

## Assessment of the health service delivery to the population within the State Guaranteed Benefits Program (the SGBP) In Kyrgyzstan

Kyrgyzstan has the SGBP aimed at ensuring the accessibility and quality of health services. However, the Program is not fully implemented and integrated into the health system. In addition, access to care varies greatly depending on the place of residence, that is, to the guaranteed primary health care (PHC) services in terms of volume, resources and geographical accessibility.

Key research objectives were to review the delivery of basic services for selected conditions within the SGBP and identify the key barriers that cause inadequate access to the guaranteed services.

The research methodology involved a rapid assessment that included conducting qualitative interviews with key informants and exploring patients' views on the availability of services at the PHC level.

### Results

Assessment of patient pathways at the PHC level showed that patients living in remote areas couldn't receive a full range of guaranteed PHC services including consultations of narrow specialists and some laboratory and diagnostic examinations.

Coverage of patients with the SGBP services is inadequate. For example, in Kyrgyzstan there are high rates of hospitalizations for diabetes and its complications, with one third of all registered patients with diabetes receiving inpatient treatment. Limited PHC resources (HR, infrastructure, equipment etc.) do not allow ensuring a full range of recommendations of the approved clinical guidelines. Despite the government provides insulin to patients with diabetes free of charge; and Metformin is included in the SGBP, there are still problems with access to these medicines.

Figure 1. Availability of health services and patient pathway at the PHC

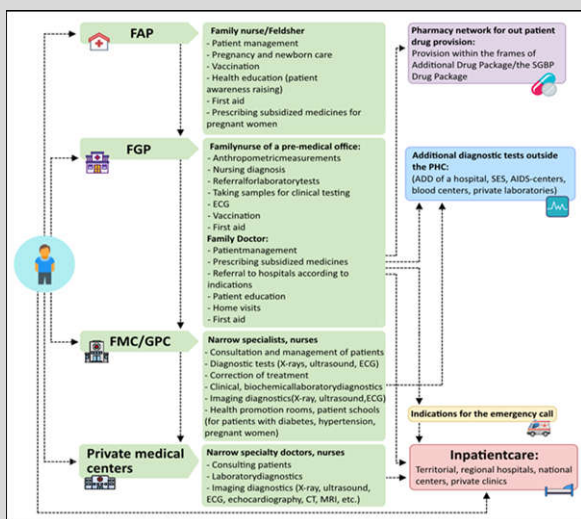
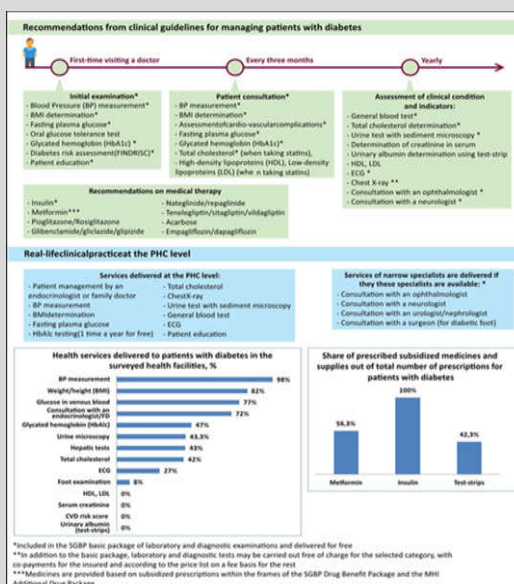


Figure 2. Delivery of health services to patients with diabetes



### Discussion

Family doctors are mostly focused on delivering services to those patients who self-refer due to disease and acute condition; insufficient attention is paid to prevention and education. PHC facilities do not fully provide services in accordance with the SGBP due to the limited range of diagnostic and treatment services available at the PHC level. Geographical factors, such as living in remote villages, lack of pharmacies and shortage of family doctors, aggravate the problem of access to health services for the population. As a result, patients forgo health care or pay high prices for health services in private sector, resulting in financial hardship for low-income households.

### Conclusions

It is necessary to revise the SGBP to ensure universal coverage with PHC services and financial protection of low-income families. It is required to specify more health services in the SGBP for priority diseases, and harmonize their availability with the approved clinical guidelines. It is necessary to implement the patient pathways so that patients receive the right services according to their needs, in the right way, from the right people, in the right place and at the right time. It is required to strengthen the role of a nurse giving her more autonomy and responsibility for the preventive work with the population including NCD patients.