
Kyrgyz Republic
Manas taalimi National Health Reform Program

Indicator Package
2009

CORE INDICATOR PACKAGE

| | INDICATOR | Source | 2004 Baseline | 2005 | 2006 | 2007 Mid-term review | 2008 | 2009 target | 2010 target | 2011 target |
|--|--|--------------|-------------------|---------------|---------------|----------------------------|-------|----------------------------|----------------------------|----------------------------|
| A. Impact indicators: Improved health status for the population with particular focus on MCH, CVD, TB and HIV | | | | | | | | | | |
| Impact on maternal and child health | Infant mortality rate | RMIC MICS | 25,6 66 (1997) | 29,7 58.0 | 29,2 38.0 | 30,6 33.0 | 27,1 | 0.6 ‰ annual decline | 0.6 ‰ annual decline | 0.6‰ annual decline |
| | <i>Girls</i> | RMIC | | | | 27,2 | 23,5 | | | |
| | <i>Boys</i> | RMIC | | | | 33,8 | 30,6 | | | |
| | Under-5 child mortality rate | RMIC MICS | 31,8 | 35,2 45.0 | 34,6 44.0 | 35,3 42.0 | 31,5 | 0.8 ‰ annual decline | 0.8 ‰ annual decline | 0.8 ‰ annual decline |
| | <i>Girls</i> | RMIC | | | | 32,0 | 27,6 | | | |
| | <i>Boys</i> | RMIC | | | | 38,5 | 35,2 | | | |
| | Maternal mortality ratio | RMIC MICS | 46,4 | 61,0 150.0 | 53,0 104.0 | 62,5 | 58,9 | 57,0 | 55.0 | 50,0 |
| Impact on cardio-vascular diseases | Mortality from cardio-vascular diseases among 30-39 years old adults | RMIC | 55.0 | 55.8 | 56.1 | 60.3 | 54.2 | 54.0 | 53.8 | 53.5 |
| | <i>Female</i> | RMIC | | | | 30,8 | 27,2 | | | |
| | <i>Male</i> | RMIC | | | | 89,8 | 81,4 | | | |
| | Mortality from cardio-vascular diseases among 40-59 years old adults | RMIC | 306.6 | 312,2 | 333,7 | 346.4 | 329.3 | 329.0 | 328.7 | 328.4 |
| | <i>Female</i> | RMIC | | | | 206.4 | 199,6 | | | |
| | <i>Male</i> | RMIC | | | | 497.1 | 468,9 | | | |
| Impact on TB | TB morbidity per 100,000 population | RMIC | 113,6 | 115,7 | 110,9 | 108,8 | 101,6 | 105,8 | 103,2 | 100,7 |
| | <i>Female</i> | RMIC | | | | 91,9 | 117,9 | | | |
| | <i>Male</i> | RMIC | | | | 140,5 | 85,7 | | | |
| | TB mortality per 100,000 population | RMIC | 11,2 | 11,0 | 10,2 | 9,6 | 9,2 | 9,2 | 9,1 | 9,0 |
| | <i>Female</i> | RMIC | | | | 5,8 | 5,3 | | | |
| | <i>Male</i> | RMIC | | | | 21,6 | 18,6 | | | |

CORE INDICATOR PACKAGE

| | INDICATOR | Source | 2004 Baseline | 2005 | 2006 | 2007 Mid-term review | 2008 | 2009 target | 2010 target | 2011 target |
|--|--|-------------------------|--------------------------------|-----------------------------------|------------------------------------|---------------------------------|-------------------------------|-------------------------------|--|--|
| Impact on HIV/AIDS | Number of newly detected HIV/AIDS cases | Republic an AIDS Center | 161 | 171 | 244 | 409 | 552 | 777 | 932 | 1212 |
| B. Outcome indicators: access, financial protection, efficiency, quality and transparency | | | | | | | | | | |
| Program outcome #1: Improved access and equality in access | % not seeking care when needed due to financial and geographic reasons | KIHS | 2000: 11,2% 2003: 6.3% | No survey | 3,1% | No survey | No survey | No more than 5% | No more than 5% | No more than 5% |
| | Oblast deviation from national average expenditures on the ADB per one insured | MHIF | -59% (Talas) +56% (Bishkek) | -45% (Talas) +15% (Osh oblast) | +43,6% (Bishkek) -27,2% (Talas) | -13.3% (Chui) +25% (Bishkek) | -16% (Chui) +27% (Bishkek) | -14% (Chui) +14% (Bishkek) | No more than +/- 20% deviation from national average | No more than +/- 15% deviation from national average |
| Program outcome #2: Reduced population financial burden | Ratio of co-payment to average salary | MHIF, NSC | 30,80% | 20,3% | 22.3% | 17.8% | 10.6% | No more than 30% | No more than 30% | No more than 30% |
| | OOP as share of household consumption in the two poorest quintiles | KIHS | Q1: 7.1% Q2: 5.5% | No survey | Q1: 4.9% Q2: 4.2% | No survey | No survey | No more than 5% | No survey | No survey |
| Program outcome #3: Increased efficiency | Direct expenditures on patient care (drugs, medical supplies, and food) as % of public expenditures on hospitals implemented by SGBP | MHIF | 20.4 % | 20,1% | 21,2% | 29,3% | 29.9% | No less than 30% | No less than 30% | No less than 30% |
| | Expenditures for primary health care as % of total health expenditures in SGBP | MHIF | 26,4% | 19,5% | 23,2% | 37.9% | 38,1% | Up to 40% | Up to 40% | Up to 40% |
| Program outcome #4: Improved quality of care | All kind of immunization coverage by age 2 yr old | RCI | 99,0 | 98,2 | 93,9 | 95,6 | 96,6 | 97,0 | 98,0 | 98,0 |
| | % of deliveries w/ anemia | RMIC | 40,6 | 44,4 | 41,9 | 43,4 | 40,1 | 40,0 | 39,0 | 38,0 |
| | % of those with elevated blood pressure reporting knowledge of | KIHS | - | - | - | 26,5 | 26,5 | 27,0 | 33,0 | 34,0 |

CORE INDICATOR PACKAGE

| | INDICATOR | Source | 2004 Baseline | 2005 | 2006 | 2007 Mid-term review | 2008 | 2009 target | 2010 target | 2011 target |
|---|---|---------------------------|---|-----------|---|----------------------------|-----------|--------------------------------|---|---|
| | hypertension | | | | | | | | | |
| | % of successfully cured from TB on DOTS | NCT | 85,3 | 84,7 | 82,3 | 84,7 | - | 85% | 85% | 85% |
| Program outcome #5: Improved transparency | % of population aware of their rights in the SGBP | KIHS | - | | PHC: 46% Hospital: 67% | | | | PHC: 55% Hospital: 70% | PHC: 55% Hospital: 70% |
| | % of inpatients who make informal payments to medical staff, for drugs and medical supplies. | Survey among WHO patients | 2001: Staff: 70% Drugs: 81% Med. Suppl: 72% 2004: Staff: 66% Drugs: 48% Med. Suppl.: 32% | No survey | Staff: 52% Drugs: 51% Med. suppl: 35% | No survey | No survey | Data will be available in 2010 | Staff: 50% Drugs: 40% Med. suppl: 30% | Staff: 50% Drugs: 40% Med. suppl: 30% |
| | Average informal payment among population who paid to staff, for drugs and medical supplies (in 2001 in Kyrgyz som) | Survey among WHO patients | 2001: staff: 342 drugs: 763 Med.supplies: 172 2004: Персонал: 576 Drugs: 556 Med.supplies: 137 | No survey | Staff: 536 drugs: 559 Med.suppl: 127 | No survey | No survey | Data will be available in 2010 | Staff: 500 drugs: 500 Med.suppl: 100 | Staff: 500 drugs: 500 Med.suppl: 100 |
| C1. Output indicators: Health Financing Component | | | | | | | | | | |
| Linked to improving the outcomes of access, financial protection, efficiency, quality and transparency | | | | | | | | | | |
| Outcome №1 on component «Health care financing»: Domestic resources are effectively mobilized for health care | Government spending on health as % of total gov. expenditure <i>Actual</i> | MoH/MoH/ Treasury | - | 11.3% | 10.7% | 11.5% | 11.8% | 12,4% | 13.0% | 13.2% |
| | <i>SWAp target</i> | | | | 10.6% | 11.2% | 11.8% | | | |
| | Budget deviation index <i>Actual</i> | MoH/Treasury | | +15.6% | +13,1% | +8.4% | -2.3% | No more than -5% | No more than -5% | No more than -5% |

CORE INDICATOR PACKAGE

| | INDICATOR | Source | 2004 Baseline | 2005 | 2006 | 2007 Mid-term review | 2008 | 2009 target | 2010 target | 2011 target |
|--|--|-----------|-----------------------|-----------------------|-----------------------|----------------------|----------------------|------------------------|------------------------|------------------------|
| | <i>SWAp target</i> | | | | No more than -5% | No more than -5% | No more than -5% | | | |
| Health financing component output #2: Geographic distribution of resources are equalized | Deviation of medical service standard payment from national budget from average republican level | MoH, MHIF | | | | | | | | |
| | <i>Hospital</i> | | From -30,7% to +14,4% | From -4,4% To +19,5% | From -30,7% To +7,1% | From -8,8% to +8,2% | 0% | 0% | 0% | 0% |
| | <i>PHC</i> | | From -8,1% to +14,3% | From -31,4% to +27,5% | From -16,4% to +18,7% | From -4,7% to +6,8% | From -3,4 to +6,3% | From -3,4 to +4,6% | From -1,3% To +3,9% | 0% |
| | <i>Ambulance</i> | | From -26,8% To +11,2% | From -28,2% To +43,4% | From -18,2% to +12,3% | 0% | 0% | 0% | 0% | 0% |
| | <i>Dental</i> | | From -20% to +10% | From -25,6% to +17,2% | From -20,9% to +13,7% | 0% | 0% | 0% | 0% | 0% |
| | <i>Public health</i> | | | | From -31,9% to +32,6% | From -3,7% to +13,7% | From -5,9% to +17,6% | From -4,8 % to +14,4 % | From -4,8 % to +14,4 % | From -4,8 % to +14,4 % |
| <i>TB</i> | | | | | From -34,5% to +23,2% | From -2,5% to +26,5% | From -2,1% to +11,5% | From -2,1% to +11,5% | From -2,1% to +11,5% | |
| Health financing component output #3: Strengthened purchasing mechanisms provide incentives for access, quality and efficiency in service delivery | % of regions, where PHC participate in implementation of GAVI HSS bonus program | MHIF | 0 | 0 | 0 | 0 | 2/54 3,7% | 16/54 29,6% | 54/54 100% | 54/54 100% |
| | # of pharmacies contracted for the MHIF ADB with network | MHIF | 167/633 | 189/685 | 203/768 | 221/775 | 231/886 | 231/886 | 236/900 | 241/930 |
| | Number of village with FGP without pharmacies working with AP MHI | MoH, MHIF | 142 | 121 | 116 | 102 | 100 | 99 | 99 | 99 |

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| C2. Output indicators: Individual Services Component Linked to improving outcomes of access and quality | | | | | | | | | | |
|---|--|-------------------------------|------|------|------|------|-------|-------|-------|-----|
| Individual services component output #1: Optimized and modernized service delivery with a focus on FAP's, emergency medicine, high-technology and laboratory services | % of FAPs, equipped with necessary facilities | DAHCD | - | - | - | 22% | 94,5% | 96% | 97% | 98% |
| | % of FGP, equipped with necessary facilities | DAHCD | - | - | - | - | - | 31,4% | 90% | 95% |
| | % of rural FGP with population registered for more than 2000 people for each family practice doctor of FGP | RMIC DAHCD | 57,7 | 73,0 | 76,8 | 81,3 | 79,6 | 77 | 75 | 73 |
| Individual services component output #2: Improved content of medical services | % of rayons, which have implemented continuous quality improvement system on PHC level | AFGP | 0 | 32% | 32% | 32% | 44% | 55,8% | 67,4% | 79% |
| | "% of infectious control in hospitals requirement execution " | NGO «Preventive medicine » | - | - | - | - | 45,5 | 55 | 60 | 65 |
| C3. Output indicators: Evidence Based Medicine Component Linked to outcomes of quality | | | | | | | | | | |
| Outcome №1 on component EBM: Improvement of CG/CP development and implementation process | Quantity of trained CG/CP developers | RCHSD &IT | - | - | - | - | 30 | 60 | 60 | 60 |
| | % of developed CG/CP according to approved development methodology of 2008 | RCHSD &IT | - | - | - | - | 2 | 10 | 40 | 60 |

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|---|---|---|-----------|-----------|-----------|-----------|-----------|-----------|---------|---------|
| | % of CG/CP developed according to the agreed plan (PMA/EBM) | RCHSD &IT DAHCD, PMA | - | - | - | - | 30 | 50 | 70 | 80 |
| Outcome №2 on component EDM: Promotion of evidence based medicine in health care, education and science | % of university professors, who were trained on the principles of EBM | RCHSD &IT, PMA educatio nal institutio ns | - | - | - | - | 1 | 5 | 15 | 30 |
| | % of academic councils, where scientific secretaries were trained on principles of EBM and medical research design | RCHSD &IT, Science centers, RDE | - | - | - | - | 1 | 20 | 50 | 70 |
| C4. Output indicators: Human Resource Component | | | | | | | | | | |
| Linked to outcomes of access and quality | | | | | | | | | | |
| HR component output #1: Reduced geographic inequality in the distribution of human resources | # of doctors per 10,000 | RMIC | 25,6 | 25,1 | 24,4 | 23,4 | 23,43 | 23,4 | 23,4 | 23,5 |
| | % of current year graduates working in the health system of KR (on budget basis) | M3 | 28% | 42% | 57,2% | 52,1% | 68,6% | 70% | 73% | 75% |
| HR Component output #2: Improved medical education | # of accredited family practitioners per 10 thousand population/ their % to total quantity of practitioners in health care system | KSMIRC E RMIC | 4,5/22% | 5,1/25% | 5,2/26,4% | 5,3/27,3% | 5,4/27,8% | 5,5/27,9% | 5,6/28% | 5,6/28% |
| | # of accredited family nurses per 10 thousand population / their % to total quantity of specialist | RMIC | 6,3/13,1% | 7,8/16,7% | 8,6/18,9% | 9,2/20,5% | 9,9/22,4% | 9,9/22,4% | 10/23% | 10/23% |

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|--|---|-----------|-------|--------|--------|--------|--------|-------------|-------------|-------------|
| | with secondary medical education in health system | | | | | | | | | |
| | % of feldshers of FAP and ambulance, who took career development course to total quantity of feldshers (annually) | RMIC | - | 32,4% | 34,7% | 69,7% | 64,7% | 65% | 70 % | 75 % |
| C5. Output indicators: Public Health and Community Involvement Components | | | | | | | | | | |
| Public health component output #1: Effective health protection function | % of iron-fortified flour in total flour consumption of the first and superior quality | MoH KR | 12 | 16 | 18 | 10 | 8 | 9 | 10 | 12 |
| | % of adequately iodated salt at producer level | MoH KR | 72 | 85 | 89 | 94 | 96 | 96 | 96 | 98 |
| | % of public health care system specialists with higher and secondary education who take part in advanced training courses | MoH KR | 50 | 52 | 48 | 52 | 48 | 48 | 49 | 51 |
| Public health component output #2: Effective health promotion | Number of established village health committees | RHPC | 124 | 219 | 489 | 807 | 824 | 1083 | 1372 | 1485 |
| | Quantity/percent of those who involved into CAH program | RHPC | 126/7 | 216/12 | 468/26 | 774/43 | 791/44 | 1044/58 | 1332/74 | 1476/82 |
| | Quantity/percent of rayon centers and cities covered by health promotion program | RHPC | - | - | - | - | 2/8 | 2/8 | 4/6 | 6/24 |
| C6. Output indicators: Stewardship Component | | | | | | | | | | |
| Linked to outcomes of access, financial protection, efficiency, quality and transparency | | | | | | | | | | |
| Stewardship outcome № 1: Health system policy formulation, regulatory framework improvement, improvement of inter-sectoral cooperation, | % of implemented annual recommendations/next steps on component of joint review | MOH DSPRI | - | - | - | - | - | No less 80% | No less 90% | No less 90% |

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|--|---|-----------|---|---|-----|-----|-----|-----|-----------------|-----------------|
| donor aid coordination, provision of effective institutional structure | | | | | | | | | | |
| Stewardship outcome № 2: Strengthening management capacity of providers | Quantity of managers, who received certificate on graduation of complete training course (basic and advanced) on «Policy and health management» program | RCHSD &IT | 0 | 0 | 207 | 132 | 108 | 110 | 120 | 100 |
| Stewardship outcome № 3: Improved mechanisms of data collection, monitoring and evaluation channeled to the policy making process | Number of research projects ordered by MOH and used for policy decisions | MOH DSPRI | 0 | 0 | 4 | 6 | 10 | 10 | No less than 10 | No less than 10 |

¹ Note to indicator on evidence based medicine (C-3):

“ – “ - no data (new indicators were initiated).

² Note to indicator on public health (C-5):

1. *% of iron-fortified flour in total wheaten flour consumption of the first and superior quality:*

Absence of iron for flour fortification in the republic negatively influenced on index in 2007-2009

2. *Relative ratio of public health care system specialists with higher and secondary education who take part in advanced training courses:*

Insufficient financial resources, allocated for public health service do not allow taking systematic specialization on the base of KSMIRCE.

Note to indicator on STEWARSHIP (C-6, Outcome №3): “ – “ - no data (new indicators).

Note to indicator on financing (C-1) - Budget formation standards of antiphthisic organizations on patients quantity for 2009 were calculated on organizations separately: for NTBI- 10000,0 soms, for oblast centers - 8800 soms, for Territorial hospitals - 8100,0 soms, for children - 12800,0 soms.

In 2004-2005 public health care organizations and antiphthisic organizations financing were not on per capita standard, but on index.

PRIORITY PROGRAMS – MATERNAL AND CHILD HEALTH

| | Indicator | Source | 2004 Baseline | 2005 | 2006 | 2007 Mid-term review | 2008 | 2009 target | 2010 target | 2011 target |
|---|---|--|--------------------------|----------------------|----------------------|----------------------------|-------------|-------------------------|-------------------------|-------------------------|
| A. EXPECTED PROGRAM IMPACT | | | | | | | | | | |
| Impact on mother and child health | Infant mortality rate ¹ | RMIC MIC'S/DHS | 25,6 66 (1997) | 29,7 58.0 | 29,2 38.0 | 30,6 33.0 | 27,1 | 0.6 ‰ annual decline | 0.6 ‰ annual decline | 0.6‰ annual decline |
| | Perinatal mortality rate ² | RMIC | 29,8 | 32,4 | 33,7 | 33,0 | 30,1 | 0.6 ‰ annual decline | 0.6 ‰ annual decline | 0.6 ‰ v |
| | Child mortality rate | RMIC MIC'S/DHS | 31,8 | 35,2 45.0 | 34,6 44.0 | 35,3 42.0 | 31,5 | 0.8 ‰ annual decline | 0.8 ‰ annual decline | 0.8 ‰ annual decline |
| | Maternal mortality ratio | RMIC MIC'S/DHS | 46,4 | 61,0 150.0 | 53,0 104.0 | 62,5 | 58,9 | 57,0 | 55.0 | 50,0 |
| B. EXPECTED PROGRAM OUTCOMES: IMPROVED ACCESS TO AND QUALITY OF MATERNAL AND CHILD HEALTH SERVICES | | | | | | | | | | |
| Improved access and equity in access to maternal child health services | % of obstetric organizations, where EPC program was implemented (with at least 30 % of the personnel trained on EPC) ³ | Working group on maternal and child health | 5,4% (3) | 7,3% (4) | 27% (15) | 45% (25) | 55% (30) | 62% (34) | 70% (39) | 75% (41) |
| | % of deliveries in baby-friendly hospitals | RMIC | 40,69 | 51,88 | 56,65 | 62,50 | 43,22 | 60 | 61 | 62 |

PRIORITY PROGRAMS – MATERNAL AND CHILD HEALTH

| C. EXPECTED RESULTS OF MCH COMPONENT | | | | | | | | | | |
|--|---|------|-------|------|------|------|------|------|------|--------------------------------|
| Improved content of medical practice for pregnancies, deliveries, and children | % of newborns dying from asphyxia during 0-6 days | RMIC | 29.8 | 25.6 | 26.0 | 24.1 | 25.3 | 24.8 | 24.3 | 23.8 (0,5 ‰ annual decline) |
| | % deliveries complicated by anemia | RMIC | 40.6 | 44.4 | 41.9 | 43.4 | 40.1 | 40.0 | 39.0 | 38.0 |
| Increased coverage of medical services for pregnancies, deliveries, and children | Immunization coverage by age 2 ⁴ | RCI | 99,0 | 98,2 | 93,9 | 95,6 | 96,6 | 97,0 | 98,0 | 98,0 |
| | % of women 15-49 using any form of contraception | RMIC | 42,3% | 38.2 | 39,4 | 35,9 | 33.2 | 35,0 | 35,2 | 35,5 |

¹According to live-birth criteria, introduced in 2004, and to many criteria of registration, increase in rates is expected without real deterioration of a situation. Official data and survey data should be analyzed together.

²Peri-natal mortality rate is more than 60% in the structure of infant mortality.

³This include implementation of evidence based and European Bureau WHO standards of care quality. It is good indicator for service accessibility and equity assessment, because 97% of deliveries take place in maternity hospitals.

⁴National program of immunoprophylaxis for 2006-2010 has determined the target of immunization coverage by age 2 yr old for 98%, in each region for no less than 95%.

PRIORITY PROGRAMS – CARDIOVASCULAR DISEASE

| | INDICATOR | Source | 2004 Baseline | 2005 | 2006 | 2007 Mid-term review | 2008 | 2009 target | 2010 target | 2011 target |
|---|---|------------------------------------|------------------|-------|-------|----------------------------|-------|----------------|----------------|----------------|
| A. EXPECTED PROGRAM IMPACT | | | | | | | | | | |
| Impact on cardio vascular disease outcomes | Mortality rate from cardiovascular diseases among age group (30-39 years) | RMIC | 55,0 | 55,8 | 56,1 | 60,3 | 54,2 | 54,0 | 53,8 | 53,5 |
| | Mortality rate from cardiovascular diseases among age group (40-59 year) | RMIC | 306.6 | 312,2 | 333,7 | 346,4 | 329,3 | 329,0 | 328,7 | 328,4 |
| 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 | 10,0 | 9,8 | 9,8 |
| | Ischemic stroke intra hospital mortality rate (28 days from the beginning of ischemic stroke) | Patient records review | – | – | – | – | 31,2 | 31,1 | 30,0 | 30,0 |
| | Hemorrhaging stroke intra hospital mortality rate (28 days from the beginning of h. stroke) | Patient records review | – | – | – | – | 46,8 | 46,0 | 45 | 45 |
| | Frequency of repeated AMI and stroke (include into ICD) | NICT (Doc.№45, Repeat. doc.) | – | – | – | 18,85 AMI 18,25 stroke | – | 18,85 18,25 | 15,0 15,0 | 15,0 15,0 |
| | Frequency of repeated AMI as % (stroke developed after 28 days from the previous) | Patient records review | – | – | – | – | 35,2 | 35,0 | 34 | 34 |

PRIORITY PROGRAMS – CARDIOVASCULAR DISEASE

| 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 (m) 5 (f) | 55 5 | 55 5 | 52 2 | 52 2 |
| | % of population overweight (BMI>30) | KIHS NICT | - | - | - | 13,1 | 13,0 | 13,0 | 12,0 | 11,0 |
| 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 | 27,0 | 33,0 | 34,0 |
| | % of those with hypertension who have taken treatment during last 24 hours | KIHS (Doc.№44) | - | - | - | 17,1 | - | 18,0 | 22,0 | 23,0 |
| | % of adult population who were registered in PHC with hypertension | RMIC | - | - | - | 9 | 9 | 10 | 15 | 16 |
| 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 | - | 22,0 | 25,0 | 25,0 |
| | % of patients with AMI who receive aspirin and heparin upon admission | NICT Patient records review (Doc.№45) | - | - | - | 3,2 | - | 10,0 | 15,0 | 16,0 |
| | % of patients with AMI and elevated ST who receive thrombolitics | NICT Patient records review | - | - | - | 16,5 | 18,3 | 20,0 | 25,0 (depends on drugs availability) | 25,0 |
| | % 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 | - | 80,0 | 85,0 | 87,0 |
| | % of patients with CHD who receive statins upon discharge | (Doc.№45 repeat. doc.) | - | - | - | 17,5 | 66,0 | 67,0 | 70,0 (depends on drugs availability) | 70,0 |

PRIORITY PROGRAMS – TB AND RESPIRATORY DISEASES

| | INDICATOR | Source | 2004 Baseline | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 target | 2011 target |
|--|--|------------------------------|--------------------------|-------------|-------------|-------------|---------------|----------------|------------------------|------------------------|
| A. EXPECTED PROGRAM IMPACT | | | | | | | | | | |
| Reduction in mortality and morbidity of TB and respiratory illnesses through effective implementation of DOTS and PAL strategies | Tuberculosis morbidity rate (gen. pop./incl.prison pop.) | RMIC | 113.6/128.1 | 115.7/125.3 | 110.9/121.2 | 108.8/115.5 | 101,6/106.3 | 105.8/106.1 | 103.2/105.5 | 100.7/105.0 |
| | Tuberculosis mortality rate (gen. pop./incl.prison pop.) | RMIC | 11,2/14,1 | 11,0/14,1 | 10,2/12,8 | 9,6/11,2 | 9,2/9,9 | 9,2/9,9 | 9,1/9,5 | 9,0/9,4 |
| B. EXPECTED PROGRAM OUTCOMES: QUALITY , ACCESSIBILITY, EFFICIENCY IMPROVEMENT | | | | | | | | | | |
| Program impact#1: More accessible TB services | % of registered TB patients who received DOTS treatment -general population -prisoners | National TB Institute (NTBI) | 99,6 100 | 99,3 100 | 99,5 100 | 99,2 100 | 99,7 100 | 100% | 100% | 100% |
| | % of registered MDR TB patients who received treatment according to DOTS+ - general population - prisoners | NTBI | | - - | - - | - - | 12,6% 9,6% | 32,4% 13,9% | Increase % | 100% |
| | % of missed TB cases | NTBI | 2,7 | 2,0 | 1,4 | 1,7 | 1,3 | Decline % | Decline % | Decline % |
| Program impact #2: Increased efficiency of service delivery | % of successful treatment: DOTS DOTS+ | NTBI | 85,3 - | 84,7 - | 82,3 - | 84,7 - | - - | 85 | 85 | 85 |

PRIORITY PROGRAMS – TB AND RESPIRATORY DISEASES

| | | | | | | | | | | |
|---|---|------|------|------|------|------|------|-----------|-----------|-----------|
| | % of relapsed cases | NTBI | 6,5 | 6,6 | 7,2 | 7,1 | 7,0 | Decline % | Decline % | Decline % |
| Program impact #3: Increased efficiency of service delivery | (%) of TB cases detected at the PHC level | NTBI | 7,3 | 8,6 | 9,0 | 11,6 | 9,2 | 5-10 | 5-10 | 5-10 |
| C. EXPECTED PROGRAM OUTPUTS | | | | | | | | | | |
| Improved effectiveness of antituberculous services | Detected smear + among pulmonic forms of TB | NTBI | 45,3 | 47,3 | 46,4 | 44,1 | 44,1 | 50 | 70 | 70 |
| Strengthened inter-sectoral collaboration | Number of medical staff and GUIN's personnel received training on DOTS strategy and TB prevention | NTBI | - | - | - | - | 57 | Increase | Increase | Increase |
| | Number of prisoners received training on TB prevention | NTBI | - | - | - | - | 65 | Increase | Increase | Increase |

“-” No data

PRIORITY PROGRAMS – HIV/AIDS

| | INDICATOR | Source | 2004 Baseline | 2005 | 2006 | 2007 Mid-term review | 2008 | 2009 Target | 2010 Target | 2011 Target |
|---|------------------------------|------------------------|--------------------------|-------------|-------------|-------------------------------------|-------------|------------------------|------------------------|------------------------|
| A. EXPECTED PROGRAM IMPACT | | | | | | | | | | |
| Decrease in incidence, disability and premature mortality through limited HIV/AIDS, STD and drug addiction prevalence | % of HIV- infected among IDU | Republican AIDS Center | 6,2% | 8% | 7,4% | 7,7% | 6,7% | <10% | <10% | <10% |
| | % of HIV- infected among SW | Republican AIDS Center | 1,7% | 1,1% | 1,4% | 1,12% | 1,94% | <5% | <5% | <5% |
| | % of HIV- infected among MSM | Republican AIDS Center | 2,7% | 0,4% | 3,5% | 11,7% | 4,8% | <5% | <5% | <5% |
| B. EXPECTED PROGRAM OUTCOMES: IMPROVED ACCESS AND EQUALITY OF ACCESS TO HIV SERVICES | | | | | | | | | | |

PRIORITY PROGRAMS – HIV/AIDS

| | | | | | | | | | | |
|---|--|------------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| Program impact №1: Improved access and equality in access | % of pregnant women consulted and tested for HIV | Republican AIDS Center | 15.3% | 6.8% | 18.6% | 37.1% | 76% | 80% | 80% | 80% |
| c. EXPECTED PROGRAM OUTCOMES | | | | | | | | | | |
| Strengthened prevention of HIV/AIDS | % of key population covered by preventive programs | | | | | | | | | |
| | IDU | Republican AIDS Center | 23.3% | 13.6% | 17.6% | 36.4% | - | > 60% | > 60% | > 60% |
| | SW | Republican AIDS Center | 80% | 32.7% | 26% | 27.3% | - | > 60% | > 60% | > 60% |
| | MSM | Republican AIDS Center | 44% | 12% | 9% | 15.6% | - | > 60% | > 60% | > 60% |
| | % of IDU indicated usage of sterile injection instruments during the last injection | Republican AIDS Center | 71% | 90% | 77% | 39% | 48% | >70% | >70% | >70% |
| | % of SW indicated usage of condom during the last sexual contact with a client | Republican AIDS Center | 57.8% | 86.5% | 83% | 82% | 95% | >85% | >85% | >85% |
| | % of MSM indicated usage of condom during the last sexual contact with a client, when had anal sex | Republican AIDS Center | 100% | 100% | 100% | 80% | 100% | >85% | >85% | >85% |
| Increased coverage and improved quality of health care to people living with HIV (PLWH) | % of HIV-infected, pregnant women who received ARV prevention | Republican AIDS Center | 100% | 61,5% | 56,2% | 28,5% | 74,3% | 85% | 85% | 85% |
| | % of PLWH need in HAART | Republican AIDS Center | - | 11,2% | 13,1% | 16,0% | 16,1% | >30% | >30% | >30% |
| | % of adults and children with HIV-infection receiving HAART | Republican AIDS Center | - | 67,6% | 43,5% | 47,3% | 59,0% | 70% | 70% | 70% |
| | % of adults and children with advanced HIV-infection stage receiving HAART | Republican AIDS Center | - | 68,8% | 29,8% | 42,5% | 37,0% | 60% | 60% | 60% |

PRIORITY PROGRAMS – HIV/AIDS

| | | | | | | | | | | |
|--|---|------------------------|---|---|-------|------|-------|-----|-----|-----|
| | % of adults and children with HIV-infection who continue receiving ARVT after 12 months | Republican AIDS Center | - | - | 10,6% | 9,2% | 42,2% | 80% | 80% | 80% |
|--|---|------------------------|---|---|-------|------|-------|-----|-----|-----|