

Tracking spending on diabetes at the PHC in Kyrgyzstan using cost calculator tool

Bishkek

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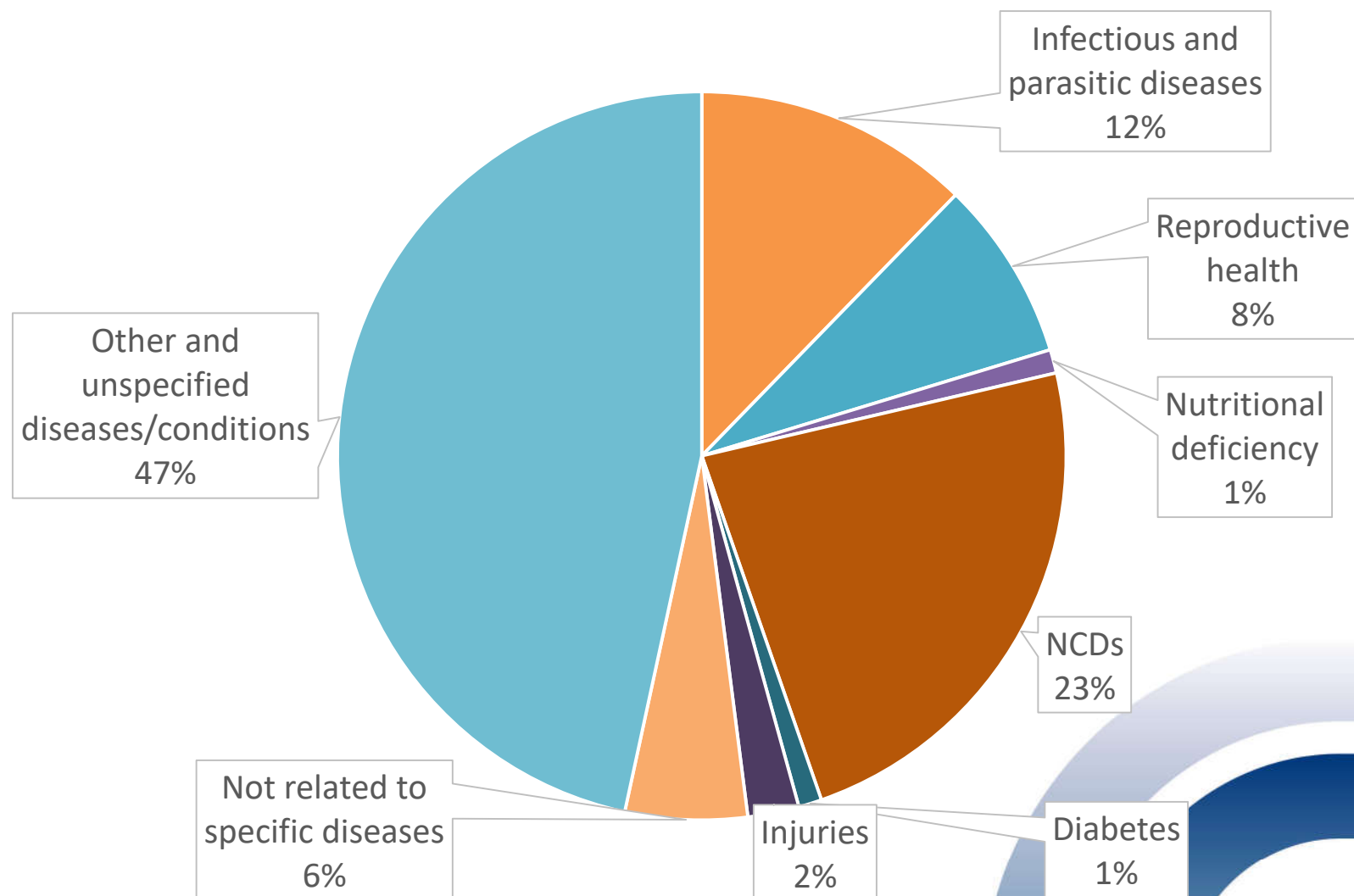
History of implementing NHA/SHA in the KR

- Development of NHA: the process started in 2001
 - Research group and primary data collection
- Development and implementation of NHA in the KR, October 2005 – 2010.
 - Methodology, data collection and analysis
 - Compilation of annual reports for 2004, 2006-2009.
 - Development of subaccounts on TB for 2007.
 - The 3rd, 4th and 8th Regional Seminars on NHS were held in Bishkek (2006, 2008 and 2012).
- Switch to SHA in 2012 – up to now
 - Compilation of annual reports for 2014-2019.

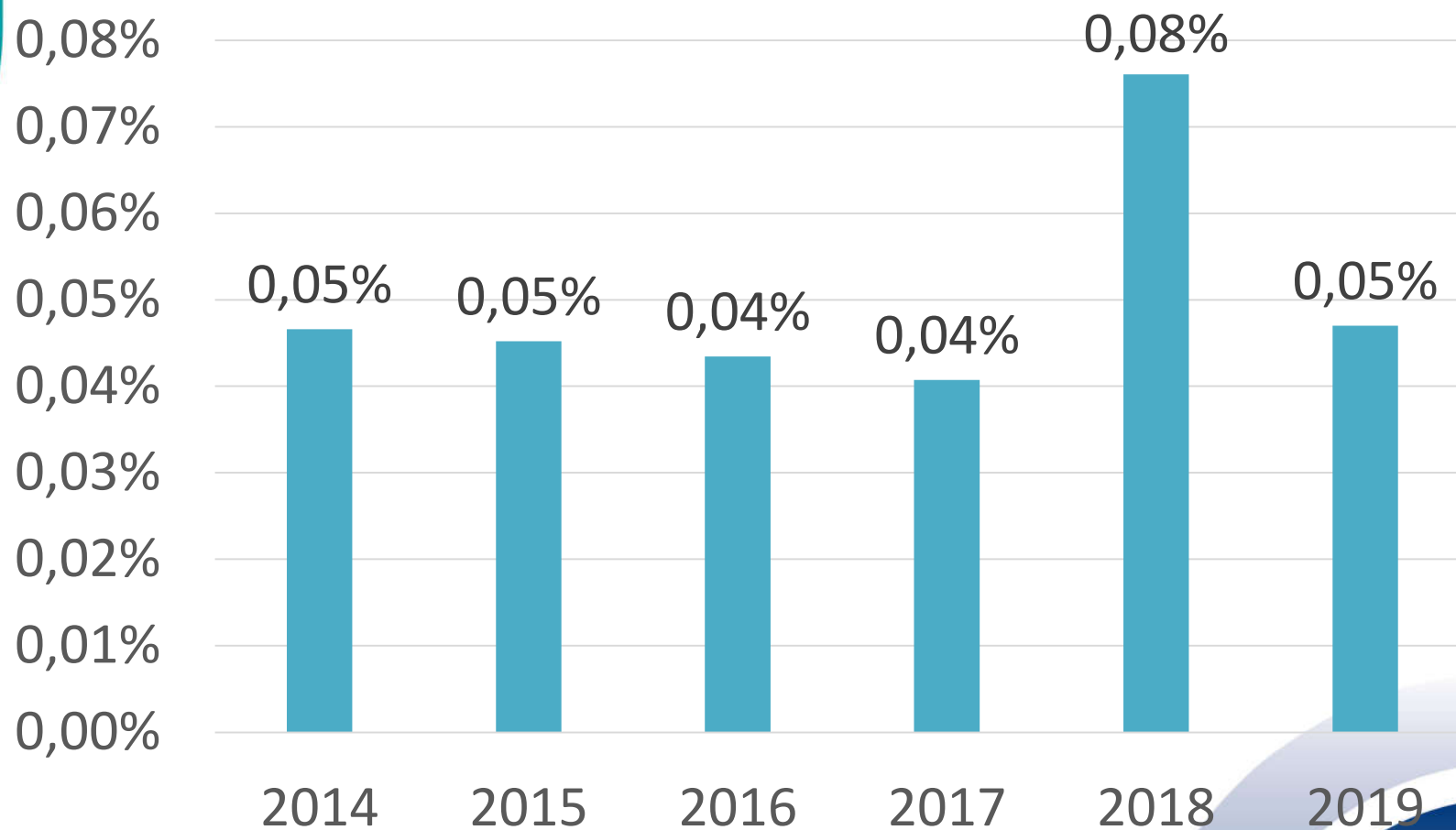
Spending on health care as % of GDP (2014-2021)



SHA: Spending on health care by disease in the KR, 2019

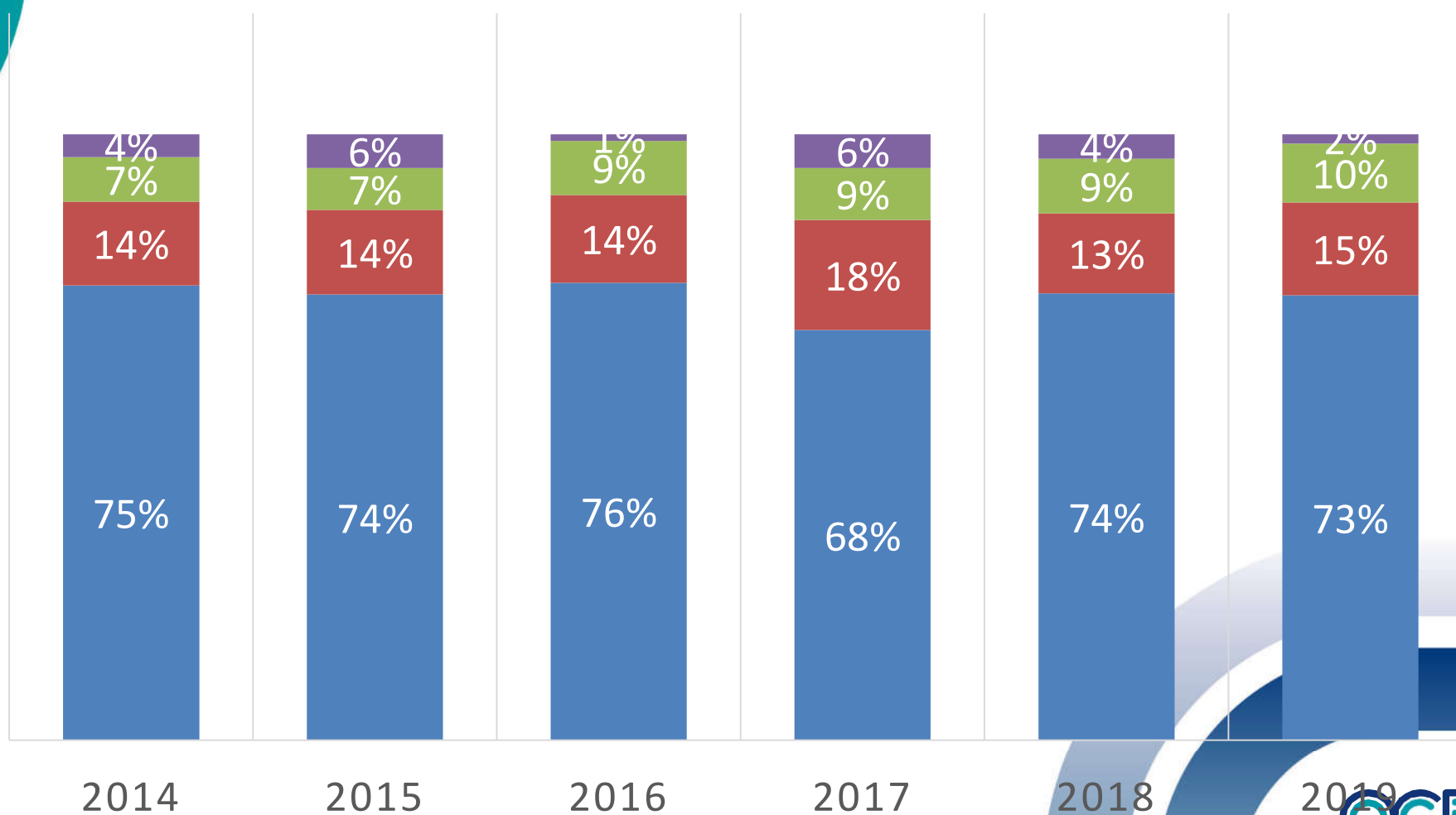


SHA: Spending on diabetes as % of GDP (2014-2019)



SHA: Spending on diabetes by funding sources (%)

■ Респ. бюджет ■ ОМС ■ Домохозяйства ■ Партнеры по развитию



SHA: Spending on diabetes by health care delivery levels (%)



Diabetes treatment cost calculator (2017)

Country name:

Kyrgyzstan

All costs presented in:

2016 USD

Total cost of care (Type 1 and 2 routine + complications)

\$ 82 578 391

Number of people with type 1 diabetes 2 324
 Number of people with type 2 diabetes 54 124

Annual cost of routine care:

		For Type 1 population	For Type 2 population
Medicine and supplies	\$	1 261 242	\$ 7 230 440
Outpatient care and laboratory tests	\$	123 311	\$ 4 369 972

For routine care
(total)

\$ 12 984 964

Annual cost of complication care:

		Per complication
Diabetic Ketoacidosis	\$	17 280
Hypoglycaemia	\$	3 240
Diabetic foot ulcer	\$	211 093
High blood pressure	\$	37 694 070
Ischemic heart disease	\$	10 291 275
Nephropathy	\$	4 983 017
Retinopathy	\$	14 696 525
Stroke	\$	1 696 928

For all
complications
(total)

\$ 69 593 427

Challenges and barriers

No information on patients with T2 diabetes using glucometers and test-strips

Lack of accurate data on patients with complications receiving health care

No data on costs related to consultations of patients with diabetes at the PHC level (estimated indicators based on morbidity are used)

Actual costs of inpatient treatment for patients with diabetes have not been analyzed yet

Estimations for the calculator are based on prices obtained in other countries

Using evidence in decision-making requires ongoing efforts to improve data quality

Definitions and classification need to be improved for more accurate and correct cost calculations

Conclusion

1. It is required to implement the SHA and cost calculation tools and harmonize them
2. The SHA data will help make evidence-based diabetes policy
3. It is important to focus on improving the quality and reliability of data

**Thank you for your
attention!**

