministry for Higher Education and Secondary Specialized Education of the Republic of Uzbekistan



Ministry of Health of the Republic of Uzbekistan



Republican Specialized Scientific Medical Center of Pediatrics



Tashkent Institute of Postgraduate Medical Education

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Child C.A. project

To support the modernization, professionalization and internationalization of postgraduate training in 8 universities of Kazakhstan, Uzbekistan and Tajikistan in the fields of Pediatrics, Pediatric Surgery and Child Neuropsychiatry.

News & events



CHILDCA next meeting at the Bukhara State Medical Institute, 10-15 September 2019

The next meeting of the CHILDCA project will be hosted in Uzbekistan by the Bukhara State Medical Institute in the days 10-15 September 2019.



CHILDCA Kick-off meeting – University of Pavia, 20-21-22 February 2019

In the days 20-21-22 of February 2019 all the CHILDCA partners met in Pavia for the kick-off meeting of the project. A total of

[ALL NEWS & EVENTS](#)

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The first step:
to collect ideas from stakeholders



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The second step: how to connect with stakeholders

ВОПРОСЫ ОТВЕТЫ 270

Раздел 1 из 6

ВОПРОСНИК ОБ ОРГАНИЗАЦИИ ПОСТДИПЛОМНОГО ОБУЧЕНИЯ В ОБЛАСТИ УПРАВЛЕНИЯ УХОДОМ ЗА ДЕТЬМИ В ЦЕНТРАЛЬНОЙ АЗИИ

Группа университетов Казахстана, Таджикистана и Узбекистана в сотрудничестве с университетами Италии, Германии и Польши реализуют совместный проект Erasmus Plus «Наращивание потенциала в сфере высшего образования», финансируемый Европейским союзом и начатый в феврале 2019 года.

Цель проекта - оказать содействие модернизации, профессионализации и интернационализации последиplomного обучения в области управления уходом за детьми в Центральной Азии (ЦА), обмена знаниями в области педиатрии, детской хирургии и детской нейропсихиатрии. Это совместная работа, организованная как исследование реализуемости и возможностей с перспективами организации структурного проекта для устойчивого и долгосрочного улучшения в сфере последиplomного медицинского обучения в странах ЦА, не только в педиатрии, но и в других областях медицины.

В проекте особое внимание будет уделяться важности ухода за детьми, способствуя тем самым снижению детской смертности посредством обновленного подхода к обучению, современным методам ухода за новорожденными и детьми, широко используя инструменты, предоставляемые ИКТ. Дальнейшие побочные результаты будут заключаться в повышении актуальности ВУЗов ЦА на международной арене научных исследований и в улучшении их международных офисов посредством взаимодействия «на рабочем месте».

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an Union

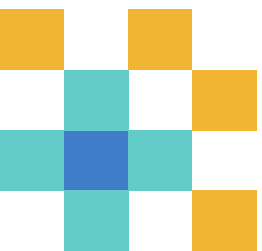
Third step: what to ask to stakeholders

S = strenghts

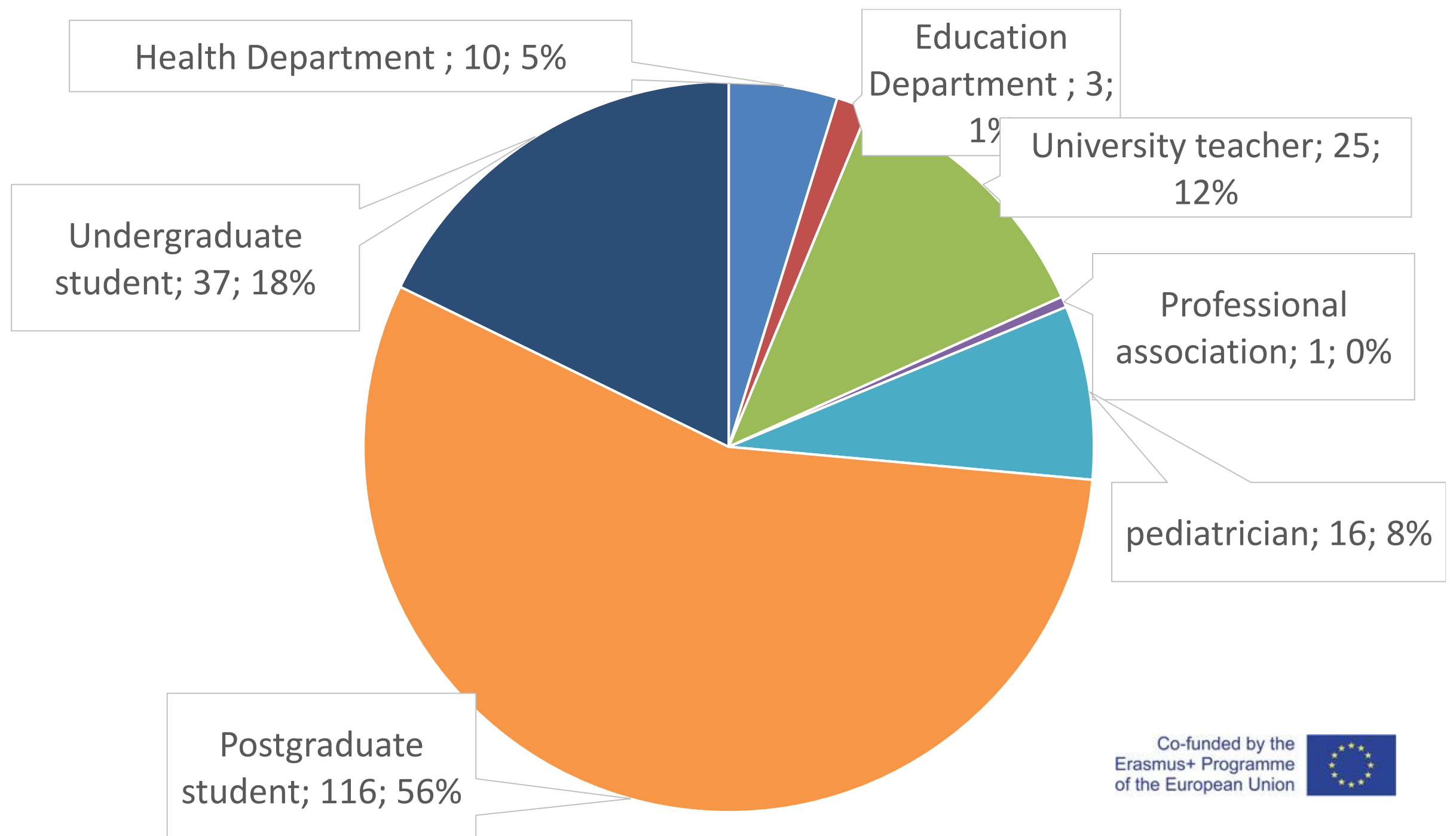
W = weaknesses

O = opportunities

T = threats



Answers collected = 209



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Strenghts

(green = good ! red = bad !)

Respondents' status	1) The combination of theoretical and practical training	2) Organization of courses	3) Involving students in hospital practice	4) curriculum content	5) integration of pediatric surgery in the general surgical practice	6) integration of childhood neurology in the general pediatric practice	respondents' average
Department of Education	8	6,7	8,3	6	6,7	5,3	6,8
Department of Health	6,6	5,9	6,9	6,4	4,8	4,7	5,9
Professional association	8	7	8	9	9	8	8,2
University–Ped. neurology	7	6	7	6	6,5	7	6,6
University–Ped. surgery	8,5	7,5	9	7	8,5	7,5	8,0
University - Pediatrics	6,9	6,3	6,3	6,6	5,7	5,7	6,3
Pediatrician	6,1	6	7,5	6,4	5,9	5,6	6,3
Postgraduate student	6,7	6,6	6,9	6,5	6,2	6,3	6,5
Undergraduate student	7,1	6,7	7	7,1	6,8	6,9	6,9
General average	6,8	6,5	6,9	6,6	6,2	6,2	6,5

Weaknesses

(green = good ! red = bad !)

The lack of proper postgraduate training in pediatric subspecialties

The lack of interaction with medical schools abroad

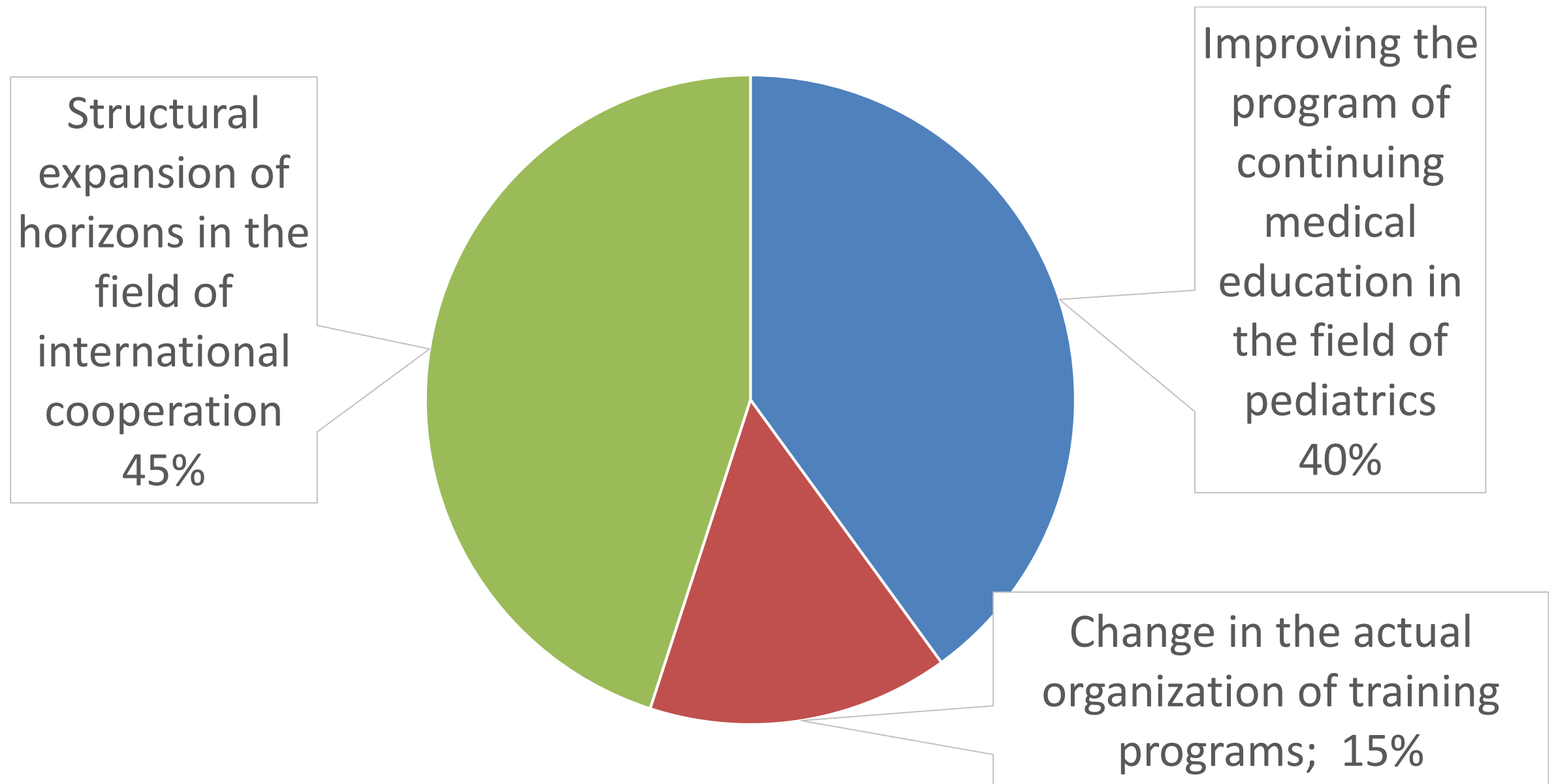
Department	1	2	3	4	5	6	7	8	9	10	11	12
Professional association	10	10	7	10	10	10	8	8	10	8	10	9,2
University–Ped.neurology	6,5	7	7	6,5	6,5	6	5,5	5	6,5	5,5	5	6,1
University-Ped.surgery	8	8	8	8	8	8	8	8	8	8	8	8,0
University - Pediatrics	5,6	6,5	5,9	6,6	6	6	5,9	5,2	5,9	5,9	6	6,0
Pediatrician	7,6	7,9	7,8	7,6	7,9	7,4	7,6	7,1	7,4	6,6	7,9	7,5
Postgraduate student	6,7	6,7	6,4	6,5	6,8	6,2	6,4	6,3	6,5	6,4	6,5	6,5
Undergraduate student	6,4	6,6	6,8	6,7	6,8	6,8	6,8	7,1	7,1	6,9	6,7	6,8
general average	6,9	7,0	6,6	6,8	7,0	6,9	6,8	6,6	6,9	6,6	6,8	6,8

Weaknesses

(green = good ! red = bad !)

Respondent's status	1) The separation of pediatric training from general medical training	2) The lack of proper postgraduate training in pediatric subspecialties	3) An excessively theoretical content of curriculum	4) The lack of simulation-based training	5) The lack of interaction with medical schools abroad	6) The lack of training in interaction among colleagues	7) The lack of training in international medical literature consultation	8) Lack of training in the diagnostic centers for newborns	9) Lack of student involvement in pediatric studies	10) The lack of access to evidence-based medicine	11) The lack of foreign languages knowledge	respondents' average
Department of Education	5,7	5,7	5,3	4,3	5,7	6,3	6,7	7,7	5,7	6,7	6	6,0
Department of Health	5,7	4,9	4,8	5,4	5,3	5,6	6,1	5,1	5,3	5,4	5,4	5,4
Professional association	10	10	7	10	10	10	8	8	10	8	10	9,2
University–Ped.neurology	6,5	7	7	6,5	6,5	6	5,5	5	6,5	5,5	5	6,1
University-Ped.surgery	8	8	8	8	8	8	8	8	8	8	8	8,0
University - Pediatrics	5,6	6,5	5,9	6,6	6	6	5,9	5,2	5,9	5,9	6	6,0
Pediatrician	7,6	7,9	7,8	7,6	7,9	7,4	7,6	7,1	7,4	6,6	7,9	7,5
Postgraduate student	6,7	6,7	6,4	6,5	6,8	6,2	6,4	6,3	6,5	6,4	6,5	6,5
Undergraduate student	6,4	6,6	6,8	6,7	6,8	6,8	6,8	7,1	7,1	6,9	6,7	6,8
general average	6,9	7,0	6,6	6,8	7,0	6,9	6,8	6,6	6,9	6,6	6,8	6,8

Opportunities



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Threats

“The language barrier”

“Risk and outflow of the best students. “Staff leaks”

“Excessive instrumental diagnostics”

“Non correct selection of applicants. Completely make up the system of admission to medical schools”

“Some views on public health are not the same. Human responsibility for our health is low”

“No competition among students”

“Corruption, a random ass on a grant for a degree in general medicine”

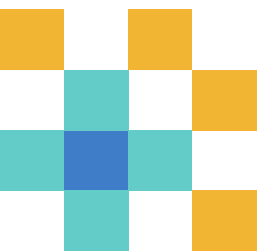
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Fourth step: analysis of the benefits

- Strong interaction among partners to adapt an European template to Central Asia reality
- Interactive involvement of stakeholders with no central supervision but with a shared responsibility and commitment
- Deep insight of the problem from inside the society, not as an exercise of few academics closed in their ivory tower
- Quality of comments and suggestions collected, springing from the practical experience

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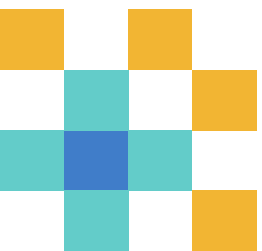


Fifth step:

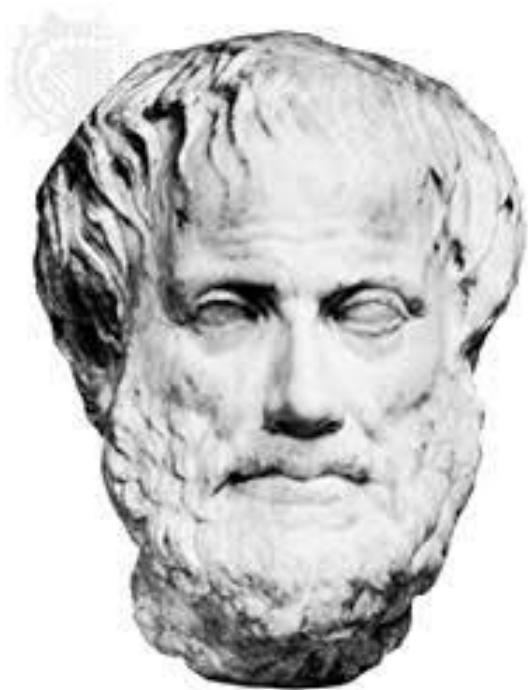
how to utilise this wealth of information

- Keeping in touch with respondents for the further implementation of the project
- Stakeholders involvement in designing the new proposed curricula
- Shared and common effort to find out together a new way of affording the proposed task, not merely educational but with a wider horizon of effective social impact

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Social justice and equality



To offer our small contribution to
give to all Central Asia children the
same results – in term of infant
mortality and life expectancy at birth
– of their peers born in Europe

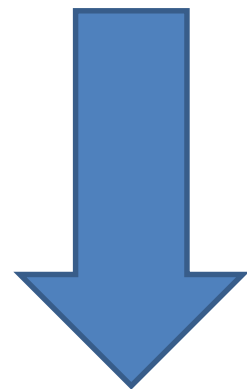
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... but there is a further step!

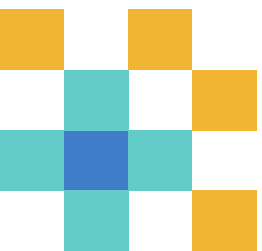
Full title of ChildCA project:

Improvement of children care teaching
**as a template for upgrading medical
education** in Central Asia



CBHE Structural Project for all medical postgraduate trainings

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рахмет!



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