

Package of monitoring indicators on implementation of National Program "Manas Taalimi"

| Indicator | Source | 2004 Baseline | 2005 | 2006 | 2007 Mid-term review | 2008 | 2009 | 2010 | | Comments |
|-----------|--------|------------------|------|------|----------------------------|------|------|--------|---------|----------|
| | | | | | | | | target | in fact | |

PRIORITY PROGRAM – REDUCTION OF CARDIOVASCULAR DISEASE MORBIDITY AND MORTALITY

A. EXPECTED PROGRAM IMPACT

| | | | | | | | | | | | |
|--|--|------|-------|-------|-------|-------|-------|-------|-------|---|--|
| Impact on cardio vascular disease outcomes | Mortality rate from cardio-vascular diseases among age group (30-39 years) | RMIC | 55,0 | 55,8 | 56,1 | 60,3 | 54,2 | 51,7 | 53,8 | 51,5 (final data will be received from NSC in June, 2011) | CVD mortality rate target indicators at the age of 30-39 and 40-59 were achieved in 2010. Thus as it was planned there is the process of relative stability of CVD mortality rate to decline. This situation is due to started actions on implementation of Complex CVD control in the KR, including actions on integration of cardiological services into primary health level (gradual establishment of oblast cardiological cabinets), training, retraining of specialists (on "Cardiology with basic ECG") and conduction of educational campaign for population on CVD risk factors fighting and introduction of health life style. |
| | Mortality rate from cardio-vascular diseases among age group (40-59 year) | RMIC | 306.6 | 312,2 | 333,7 | 346,4 | 329,3 | 309,6 | 328,7 | 309,4 (final data will be received from NSC in June, 2011) | |

B. EXPECTED PROGRAM OUTCOMES: IMPROVED QUALITY OF CARE

| | | | | | | | | | | | |
|---|---|---------------------------------|---|---|---|-------------------------|------|---|--------------|---|---|
| Program outcome: Improved quality of care | AMI intra hospital mortality rate (14 days after AMI) | NICT Patient records review | - | - | - | 11,48 | 10,0 | - | 9,8 | - | Repeated survey has not been conducted. |
| | Ischemic stroke intra hospital mortality rate (28 days from the beginning of ischemic stroke) | Patient records review | - | - | - | - | 31,2 | - | 30,0 | - | Repeated survey has not been conducted. |
| | Hemorrhaging stroke intra hospital mortality rate (28 days from the beginning of h. stroke) | Patient records review | - | - | - | - | 46,8 | - | 45 | - | Repeated survey has not been conducted. |
| | Frequency of repeated AMI and stroke (include into ICD) | NICT (Doc.№45, Repeat. doc.) | - | - | - | 18,85 ОИМ 18,25 инс. | - | - | 15,0 15,0 | - | Repeated survey has not been conducted. |

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| | | | | | | | | | | | |
|--|---|------------------------|---|---|---|---|------|---|----|---|---|
| | Frequency of repeated AMI as % (stroke developed after 28 days from the previous) | Patient records review | - | - | - | - | 35,2 | - | 34 | - | Repeated survey has not been conducted. |
|--|---|------------------------|---|---|---|---|------|---|----|---|---|

C. EXPECTED PROGRAM RESULTS

| | | | | | | | | | | | |
|---|--|-------------------|----------|----------|----------|-----------------|----------|-----------|---------|-----------------|---|
| Population behavior changes vis-à-vis key CVD risk-factors such as smoking and excess weight | % of population over 18 smoking at least 1 cigarette in a day. (male/female) | KIHS NICT | - | - | - | 55 (м) 5 (ж) | 55 5 | 57,8 4 | 52 2 | - | The results of the last survey shows that the number of smoking men is 57,8%, which is lower than the target indicator established for 2009 (55%). The number of smoking women is 4%, the target indicator was achieved for 2009 (5%). |
| | % of population overweight (BMI>30) | KIHS NICT | - | - | - | 13,1 | 13,0 | 10 | 12,0 | - | Following the results of last survey % of population who have adiposis is 10%, the target indicator was achieved for 2009 (13%). |
| The health system works effectively to increase population awareness of hypertension status and to ensure that people with hypertension regularly take anti-hypertension medicine | % who aware of hypertension | KIHS (Doc.№44) | - | - | - | 26,5 | 26,5 | 33,1 | 33,0 | - | Results of the last survey show the positive dynamics of this indicator. For the period of 2006-2009 there is a growth from 26,5 to 33,1%, it is significantly higher that the target indicator. |
| | % of those with hypertension who have taken treatment during last 24 hours | KIHS (Doc.№44) | - | - | - | 17,1 | - | 14,4 | 22,0 | - | Following the last survey results this indicator has not achieved targets for 2009 (18,0). Despite of population awareness improvement on hypertension, % of patients treated during last 24 hours were decreased from 117,1% in 2006 till 14,4% in 2009. This tendency may be, connected with shortening of drugs use due to world economic crisis consequences including in Kyrgyzstan (growth of unemployment, migrants return and other). |
| | % of adult population who were registered in PHC with hypertension | RMIC | 3,0 - | 3,4 - | 3,3 - | 3,5 9 | 3,3 9 | 3,7 - | - 15 | 3,9 (RMIC) - | Indicator has increasing tendency due to improvement of case detection at PHC level, but it is still low. |

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| Treatment services are based on evidence at all levels of care | % of patients hospitalized with AMI more than 12 hours after first appearance of symptoms | NICT, KIHS Patient records review (Doc.№45) | - | - | - | 19,3 | - | - | 25,0 | - | Repeated survey has not been conducted. |
| | % of patients with AMI who receive aspirin and heparin upon admission | NICT Patient records review (Doc.№45) | - | - | - | 3,2 | - | - | 15,0 | - | Repeated survey has not been conducted. |
| | % of patients with AMI and elevated ST who receive thrombolitics | NICT Patient records review | - | - | - | 16,5 | 18,3 | - | 25,0 (depends on drugs availability) | - | Repeated survey has not been conducted. |
| | % of patients with AMI who receive aspirin, heparin, betablockers and ACE inhibitors in the hospital | NICT Patient records review (Doc.№45 repeat. doc.) | - | - | - | 73,0 | - | - | 85,0 | - | Repeated survey has not been conducted. |
| | % of patients with CHD who receive statins upon discharge | (Doc.№45 repeat. doc.) | - | - | - | 17,5 | 66,0 | - | 70,0 (depends on drugs availability) | - | Repeated survey has not been conducted. |

Note “-“ no data (lack of research)