Narrative
Work Plan of MeTA Kyrgyz Republic
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List of acronyms

AMA	Antimicrobial agents
ADP MHI	Additional Drug Package of Mandatory Health Insurance
CBOs	Community-based organizations
CS	Civil Society
DRA	Department of Drug Provision and Medical Equipment
DFID	Department for International Development
DP	Development partners
EML	Essential Medicines List
FGPs	Family Group Practitioners
GoKR	Government of Kyrgyz Republic
HAI	Health Action International
HFs	Health Facilities
HPAC	Health Policy Analysis Centre
IMS	International META Secretariat
IO	International organizations
JF	Joint Financiers
KR	Kyrgyz Republic
MEAP	Ministry of economy and antitrust policy
MeTA	Medicines Transparency Alliance
MF	Ministry of Finance
MHIF	Mandatory Health Insurance Fund
MHI	Mandatory Health Insurance
MoH	Ministry of Health of the Kyrgyz Republic
NDP	National Drug Policy
NDP WG	Working Group for development of NDP for 2012-2016
NGOs	Non-government organizations
NMS	National MeTA Secretariat
PC	Pharmacology Committee
RCHP	Republican Centre for Health Promotion
SSEI	State Sanitary Epidemiological inspection
SDDC	State Department of Drug Control under the Government of KR
SPSI	State Phyto-Sanitary inspection
SGP	State Guarantee Programme
VAT	Value added tax
VHC	Village Health Committee
WHO	World Health Organization
USAID	United States Agency for International Development

Executive summary

The work plan of MeTA second phase has been built on the pilot phase achievements and with deep consideration of the context of situation in the country.

According to the findings of study on the measurement of drug prices, availability and accessibility in the Kyrgyz Republic (KR) commissioned by MeTA in 2010, the drug affordability and physical accessibility in KR need improvements in order to guarantee equal access to the core set of essential drugs and treatment for the population, especially for the poor.

Since the transition to a market economy and the emergence of the private pharmaceutical sector all adopted laws and regulations of KR were aimed to the price liberalization and provision of maximum freedom for entrepreneurial. Medicines are not included in the list of controlled goods, for which the state regulates price in the domestic market.

The only way to influence indirectly retail price is the system of drug cost reimbursement within the State Guarantee Program (SGP) and Additional Drug Package of Mandatory Health Insurance (ADP MHI). Mandatory Health Insurance Fund (MHIF) administers both programs, developed for the purpose of decreasing financial burden of population and improvement of access to drug at the primary health care level. Main emphasis was placed on a combination of mechanisms of the competitive environment of pharmaceutical market, the generic substitution strategy and patient participation in the selection of pharmacy. It is presumed to produce a good effect of drug cost reduction and it works to some extend in the big cities but does not in the rural areas, where 65% of population lives. Thus, today the absence of other approaches to influence drug prices leads to unequal access to medicines through the programs of cost recovery.

In these latter days the issue of high drug prices is constantly being raised by the different groups at various levels. In order to respond to these appeals Government of Kyrgyz Republic (GoKR) has given the task to Ministry of Health (MoH) and the Department of Drug Provision and Medical Equipment (DRA) to prepare suggestions on introduction of mechanisms for drug price regulation.

Taken into account all these circumstances, it is obvious that there is a need to elaborate the pack of measures on lowering drug costs and provision of equal access to drug for the entire population of KR.

MoH created Working Group for development of National Drug Policy for 2012-2016 (NDP WG) on 26 March 2012. The National Drug Policy (NDP) is an important part of the national health strategy and should be developed through the systematic consultations with all interested parties to identify goal, set priorities, define the strategy and state commitments. NDP should be an integral part of the Den Sooluk health reform program for 2012-2016, adding and developing further reforms within the pharmaceutical sector.

MeTA KR considers participation and support of development of NDP as a key task for a planning year and sees NDP as an opportunity window to develop and propose measures on behalf of government. The NDP priorities should be suggesting approaches for setting price formation or regulation process along with other acceptable methods of improvement medicines affordability and availability. All activities should be focused on creation of sustainable system of interaction between stakeholders and balance of interests with a purpose to establish the process of informed, evidence based decision making in the access to medicines policies. The work plan proposes as an initial idea for NDP WG to develop a pilot model of a core set of essential drugs for the treatment of most common acute and chronic diseases in KR (20-30 names of drugs) and system of ensuring its availability and affordability across the country. Thereby, the government can realize its responsibility to improve access to essential medicines in cooperation with other stakeholders.

But even now there is a potential to reduce the cost of medicines purchased by hospitals. Introduction of regular monitoring and analysis of drug prices and its dissemination through publication, in other words, introduction of principles of transparency in the public-sector drug procurement system for the health facilities will certainly help to reduce prices and improve the effectiveness of limited public funds. MeTA will support development of National drug codifier, its integration into accounting program 1C, adaptation of the VEN/ABC priority value analysis software to the country conditions and its introduction into drug management practice in the health facilities. These interventions are aligned with the health reform programme Den Sooluk.

During MeTA pilot the data on the pharmaceutical sector functioning was collected for completion of international data collection tools. These exercises allowed collating existing pharmaceutical data and revealing important information gaps, for which either information does not exist or it is available but not aggregated and standardized, such as: annual growth rate of drug market value; annual growth rate of generic market value; data on the public sector procurement expenditures and others.

This issue has other negative consequences. The business sector has repeatedly expressed their concerns about the existing hunger for information, limited or no access to information available in DRA. Lack of information on demand for medicines makes procurement inefficient and can lead to either stock out or the expiration of overstocked medicines, lack of comparative information on drug prices, supplier performance or drug quality hinders effective procurement and regulation and result in high-prices and circulation of drugs of uncertain quality.

In this regard, it is very important to develop appropriate policy / regulatory framework to enhance transparency of pharmaceutical sector, which will identify mechanisms of provision of information on the drug circulation, prices, quality and the other statistics on medicines for open public use. META project will support activities on creation of state system of collecting sector information based on adopted well known global tools to have robust pharmaceutical sector information available for informed decision making in the pharmaceutical sector.

In Kyrgyzstan, there are more than 4,500 drugs registered. Unjustified or excessive use of drugs is unreasonable additional costs for the patients, causing substantial health damage. Excessive use of antibiotics contributes to microbial resistance. Antibiotic resistance is one of the most pressing public health problems worldwide. The development of antibiotic resistance may also be attributed to the fact that pharmacists are willing to sell antibiotics without prescriptions.

In the planning period MeTA will support collection of data on consumption of antimicrobial agents in the public health facilities, capacity building of MHIF specialist on innovative approach in analyzing collected data. MoH is concerned about this issue and agreed with MeTA recommendation to include the study of factors affecting efficient use of anti bacterial drugs in KR for analysis of antibiotic prescription and assess microbiological labs condition in the MoH annual research plan. The results of these activities will be used for development of next strategy on containment of antibiotic resistance in KR for 2013-2016.

The country population, especially living in rural areas, is not well aware about citizen's rights to access the SGP and ADP MHI Programs. The civil society (CS) sector of MeTA will conduct a pilot campaign on population awareness rising on SGP and ADP MHI in two provinces, than extract lessons to analyze and elaborate recommendations for the campaign expansion to remaining five provinces and Bishkek.

Within the awareness rising campaign it is planned to attract people's attention to the inadmissibility of buying drugs in the unauthorized retail outlets and places. Handout materials will contain information on contact points to report on purchase of doubtful quality medicine.

I. Introduction and background

Since the mid-1990s Kyrgyz Republic has been implementing reforms in the health care system aimed at improvement of population health through creating a more efficient service delivery system that ensures improved access to high quality care at reduced financial burden. In the health care reform, Kyrgyzstan has made significant progress and laid the basic elements of effective drug policy. At the same time the missing elements in the system were transparency and stakeholders' cooperation, which has led to poor results in providing affordability of medicines, its quality and safety.

As a result of high level negotiation the Kyrgyz Republic has been chosen to participate in the international pilot project of META - an international multi-stakeholder alliance to promote transparency in the supply of essential medicines, with the aim of improving access, quality and rational use, especially for vulnerable and the poor.

To achieve the project objectives the MeTA main strategy - a multi-stakeholders approach was used in the country.

During the pilot phase the cooperation between stakeholders, especially between civil and private sectors has been strengthened. Capacity building of civil society constituency is one of the major achievements of the pilot phase which allowed the civil society to play a catalytic role in improving transparency and accountability in the pharmaceutical sector in Kyrgyzstan. The work plan was implemented under the leadership of the MeTA Council with active involvement of experts from all interested parties. That was probably new experience of inter-sector cooperation, which has shown that there is a significant potential for improving communication and understanding between sector stakeholders to strengthen the pharmaceutical sector in general, and increase transparency and accountability, in particular.

For the first time the studies on medicine availability, affordability, prices were conducted, as well as the analysis of the drug regulatory framework, which revealed gaps in legislation and contradictions between various laws/regulations. The most pressing problems were lack of information on drugs from the regulatory authority (for the business sector), lack of a monitoring system (to MoH), inadequacy of authority and responsibility (for DRA). The pilot phase has shown the need to intensify the multi-sectoral processes in health care system to establish the dialogues and promote transparency, and reduce corruption in provision of essential drugs.

During transition period to the second phase MeTA KR did not lay up its activities, instead acted as an organizational kernel in formulation of the pharmaceutical sector opinion to opposite attempts to introduce VAT for drug or deregulate the pharmaceutical sector by abolishing licensing of pharmaceutical activities. MeTA Secretariat actively participated in the bi-annual reviews of health reform programme Manas Taalimi conducted jointly by the GoKR, joint financiers (JFs), development partners (DPs), and has managed to include the pharmaceutical issues into the next health reform programme Den Sooluk (2012-2016). The Secretariat restored the website, arranged MeTA Forum with participants from IMS, MoH, DRA, MHIF, SSEI, business and civil society, academia and international organizations (IOs).

II. Situation analysis

Key players in the pharmaceutical sector

The GoKR carries out the following functions related to pharmaceuticals: ensuring introduction and implementation of the National Drug Policy (NDP); developing and implementing state programmes in high-quality medicines provision and development of the pharmaceutical manufacturing industry; approving the national Essential Medicines List (EML); stating rules and norms in civil social security, including ensuring access to

necessary medicines for selected categories of citizens; ensuring governmental control of medicines import and export.
The MoH is responsible for: overall coordination and control of the health care system, including elaboration of the health care and medicines supply policy; submitting the EML to the GoKR; putting in practice centralized medicines purchasing using governmental budget resources, grants and credits (purchase of insulin, vaccine, medical equipment for loans and grants).
The DRA was established under the MoH in 1997 and is the key regulatory agency in the pharmaceutical sector. The DRA is responsible for the following functions: assessment of the application files submitted for registration of pharmaceutical products; certification of importation and exportation of pharmaceutical products; controlling the quality of pharmaceutical products; licensing of pharmaceutical activities and controlling compliance of pharmaceutical establishments to the recognized standards; conducting pharmaceutical inspections; monitoring of adverse drug reactions; preparing drafts of legislative and regulatory documents; promoting rational use of medicines; retrieving, adopting, developing and communicating technical and scientific information on medicines Participating in the development of standard treatment guidelines and protocols.
DRA does not receive financing from the state budget, works on the self-financing basis by providing the services, which are costed and approved by GoKR.
The MHIF was established in 1996. Since 2004, it has functioned as the sole purchaser of health services in Kyrgyzstan. The MHIF is funded by transfers from the Social Fund which collects the mandatory health insurance (MHI) payments (76% of population covered by MHI) and the republican budget on behalf of defined categories of insured persons. For insured people, the MHIF provides full or partial reimbursement at outpatient level for selected drugs (100% or 50% out of calculated price) and medical products on the national list of essential medicines. Patient's co-payment is meant. Private pharmacies reimburse drug cost using prescriptions from the FGPs as per the agreement with MHIF.

Local production constituted around 3-5% of the overall volume of pharmaceuticals consumed in KR. Local production includes tablets, unguents, galenicals and herbal raw materials, and there is hardly any production of essential medicines.

In 2011 in KR there were 242 licensed wholesalers in Kyrgyzstan, 944 retail pharmacies, 67 hospital pharmacies, 1130 pharmacy outlets and pharmacy kiosks holding a license.

Price regulation

Under conditions when the entire pharm market is in private ownership, with exemption of hospital pharmacies, just recently GoKR approach to price regulation was fully based on the assumption that the best price regulator is free developed market with healthy competing environment. The only indulgence for medicines is VAT tax exemption. GoKR does not participate or influence the formation of wholesale or retail prices on drugs. Medicines are not included in the list of controlled goods, for which state regulates price in the domestic market.

Within the health reforms SGP and ADP MHI programs were developed with a purpose to decrease financial burden of population and improve access to drug at the primary level. MHIF uses calculated basic price for each generic group to define reimbursement amount for each drug. The patient copayment amount calculated as subtraction of reimbursed amount from the retail drug price in a certain pharmacy.

Another measure to reduce the costs of drug is encouragement of generic substitution.

Given the fact that the state does not participate in price formation, main emphasis was placed on a combination of mechanisms of the competitive environment, generic

substitution and patient participation in the selection of pharmacy, which is presumed to produce a good effect to price reduction. It worked to some extend in the big cities but did not in the rural areas, where 65% of population lives. The lack of pharmacies, low awareness of population in rural areas nullified the intended effect of lowering prices and improvement of access to drug for rural citizens. Thus, today the absence of other approaches (policies) to formation of prices on medicines leads to unequal access to medicines through programs of cost recovery.

The state does not have a system of price monitoring, which tracks the fluctuation of price, forecast changes, aggregates data for analysis for the purpose of revision of policy on improvement of access to medicines. The duty of the regulator is keeping statistics of drug circulation, prices. In reality, maintaining such volume of information on wholesale and retail prices for DRA is technically difficult due to lack of information program. From time to time upon GoKR or Parliament's inquiries on some urgent pressing topic DRA provides ad hoc analysis of information on wholesale, retail prices.

In latter days the issue of high drug prices is constantly being raised by the different groups at various levels. In order to respond to the public appeals GoKR has given the task to MoH and DRA to prepare suggestions on introduction of mechanisms of drug price regulation. Different opinions on the subject exist on society, from introduction of direct price regulation to leaving it as it is. MeTA Council convinced that the direct price regulation will destabilize the pharmaceutical market.

It seems to us, it is extremely important to learn the business view on this matter and reaction on possible introduction of state drug price regulation. Special attention should be given to open discussions with business on different approaches to identify those that could be attractive to all parties concerned.

In any case the main conditions for introduction effective drug price regulation are clear rules, standardization of procedures and open access to information. Otherwise, it can turn out into fertile ground for corruption growth and market disruptions.

Given the current circumstances, it is obvious that there is a need to elaborate the pack of measures on lowering drug costs and provision of equal access to drug for the entire population of KR. This requires multi faceted interventions including policy development, creation of state drug price monitoring system, development of legal framework for indirect or direct drug price regulation; educational program and propaganda for wide population.

III. Needs assessment and identification of transparency priorities

National Drug Policy

The NDP is an important part of national health policy. In 1998 the GoKR has approved the first NDP, designed to improve public health through better access to safe, effective and high-quality drugs. It was elaborated with participation of representatives from the Presidential Administration, GoKR, Parliament, IOs and public organizations, presented to the pharmaceutical community at the Conference of pharmaceutical workers in December 1997.

With the adoption of the first NDP the mechanisms and institutions of pharmaceutical sector regulation have been established.

It should be noted that development of following NDP in 2001 was not accompanied by analysis and evaluation of achievements of first NDP. The last NDP 2007-2010 was developed and implemented by a single executer – DRA. Therefore the NDP activities directly related to DRA duties were carried out, while most of the activities that requires multisectoral collaboration remained unfulfilled, e.g. the activity "*In cooperation with the State Customs Inspection under the Government to develop the plan of action for the period*

till 2010 to stop illicit drug trafficking in the Kyrgyz Republic", which required involvement of the MoH, the State Customs Inspection and of other agencies.

Such approach cannot be effective as the function of external control over NDP, interest from the other stakeholders is missing. Eventually NDP became a formal document, which did not receive any support from stakeholders, including GoKR, Parliament.

This proves the weakening of the drug regulatory system and imbalance between the Government's political commitments stipulated in NDP and the Government's policy to improve the business environment in Kyrgyzstan. The "Review of the Medicines Regulatory System of Kyrgyzstan" conducted by WHO states that the legislation does not confer the real powers to the DRA to control the market and makes it impossible, increasing at the same time probability of existence of the substandard and counterfeit medicines. The system of unwarned inspections in pharmacies is abolished, recently GoKR attempted to introduce VAT for drug, enact a provision under which a pharmacist diploma would not be required to perform pharmacist's duties, licensing of pharmaceutical activities would be abolished. Thanks to joint efforts of DRA, MeTA national and international, under technical supervision of WHO it was explained to GoKR that such steps would jeopardize access of medicines for population.

MoH created WG for development of NDP for 2012-2016 on 26 March 2012. The NDP WG includes representatives from DRA, PC, HPAC and MeTA Secretariat. NDP WG is supposed to present a first draft on 1st July 2012. The member of WG from DRA information centre is responsible for interaction with DPs to conduct consultations in May-June 2012. Until now NDP WG has not held a single meeting.

NDP is a policy document and should be developed through systematic consultations with all interested parties to identify goal, set priorities, and define the strategy and the state commitments. NDP should be an integral part of Den Sooluk, adding and developing further reforms in the pharm sector. Therefore the creation sector wide WG with high level decision making status is seen as the priority task for beginning of activities on NDP support.

MeTA KR considers participation and support of development of NDP as a key task for a planning year and sees NDP as an opportunity window to develop and propose measures on behalf of government. The NDP priorities should be suggesting approaches for setting price formation or regulation process along with other acceptable methods of improvement medicines affordability and availability. All activities should be focused on creation of sustainable system of interaction between stakeholders and balance of interests with a purpose to establish the process of informed, evidence based decision making in the access to medicines policies. The work plan proposes as an initial idea for NDP WG to develop a pilot model of a core set of essential drugs for the treatment of most common acute and chronic diseases in KR (20-30 names of drugs) and system of ensuring its availability and affordability across the country. Thereby, the government can realize its responsibility to improve access to essential medicines in cooperation with other stakeholders.

Upon development of NDP draft it will be posted on the websites of DRA, MoH and MeTA, Round tables to discuss the draft with a wide range of stakeholders and receive comments and recommendations will be held in early 2013.

Public- sector drug procurement

According to the existing legislative framework on the drug procurement in KR the price for drug is of crucial importance but not the its quality. As per main conclusion of the "Quality of medicines in the public procurement sector of the Kyrgyz Republic" study conducted by WHO in 2008, it is possible to change the current procurement practices and transit to the procurement of better quality medicines. The system of public procurement of

medicines is mainly decentralized, that is, health organizations procure drugs on their own on a tender basis. Centrally procured are vaccines, antidiabetic and some other drugs. Another significant part of public spending is attributed to drug reimbursement system on the outpatient level through the MHIF.

In general, in Kyrgyzstan the procurement system in public hospitals is characterized by the following problems:

- there is no regulation of drug prices by the government; all is left to the mercy of market forces and tendering procedures;
- there is no control and monitoring system of medicine procurement in hospitals;
- there is no information technology for the above purposes neither the basic elements to create a unified information space for drugs;
- at present the VEN/ABC analysis tool on improvement of procurement in hospitals is introduced as the manual process, which makes it cumbersome to use and virtually nullifies the commitment to its use in a particular hospital;
- issues of improvement of resource management and public procurement in hospitals was not put into practice systematically.

The study on accessibility, availability and prices of medicines, conducted during the pilot phase of MeTA showed that there was a great variation in prices for the same medicines between hospitals.

WHO recommends regular monitoring, analysis and publication of medicine prices purchased by hospitals to influence the procurement practices and effectiveness of limited public funds.

Currently MHIF started analysis of prices for medicines purchased in hospitals engaged in the Single-Payer System. However, manual processing of data and absence of certain data parameters in the hospital reports makes such analysis time consuming exercise and does not allow responding to the issues on time.

Thus, it can be said that the system of drug procurement in the state health facilities is not transparent, the aggregated data for analysis and effective management of process at all levels (central and hospitals) does not exist

Currently, the automated accounting system (1C) is being rollout in the health care organizations across the country. The software keeps records of drug procured through the hospital pharmacy. But the data available in 1C from each health facility cannot be aggregated into a single database due to lack of a Single Drug Codifier. The Codifier embedded in 1C will make possible to consolidate the data to be used by HFs, MOH and MHIF for analysis and informed decision-making on management of hospital stocks and medicines, improvement overall procurement practices. Another practical application of the Drug Codifier will be possibility to organize the electronic drug procurement system, which is being now introduced in all sectors by the Kyrgyz Government.

Thus, to ensure transparency of procurement systems in hospitals, the set of complex interventions required:

- Development of a regulation on drug procurement in the KR;
- Development of a computer based program for collecting and analyzing the data on drug procurement in hospitals
    a. Development and introduction of a national drug codifier
    b. The development of the electronic version of VEN / ABC analysis and its introduction into drug procurement practices in health facilities.
- Publication of drug procurement prices of health facilities on the website the Ministry of Finance, DRA.

All the interventions proposed in the work plan comply with the Government policy in increasing transparency in governance and integrated into the action plan of Den Sooluk. META is seen as a source of parallel funding for Den Sooluk.

Containment of antibiotic resistance

In Kyrgyzstan, there are more than 4,500 drugs registered. Unjustified or excessive use of drugs is unreasonable additional costs for the patients, causing substantial health damage. Excessive use of antibiotics contributes to microbial resistance. Antimicrobial resistance is one of the most pressing public health problems worldwide. The development of antimicrobial resistance may also be attributed to the fact that there is a practice of non-prescription antibiotic dispense in pharmacies.

The Kyrgyz national strategy on containment of antibiotic resistance for 2009-2012 and the action plan has been developed in 2009. The MoH order on enacting the strategy and action plan implementation in all state health facilities was issued but has not been executed. Therefore the META KR decided to combine the efforts of all stakeholders to move to elaboration of complex solution to this problem. During the transition period the MeTA KR organized a serious of focus group meetings with interested parties to discuss the issue and agree necessary steps forward. The meetings came up with the following conclusions: there is a need for assessment of situation with antibiotic resistance in the country; for evaluation of performance of laboratories to determine the sensitivity of micro-organisms; for review the legislation on prescribing and use of antibiotics; review of practices on medicines promotion; and all these information should be fed into the next strategy for 2013-2016.

One of the major problems of identifying the sensitivity of micro-organisms is the lack of control strains. That is why the laboratories, determining the sensitivity of micro-organisms, are not able to issue reliable results on sensitivity or resistance to certain antimicrobial drugs. In order to reduce antimicrobial resistance it is necessary to have recourse of a qualitative bacteriological laboratory, so there is a strong need to strengthen the laboratory services for improvement of individual health care services quality. To assess the situation of antibiotic resistance the data on bacteriological laboratory services and the antimicrobials prescription practice are needed.

As per MeTA recommendation MoH included the study of factors affecting of efficient use of anti bacterial drugs in KR into the Ministry annual research plan. The study will analyze antibiotic prescription practice and assess microbiological labs condition involving independent assessment of lab service with assistance of external expert, conduct survey of health workers and patients. These data will be used for development on next strategy.

Besides these the data on consumption of antimicrobial agents will be collected. For this purpose a focal point for collecting and reporting data on consumption of antimicrobial drugs was appointed to feed information to the WHO project on creation of network for surveillance on antimicrobial agents in countries outside of the EU based on the methodology of ESAC (European Surveillance project of the consumption of antimicrobial agents). This network is organized for the exchange of data between countries to deal effectively with the problem of antibiotic resistance through joint efforts. These data will be published on the website to inform the wider public and the population.

Civil Society sector capacity strengthening

According to the WHO data, counterfeiting constitutes 7% of all sales in the global pharmaceutical market. Almost half of them relates to antibiotics and parasitic drugs.

The urgency of the issue for KR is obvious taken into account the weak drug regulatory system and big amount of registered drugs (4500) at the national market as of January 2012. About 90% of them are imported from Russia, India, Ukraine, i.e., countries that have admitted the existence of falsified drugs in their national markets.

The study using mini-laboratories, conducted within the MeTA pilot, proved the presence of drugs of dubious quality in the pharmaceutical market of Kyrgyzstan. Majority of

violations were found in antimicrobial drugs, which is undoubted danger to the health of citizens. Unfortunately, dubious quality medicines have been found not only in the illegal selling points, but in the licensed pharmacies, which probably steamed from the fact that any inspection of private pharmacies were prohibited under the national strategy on improvement of the business environment.

Surveys, conducted during the pilot phase, have revealed the number of issues related to civil society low awareness on drug issues: there is a very little information on the quality, availability and price of medicines in the public domain, leading to low consumer awareness; the aggressive and unethical promotion of medicines leads to irrational use of medicines and increases the financial burden on patients; there is low access to essential medicines for vulnerable patients in the rural remote regions; the practice of drug prescription and dispensing (including antibiotics) across the country is a great problem and there is a need to promote rational use of drug; the regional state administrations and local governments pay little attention to implementation of the SGP and ADP MHI and development of the pharmacy network in remote regions.

Capacity building of civil society constituency of MeTA KR is one of the major achievements of the pilot phase which allowed the civil society to play a catalytic role in improving transparency and accountability in the pharmaceutical sector in the country.

Involvement of wider CS into the MeTA Forum, rising awareness of population on issues listed above under leadership of the MeTA CS sector is the present days challenge, which need urgent actions to support proposed reforms in the pharmaceutical sector.

IV. Priorities setting using the pharmaceutical sector country profile

The system of data collection

According to the law on medicines MoH is responsible for creation of information system on drug circulation for different public inquiries. However this task is not backed up by any subordinate act obliging MoH or DRA to create appropriate information systems on drugs by certain date, in particular format as it should have been done according to standards of governance practices.

During MeTA pilot the data on the pharmaceutical sector functioning was collected for completion of international data collection tools. These exercises allowed collating existing pharmaceutical data and revealing important information gaps, for which either information does not exist or it is available but not aggregated and standardized:

- Annual growth rate of drug market value;
- Annual growth rate of generic market value;
- Data on the public sector procurement expenditures on drug supply awarded by national competitive tenders, international competitive tenders or single sourced purchase;
- Public sector procurement expenditures on EML;
- List of medicines produced by local manufacturers;

The other problem with information obtaining faced by pharm sector stakeholders:

- State drug register is available at the DRA website but updated with significant delays;
- The process of medicines registration is not transparent
- The inspections results not announced;
- The web site information update constantly delayed by 6-9 months.
- Electronic version of national drug list is not published at MoH, DRA websites.

The massive volume of information on drug circulation suitable for the purpose of monitoring of pharmaceutical sector is in the DRA disposal.

This issue has negative consequences for business. The business sector has repeatedly expressed their concerns about the existing hunger for information, limited or no access to information available in DRA. Lack of information on demand for medicines makes procurement inefficient and can lead to either stock out or the expiration of overstocked medicines, lack of comparative information on drug prices, supplier performance or drug quality hinders effective procurement and regulation and result in high-prices and circulation of drugs of uncertain quality.

In this regard, it is very important to develop appropriate policy / regulatory framework to enhance transparency of pharmaceutical sector, which will identify mechanisms make information on the drug circulation open for public use.

V. Description of process that has led to the development of work plan

The main bulk of work on WP development delivered during the transition period. From October 2011 to May 2012 MeTA Secretariat conducted five meetings. MeTA Council met to discuss the results of MeTA pilot phase and possible directions of development in the second phase. MeTA Secretariat arranged meetings with participation of the representatives from the Republican infection control centre, public and civil sectors (SSEI, Ergene Fund , HPAC) to discuss the issues of antibiotic resistance and Survey on assessment of microbiological labs and antibiotic prescribing methods; with Representatives of public and private sectors (Ministry of Finance and pharmacists) on public-sector drug procurement issues and e-procurement. Separate meetings were arranged with participation of International MeTA Secretariat, including the MeTA Forum dedicated to ideology and objectives of second phase, to the country specific tasks on development of work plan and its implementation.

Some themes of work plan discussed with MeTA Council members through the correspondence exchange.

The special meeting of MeTA Council held on Friday, 17 August 2012, was to discuss and approve this work plan draft. MeTA Council recommendations were taken into account (minutes from meeting). The final version approved by IMS is expected to be ready by the end of August 2012.

VI. Objectives

The goal of the second phase of MeTA in KR is to increase availability and affordability of quality assured essential medicines for population.

The purpose is to improve medicines procurement, pricing, distribution policies and practices on the basis of robust evidence reviewed during multi-stakeholder dialogues.

The following **five themes** are selected as optimal paths to the goal and the purpose:

1. MeTA platform is functioning and strengthened
2. Support of NDP 2012-2016 development
3. Facilitate the improvement of public-sector drug procurement system
4. Support activities on antibiotic resistance containment to form the groundwork for the new strategy
5. Strengthening of Civil Society capacity and increasing public awareness on rights in SGP and drug quality

The completion of following logframe outputs will help to achieve the MeTA KR goal and purpose:

- MeTA KR is functioning and has national government support
- Capacity built in KR to collect and analyze data, using innovative methods as required;

- Transparency and accountability of the national pharmaceutical sector strengthened
- Civil Society Organization capacity to support improvements in transparency and accountability of the pharmaceutical sector strengthened
- Policy makers in KR engaged in multi stakeholder policy dialogue to develop new or review access to medicines policies

VII. Expected outcomes: How the project will lead to better access to medicines through improved transparency

The goal of the second phase of MeTA in KR - to increase availability and affordability of quality assured essential medicines, is a long term task, which can be achieved by successive solution of problems in various areas of the sector. The logical framework built as the sequence of tasks according to their priorities, sequencing and timing.

Introduction of system of price regulation and physical availability of core set of essential drug will be possible, if the effective system of data collection, analysis and monitoring built; the legal framework adjusted to regulate transparently and fairly pharmaceutical sector; the process of drug selection to the core set is clear and well known; the business is ready to cooperate; the CS sector is actively involved in monitoring of price and availability of CSEM, especially CBOs from remote areas; the state bodies responsible for price regulation follow principles of transparency and accountability. And all these aspects are discussed through the open dialogue between the pharm sector multi stakeholders. NDP is the document which has an authority to proclaim the state policy and ways to realization of state responsibility in ensuring access to core drugs. NDP can suggest sequent steps for building a multi faceted system of provision of access to essential drugs for not only for residents of big settlements but also for rural citizens living in remote villages.

One of the most complicated tasks on the way to better drug affordability is introduction of system of price regulation on core set of essential drugs. However even now there is a potential for optimization of public expenditures on drug by introduction of system of monitoring, analysis and publication of drug cost of purchased by health facilities. This will lead to strengthening overall sector transparency and accountability and have a positive impact on limited public resources allocated to SGP and ADP MHI.

The multi stakeholders policy dialogue to discuss collected data base on antibiotic and analyzed by innovative methods, the study of factors affecting of efficient use of anti bacterial drugs in KR, will help to prepare convincing evidence for development of effective strategy on containment of antibiotic resistance 2013-2016.

Through raising awareness of civil society on drug quality, rights in SBP and active position of NGO the transparency and accountability of pharm. sector will be strengthened.

All these activities will contribute to an increase in access to safe, effective and affordable essential medicines, particularly for the poor.

VIII. Description of activities

The Logframe activities are built around **Five Themes** of work plan which selected as most important and relevant for the planning year:

1 MeTA platform is functioning and strengthened
2. Support of NDP 2012-2016 development
3. Support activities on collection of information on antibiotic use to form the groundwork for development of the Strategy on containment of antibiotic resistance for 2013-2016

4. Improvement of resource management in the public sector procurement by provision of transparency
5. Strengthening of Civil Society capacity and increasing public awareness on rights in SGP and drug quality

OUTPUT 1: MeTA Council of KR exists and has national government support

All activities will be aimed to further support of MeTA KR platform to continue dialogue on various themes of planned activities, monitoring of WP implementation, which matches content of Theme 1. MeTA Secretariat is responsible for arrangement of MeTA Council meetings and maintaining relations with members of MeTA Council via distribution of information in between.

More and more individuals and organizations are turning to the MeTA on various issues relating to drugs. Some of them expressed interest in co-operation. There is an objective need to increase a range of stakeholders, identify real leaders and renew the MeTA Council membership. Focus group meetings with academia, private and civil sectors representatives will be held.

MeTA work plan development was accompanied by the broad discussions of the pharm. sector challenges and approved by MeTA Council on the special meeting held on 17 August 2012. MeTA Secretariat will submit quarterly reports to MeTA Council, prepare draft of work plan for the second year of project implementation to discuss and get approval.

In order to engage DPs MeTA Secretariat will prepare and send out briefs on MeTA activities. This will create awareness of the project and will facilitate the MeTA Council and the Secretariat to discuss issues of MeTA in the future. Due to the limited resources of MeTA Phase II the country offices were asked to seek for additional funding, these measures will create conditions for future negotiations on fundraising.

OUTPUT 2: Capacity built in country to collect and analyse data, using innovative methods as required

The Output 2 activities are spun around the three main topics (out of 5 mentioned above):
- Support of NDP 2012-2016 development
- Support activities on collection of information on antibiotic use to form the groundwork for development of the Strategy on containment of antibiotic resistance for 2013-2016
- Improvement of resource management in the public sector procurement by provision of transparency

Support of NDP 2012-2016 development

Output 2.1 and 2.2: Current practice in the following areas will be assessed with the help of local and international consultants:

a) The national pharmaceutical sector functioning from the business and consumers perspectives to identify issues to be addressed in NDP
b) The selection, approval and revision processes of existing lists of essential medicine for different purposes to elaborate a procedure of selection, approval, revision of core set of essential medicines (CSEM)
c) The institutional arrangement of country pharmaceutical sector regulation to suggest the legal framework amendment to enable state institutions regulate the sector, including price for CSEM, transparently and fairly.
d) The survey on doing business in national pharmaceutical sector and study of possible reaction of business to introduce CSEM price regulation & availability to identify stimulus for private sector involvement
e) Data collection and monitoring system to suggest a new three faced system

consisting of (a) annual country pharmaceutical profile assessment; (b) state system on monitoring price and physical availability of CSEM from all regions, including remote areas and (c) civil society involvement in M&E of CSEM from all regions, including remote areas

Output 2.3: Reports on the above areas will be written and recommendations made.
The input from international experts on the institutional arrangement of drug price regulation and creation of stimulus/incentives for business to cooperate with government on price regulation is very much needed as the current practice of interaction of the Government bodies and business can be described as mistrustful and ineffective. This is contingent upon IMS support. Four focal group meetings are planned to discuss proposals of international consultants with business sector prior to inclusion to final version of NDP.
The analysis of legal framework will also include the functional analysis of MoH, DRA to segregate functions of policy making from pharm sector regulation. MeTA wil support creation of drug policy unit in MoH.

Output 2.4 All reports prepared under NDP 2012-2016 auspices will be agreed by MoH, MHIF and delivered to MeTA Council members for discussion at a dedicated MeTA Council meeting.

Support activities on collection of information on antibiotic use to form the groundwork for development of national strategy on containment of antibiotic resistance for 2013-2016
Output 2.2: MeTA supports the MHIF representative (MHIF FP), responsible for data collection on antibiotic prescription in hospitals participation in the training for data collectors in Netherland to enable MHIF FP use the new tools and indicators for data collection.
One of approaches to rough estimation of antibiotic consumption is determination of volume of imported antibiotics. This information will be collected. The desk study of existing surveys, researches and reports regarding antibiotic and laboratory services will be conducted.

Output 2.3: Analytical report based on collected information with recommendations and highlighted policy issues will be prepared. NMS, FP and MHIF FP will prepare brief to disseminate among stakeholders.

Output 2.4: The report will be discussed and agreed by MeTA Council, agreed by MoH, MHIF to be used for development of the next strategy.

Improvement of resource management in the public sector procurement by provision of transparency
Output 2.2: Development of drug codifier congruent to accounting software 1C will enable aggregation of drug prices in hospitals across the country to compare and publish results. For this purpose the software for integration of drug codifier into 1C and training curriculum for accountants will be developed. Training will be provided within the 1C accounting software rollout led by MoH.

The second intervention for improvement of public resource management is development of user friendly software for VEN-ABC analysis for procurement in hospitals and its integration into 1C. As with the drug codifier the training curriculum will be developed. Baseline assessment in three pilot hospitals will be conducted to assess impact of VEN-ABC software introduction next year.

Output 2.3 An analytical report based on data extracted from 1C accounting software on procurement of drug in hospitals will be prepared to highlight policy issues and make recommendations for improvement of public sector resource management.

MeTA will commission the impact assessment of VEN-ABC analysis software introduction in three pilot hospitals to highlight policy issues and make recommendations for improvement of public sector resource management next year.

OUTPUT 3: Transparency and accountability of the national pharmaceutical sector strengthened

Logically the focus topics of Output 3 are the same as for Output 2:

- Support of NDP 2012-2016 development
- Support activities on collection of information on antibiotic use to form the groundwork for development of the Strategy on containment of antibiotic resistance for 2013-2016
- Improvement of resource management in the public sector procurement by provision of transparency.

Support of NDP 2012-2016 development

Output 3.1 All reports developed for NDP 2012-2016 disseminated to relevant stakeholders. NMS initiates extension and upgrading of WG for NDP 2012-2016 under MoH to inter-sector with participation of business, CS representatives under chairmanship of Vice-Prime-Minister.

All preliminary reports on survey on existing practices will be submitted to extended WG and discussed at the international workshop. Draft NDP will be published at web-sites of MeTA, MoH, MHIF and others to get stakeholders feedback and discuss at the dedicated Round Table.

NMS will use the GoKR & DPs Joint Annual Review (JAR) for Den Sooluk health reform programme to present the draft NDP and get DPs structured feedback. For this NMS will distribute draft NDP to DPs prior to JAR.

When NDP 2012-2016 will be approved by GoKR, it will be published at web-sites of MeTA, MHIF, MoH and others. NMS will also prepare an article for the Pharmacy and Healthcare News newspaper.

Support activities on collection of information on antibiotic use to form the groundwork for development of national strategy on containment of antibiotic resistance for 2013-2016

Output 3.2.1 NMS, FPs will prepare the brief based on analytical report to initiate discussions to foster understanding of issues of antibiotic misuse in the wider circles and attract stakeholder attention to the problem. This will help to facilitate establishment of inter-sector WG, which will include representatives of custom and tax agencies, veterinary services, sanitary inspection, private, CS and academia sectors representatives, to develop the national strategy on containment of antibiotic resistance for 2013-2016

Next year MeTA will ensure dissemination of draft strategy to relevant stakeholders with using appropriate methods and messages.

Improvement of resource management in the public sector procurement by provision of transparency

Output 3.2.2 Analytical report based on data extracted from 1C accounting software on procurement of drug in hospital will be published at web-sites of MeTA, MHIF, MoH, an article will be prepared by NMS and published in the Pharmacy and Healthcare News newspaper, a brief will be prepared by NMS and distributed among DPs and presentation for participants of JAR will be given.

MeTA will ensure proper dissemination of impact assessment report on VEN-ABC analysis software utilization next year: publication at web-sites of MeTA, MoH, MHIF;

preparation of article for the Pharmacy and Healthcare News newspaper; briefing of DPs and presentation at JAR

OUTPUT 4: Civil Society Organization capacity to support improvements in transparency and accountability of the pharmaceutical sector strengthened

Support of NDP 2012-2016 development

Output 4.1. Civil Society Organizations capacity to collect qualitative information on drug prices and availability strengthened.

Output 4.1.1 Within the development of NDP village health committees (VHC) across the country collect and transmit data on CSEM price and availability for monitoring.

For this the piloting of new system of data collection and transmission on CSEM for monitoring in two selected regions will be conducted, the pilot results analyzed to be fed in the NDP and prepare recommendations for scaling up of pilot to further regions. The village health committees working in all seven provinces are seen as the best CS partner to conduct monitoring of CSEM prices and availability. The pilot includes training of VHCs.

Next year MeTA will support scaling up of data transmission system; the results will be fed to NDP annual assessment.

Strengthening of Civil Society capacity and increasing public awareness on rights in SGP and drug quality

Output 4.2 Capacity of civil society constituency of MeTA KR to disseminate MeTA related information further to regions with appropriate messages and methods deepened and extended

Output 4.2.1 Capacity of CS constituency of MeTA deepened and extended through awareness raising campaign on public right of access to the essential medicines within the State Guarantee Programs and ADP MHI.

The communication strategy, IEM will be developed and the baseline data from MHIF on SGP and ADP MHI use in two selected provinces will be requested. At first the campaign will be piloted in two selected provinces, than regional meeting called to discuss results, lessons and plan follow up actions. Report for MeTA, MHIF, MoH will be prepared.

Next year the impact assessment of piloting results by comparison of baseline and post campaign data from MHIF in two provinces will be conducted. Analytical report prepared, disseminated and discussed with MeTA, MHIF, MoH and policy makers. Recommendations on scaling up to other provinces developed.

During next year the public awareness campaign will be conducted in the remaining five provinces and Bishkek.

Impact assessment of campaign results will be conducted in year three.

Output 4.2.2 Raising awareness of civil society on the right to have access to quality medicines.

Within the preparation of media campaign the communication strategy, IEM will be developed. For formation of baseline an express testing tool to assess the level of knowledge of population on quality medicines will be prepared to be used at the beginning of each meeting, campaign activities. The first pilot results from two selected provinces will be assessed during next year to extract lessons, plan follow up actions and prepare report for MeTA, MHIF, MoH.

In year 3 the campaign scaling up to five remaining provinces and Bishkek will be conducted. Impact assessment with preparation of analytical report and recommendations to facilitate policy dialogue will be prepared and discussed with MeTA, MoH, DRA, MHIF and other stakeholders.

In year 4 preparation of second round of media campaign on raising awareness of the right to access to quality medicines is envisaged.

Output 4.2.3 Raising awareness of civil society on the rational use of antibiotic
The activities of this sub output will be conducted next year. It is streamed from the pack of activities on antibiotic use set for the planning year. The public awareness campaign on rational use of antibiotic is needed to support the strategy on containment of antibiotic resistance. The campaign will be conducted first in two provinces. The results will be analyzed and used for scaling up to remaining five provinces in the year three.

OUTPUT 5: Policy makers in KR engaged in multi stakeholder policy dialogue to develop new or review access to medicines policies

Improvement of resource management in the public sector procurement by provision of transparency

Output 5.1 Analytical report based on data extracted from 1C accounting software on procurement of drug in hospitals will be discussed at the MoH, MHIF boards and public steering committees of MoH, MHIF meetings. The presentation during JAR October 2013 will roll out to the next year.
Next year the impact assessment report on VEN-ABC analysis software utilization will be published at web-sites of MeTA, MoH, MHIF, discussed at the MoH, MHIF Boards and public steering committees of MoH, MHIF and during JAR.

Support of NDP 2012-2016 development

Output 5.2.1 Within the development of NDP 2012-2016 multi-stakeholder policy dialogue will be used for discussions of survey findings and NDP draft.

The workshop with participation of international experts, policy makers, business, CS, academia representatives and NDP WG will be arranged to discuss information collected for NDP (OI.2.1, 2.2), identify directions of strategy development and build NDP WG capacity. The participation of international experts on the institutional arrangement of drug price regulation and creation of stimulus/incentives for business to cooperate with government on price regulation is very much needed as the current practice of interaction of the Government bodies and business can be described as mistrustful and ineffective. This is contingent upon IMS support.

National Round Table with wide participation of all stakeholders will be organized to discuss draft NDP, get feedback and receive recommendations. NDP final version will be sent after revision to the Government of KR for approval.

Support activities on collection of information on antibiotic use to form the groundwork for development of national strategy on containment of antibiotic resistance for 2013-2016

Output 5.2.2 MeTA will ensure that the results of multi-stakeholders policy dialogue on antibiotic use delivered to MoH, MHIF and other stakeholders, and extended WG on strategy development created.

Next year the workshop with participation of international experts, policy makers, business, CS, academia representatives and WG will be arranged to discuss information on antibiotic use practices, identify directions of strategy and build WG capacity. Round table to discuss draft strategy with wide range of stakeholders will be organized

IX. Risks and risks management strategy

Risk	Risk consequence	Strategy	Responsibility
Volatile policymaking in health/pharm sector undermines the agreed reform	NDP 2012-2016 developed without new approaches and MeTA principles as it was with previous NDP; transparency principles implementation complicated	All sectors will be involved in development of NDP; NDP WG status increased to inter-sectoral under chair of Vice-Prime-Minister; wide dissemination and public discussion of NDP draft	MeTA Council, Secretariat
Anti-reform elements in pharm sector gain prominence through changes in personnel/political situation	Policy dialogue with MoH, DRA, MHIF deteriorated, MoH, DRA, MHIF become close to reform	Keep try to reinforce policy dialogue with wide stakeholders, CS participation	MeTA Council, Secretariat
Populist approaches of some policy makers gain prominence regarding problems of pharm sector and access to drug	The idea of introduction of direct regulation of drug prices gains supporters; drugs availability and quality deteriorated	NDP proposes new compromise gradual approach agreed with all sectors	NDP WG, all pharm sectors, MeTA
Business sector resists cooperation to develop new approaches and follow MeTA principles	Business sector is not active partner in reform, reluctant to provide information	Develop a special communication strategy. Proposes stimulus and incentive program to be included in NDP.	NDP WG, business-sector reps in MeTA Council
Accounting software 1C in the health facilities rollout delayed	Drug codifier, VEN-ABC analysis software are not used in full extension	Continue implementation of output 2. Keep close eye on 1C rollout progress, meanwhile suggest installation and approbation in one or two hospitals.	MeTA Secretariat
Study of factors affecting of efficient use of anti bacterial drugs in KR delayed	Too late to serve as a baseline for Antibiotic resistance containment strategy	Lobby the study approval by MoH Policy council. Include study as a priority task of the strategy	MeTA Council, Secretariat

X. Management arrangements

The National META Forum

Each year, the National Forum will be convened with the participation of all stakeholders, at which the project results, report and problems as well as findings of conducted researches, studies will be presented.

The National MeTA Council

The National MeTA Council is a voluntary, consultative body that provides the basic coordination of project activities of MeTA KR, its alignment with the goals and tasks of the health reforms program of KR, sets priorities and oversees project activities. The National MeTA Council consists of representatives from three sectors: public, private and civil. Chairman and Co-Chairs of the Council in accordance with MeTA Council Regulation are elected by majority of the Council members for a term of one year. A MeTA work plan is implemented under the leadership of the MeTA Council.

The pilot phase evaluation review suggests revision of the procedural framework of MeTA Council to incorporate lessons and experience gained, meet requirements of dynamic changes in KR.

The National MeTA Secretariat

National MeTA Secretariat will implement the work plan under the guidance of the National MeTA Council and consist of a coordinator and a technical assistant. The MeTA National Secretariat will submit the quarterly progress reports to the MeTA Council.

XI. Financial arrangements

The “Family Group Practice and Nurses Association of the Kyrgyz Republic” remains the MeTA fund holder as it was during the pilot. £71,500 allocated by IMS for funding the first year MeTA 2. This budget will be used to support the work of the National MeTA Secretariat, MeTA Council meetings and activities set forth in the work plan and budget.

XII. Budget explanation

The total amount of the annual budget is £ **72,447**.

Out of total administrative expenditures, which is £23,850 (32.9% of total budget) the salary cost and office maintenance are £19,800 (27.3%), the rest are allocated for translation of working documents and web-site maintenance - £4,050. Wages of MeTA Secretariat staff decreased (0.8 and 0.75 of the original wage-rate) and one post has been closed due to limited financial resources of the second phase of MeTA. Contribution of the GoKR is provision of premises for the MeTA Secretariat and MeTA Council meetings.

For the total programme activities £ 42,470 allocated (58.6% of the total budget), which includes: MeTA Council arrangement £3,150 (4.3% of total budget) and £1,050 to conduct focus-group meetings to extend and strengthen the MeTA Council; support the development of NDP, improvement drug procurement system in health facilities, support the interventions to contain antimicrobial resistance - £ 20,120 (47.4% of key activities); focus groups on various issues, the International Workshop and Round Table on NDP - £ 9,970 (23,5%); and campaigns to raise awareness on SGP, quality drugs and the publication of information about the MeTA data in the newspaper "News of Pharmacy and Medicine» - £ 8,180 (19.3%).

Contingency (5% of the total sum of admin and programme expenditures) and the services of fund holder (7% of the sum from HAI funds) are £ 6,127.

International technical assistance is included in the workplan but zero-budgeted. Invitation of two international experts to support the NDP development will be funded by WHO, in case if National MeTA Secretariat's request agreed by IMS will be supported by WHO.

The budget is designed in the Gantt Chart format, which allows to track the costs and performance of scheduled tasks on a monthly basis.

XIII. Monitoring system

The project will be monitored by the MeTA Council.

National MeTA Secretariat will report on progress to the MeTA Council on quarterly basis and submit the financial and technical reports to the International MeTA Secretariat on request or according to the guidelines that they will provide.

XIV. Annexes:

Annex 1. Logical Framework
Annex 2: Budget
Annex 3. MeTA Council Members

XV. Key references:

1. "Den sooluk" National Health Program for 2012 -2016
2. Evaluation of the lab services of the KR, 2006, USAID
3. Quality of medicines within the public-sector drug procurement system in the Kyrgyz Republic, 2008, WHO
4. Evaluation of implementation and effectiveness of the State Drug Policy of the Kyrgyz Republic for 2007-2010, Center for Health Policy Analysis, 2011
5. Review of the Medicines Regulatory System of Kyrgyzstan, 2008, WHO
6. International MeTA Secretariat (IMS) scoping mission to Kyrgyzstan , March 27-29, 2012
7. Evaluation of MeTA, Phase 1: 2009-2010. META Kyrgyzstan Report, Nadia Gittings, April 2010, DFID
8. How to develop and implement a national drug policy. - 2nd edition. Updates and replaces: Guidelines for developing national drug policies (1988), World Health Organization, 2001.