HEALTH & DEVELOPMENT

**Comprehensive long-term reform of the health system is in progress.** The Government of Kyrgyzstan aims to improve population health, reduce the financial burden of seeking care, and improve the quality of health care services. The reforms were initiated in 1996 with the “Manas National Health Care Reform Program” which followed with “Manas Taalimi” (2006-2011) with continuing reforms in health financing, service delivery, HR and PH. The new Den-Sooluk Program has been approved at the highest government level in May of 2012 and covering the period by the end of 2016. This program is supported by the international community through a Sector-Wide Approach (SWAp).

**Health financing reforms eliminated fragmentation** which was inherent in the previously decentralized financing system. This was accomplished through the creation of regional purchasing pools (and from 2006, a single national pool) under the Mandatory Health Insurance Fund for allocation of resources using output-based strategic purchasing methods, a radical change from the previous input-based budgeting process based on allocations decided centrally. Simultaneously, and in part due to the change of incentives and the Law on Health Care which gave greater autonomy to providers, hospital downsizing occurred and led to savings on utilities and other fixed costs.

**Primary care services have been reorganized** in Family Group Practices (FGPs), which by 2004 had enrolled approximately 95% of the population. An outpatient drug benefit has been introduced to improve access to medicines for primary care management of conditions such as hypertension and to reduce unnecessary hospitalizations. Despite continuous increases in funding for primary health care, salaries for healthcare staff remain low and there is a shortage of personnel in remote areas. By increasing the salaries from 1 May 2011 the Government has started to cover current HR gaps.

**Maternal mortality** rate has increased after independence and remains at a high level. According to MMEIG estimates (WHO, UNICEF, UNFPA, UNPD, WB), maternal mortality for 2010 is 71 per 100,000 live births.

**Main causes of mortality** are cardiovascular diseases (50.1% in 2011), injuries and poisoning (10.1% in 2011) respiratory diseases (7.1% in 2011), and cancers (9.4% in 2011).

**Tuberculosis and HIV/AIDS remains an important disease**, particularly in prisons (incidence rate over 40 times greater than in general population) where multidrug-resistant tuberculosis is a major problem. Syphilis and gonorrhea increased until 1997 and have decreased since 2000. HIV/AIDS incidence has increased, particularly in the southern part of the country along the opium/heroin trade routes. According to the United Nations Office for Drug Control and Crime Prevention 2001 survey, drug addicts totaled 2% of the total population, mainly males.
**PARTNERS**

A number of multilateral agencies provide support to health reforms, including WB, SDC, KfW, USAID and UN Agencies. Global initiatives such as the Global Alliance for Vaccines and Immunizations (GAVI) and the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) have mobilized a large amount of funds, and integration of these funds with health system reform process is more coordinated than before. Financial support for the health system more generally has also been provided by the Governments of Germany and Japan. Coordination of the activities of international agencies has been formalized through the SWAp. Several donors are providing direct budget support for Den Sooluk, including, the German Development Bank (KfW), SDC and the World Bank. Others, most notably USAID, and other UN Agencies continue to support Manas Taalimi through parallel financing arrangements.

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<tr>
<th>OPPORTUNITIES</th>
<th>CHALLENGES</th>
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<td>• Strong coordination among international partners to support for health reform</td>
<td>• Strategic achievements demonstrated in the health sector is absent in the other parts of the public administration, jeopardizing the success of health reforms.</td>
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<td>• A shared recognition of WHO’s role in guiding the implementation of health reform programs, including the organization of the sectoral performance assessment framework</td>
<td>• Some areas such as harm reduction and sexually transmitted infections are poorly addressed.</td>
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<td>• The SWAp is leading to further improvement in the alignment of donor assistance with the government’s reform programme and to greater harmonization of activities.</td>
<td>• Encouraging agencies providing financial and technical support to the vertically organized disease control programs (mostly HIV/AIDS and tuberculosis) to support their integration into the overall health reform strategy.</td>
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**WHO STRATEGIC AGENDA**

WHO’s mission in Kyrgyzstan is to support the Government's efforts to improve the health status of the population and reduce health inequalities, increase access to basic health services, and improve the quality of care. The strategic agenda focuses on:

• **Health care delivery.** Continuing support of primary health care development for delivering personal care and improving hospital quality with particular focus on hospital-acquired infections; developing public health and infectious disease surveillance systems, strengthening disease control by supporting the development of a coherent coordinated national prison health system to stop the spread of HIV and tuberculosis; ensuring effective and sustainable immunization of target populations; ensuring a unified approach to health promotion and inter-sectoral action to address major risk factors.

• **Resource generation.** Influencing policy to stop the proliferation of medical schools and promote a system to generate the appropriate skill-mix of high quality graduates, continuing support for local capacity building, and strengthening pharmaceutical regulations and policy.

• **Health financing.** Maintaining support for health financing policy development, including its monitoring.

• **Stewardship.** Ongoing support to national health policy development and policy analysis; supporting the health system policy makers to take a comprehensive, multi-sectoral approach harmonized with Health 2020 to interrupt emerging epidemics of tuberculosis and HIV; supporting development of national policies on NCD’s; supporting health system preparedness to respond to emergency situations; supporting the MOH shift of approach from hierarchical control to “modern stewardship”, ensuring a focus on improving public health.

**ADDITIONAL INFORMATION**

WHO country page: [http://www.who.int/countries/Kyrgyzstan](http://www.who.int/countries/Kyrgyzstan)
EURO country page: [http://euro.who.int/countryinformation](http://euro.who.int/countryinformation)

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The brief is available online at [http://www.who.int/countryfocus](http://www.who.int/countryfocus)
WHO/CCO/13.01/Kyrgyzstan

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