



# KYRGYZTAN REPUBLIC



Over the past decades, and in what continues to be a challenging socioeconomic and political context, Kyrgyzstan has undertaken wide-ranging and fruitful reform of its soviet-era health system, now focusing on improved health systems governance and new models of service delivery.



## DEN SOOLUK NATIONAL HEALTH REFORM PROGRAM IN THE KYRGYZ REPUBLIC, 2012-2016

<b>6 082 700</b> TOTAL POPULATION, (2016)	<b>71 YEARS</b> LIFE EXPECTANCY AT BIRTH, (2015)	<b>215\$</b> TOTAL HEALTH EXPENDITURE PER CAPITA, (2014)	<b>81%</b> TUBERCULOSIS TREATMENT COVERAGE, (2016)
<b>39%</b> OUT OF POCKET EXPENDITURE AS % OF TOTAL HEALTH EXPENDITURE, (2014)	<b>12%</b> GENERAL GOVERNMENT HEALTH EXPENDITURE AS % OF GENERAL GOVERNMENT EXPENDITURE, (2014)	<b>9%</b> EXTERNAL AID AS % OF TOTAL HEALTH EXPENDITURE, (2014)	<b>95%</b> ANTENATAL CARE COVERAGE, (2014)
<b>51</b> HOSPITAL BEDS PER 10 000 POPULATION, (2007)	<b>96%</b> RURAL POPULATION WITH ACCESS TO IMPROVED SANITATION FACILITIES, (2015)	<b>96%</b> DTP3 IMMUNIZATION COVERAGE AMONG 1-YEAR-OLDS, (2016)	<b>98%</b> BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL, (2014)

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SOURCE: WHO GHO & WB

## CURRENT PRIORITIES

Kyrgyzstan began to restructure its health system in the 1990s by introducing a mandatory health insurance fund and guaranteed benefits package. Since 2001, the country has implemented three health reform programs, introducing comprehensive structural changes to the health care delivery system with the aim of strengthening primary health care, developing family medicine and restructuring the hospital sector.

An assessment of the Den Sooluk National Health Reform Program 2012-2016 concluded that significant progress had been made. Positive trends in health outcomes were observed, important milestones achieved, policy dialogues enhanced and the review process and donor coordination improved during the year. The fourth generation of Kyrgyzstan's National Health Strategy health sector strategy seeks to address new challenges emerging from the increased prevalence of non-communicable diseases, as well as to accelerate progress towards UHC goals.

## LINKAGE TO UHC

The Den Sooluk National Health Reform Program 2012-2016 aimed at ensuring universal coverage of the population with high quality health and sanitation prevention services. A Community Action for Health programme was introduced through new village health committees, enhancing health promotion and allowing individuals and communities to take more responsibility for their own health. Major service delivery improvements have included the introduction of new clinical practice guidelines, upgrades in the provision and use of pharmaceuticals, priority programmes for mother and child health and cardiovascular diseases and improvements in medical education.

The Joint Annual Health Review in April 2017 looked at new initiatives for the 4th generation reform strategy including the development of a master plan for hospital compliance with best international practice, opportunities for public-private partnership in the health sector, introduction of incentives for regional health coordinators to improve coordination, and a new budget law governing the Mandatory Health Insurance Fund.

# WHO SUPPORT TO DATE

- Support in drafting the fourth-generation health sector strategy
- Technical assistance on improving the governance of Mandatory Health Insurance Fund (MHIF) (including engagement of stakeholders) and institutional capacity to facilitate progress towards UHC
- Hospital safety assessment involving experts on service delivery from Ministry of Health, civil construction engineers & emergency preparedness specialists to increase resilience
- Improved access to evidence-based material, knowledge and information for health systems and services adaptation

## Remaining gap: High number of project-dependent and externally funded activities

↳ **Recommendation: Move towards nationwide regular-budget roll-out.**

## Remaining gap: Low investment in human resources

↳ **Recommendation : Explore mechanisms to address lack of family doctors at PHC level.**

## Remaining gap: Centralized, vertical approach to health system management

↳ **Recommendation : Integrate grassroots interventions through multi-sectoral action.**

## Stories from the field: Pharmaceutical pricing and reimbursement reform



A recent WHO study of prescription drug costs in Kyrgyzstan revealed that co-payments for reimbursed medicines in outpatient care increased by 20% between 2013-2015. The causes of this increase include the absence of formal regulation of medicine prices and devaluation of the currency.

Recommendations to limit high out-of-pocket payments include:

- ✓ regulating the price of medicines reimbursed by public health insurance and retail sector margins
- ✓ updating legislation on criteria for adding or removing medicines from the list of those reimbursed
- ✓ improving data collection on reimbursement prices

**In 2016, national stakeholders discussed policy options to resolve this at a forum on UHC: "Introducing price regulation is of the highest priority. Our ultimate goal is that publicly reimbursed medicines will be the same price throughout the country, in any retail pharmacy you enter," said Ms Saltanat Moldoisaeva, Consultant at the WHO Country Office in Kyrgyzstan.**



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