



Pharmaceutical Sector Scan Summary Report

KYRGYZSTAN

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CONTENT

Table of Contents

Introduction.....	3
1. Country Profile: Demographic and Socioeconomic Indicators	6
2. Country Profile: Mortality and Causes of Death	7
3. Country Profile: Health Care Expenditures.....	8
4. Country Profile: Health Personnel, Infrastructure, and Primary Health Care.....	9
5. Medicines Policy and Regulatory Framework	10
6. Medicines Market at Retail Price.....	11
7. Medicines Financing: Government Expenditures and Health Insurance.....	12
8. Medicines Financing: Public Programs Providing Free Medicines.....	Error! Bookmark not defined.
9. Medicines Financing: Patient Fees and Copayments	Error! Bookmark not defined.
10. Medicines Trade: Intellectual Property Laws	Error! Bookmark not defined.
11. Medicines Trade: Registration.....	14
12. Medicines Trade: Manufacturing.....	Error! Bookmark not defined.
13. Medicines Trade: Quality Assurance.....	Error! Bookmark not defined.
14. Medicines Trade: Price Control and Transparency	Error! Bookmark not defined.
15. Medicines Trade: Price Comparison in the Private-for-Profit Sector	15
16. Medicines Trade: Consumer Prices of Medicines on HAI Global Core List	16
17. Medicines Trade: Promotion and Advertising - Legal and Regulatory Provisions .	15
18. Medicines Trade: Promotion and Advertising - Code of Conduct and Spending ...	16
19. Medicines Supply System: Selection.....	17
20. Medicines Supply System: Procurement in the Public Sector	17
21. Medicines Supply System: Procurement Price of Medicines (HAI Global List)	17
22. Medicines Supply System: Distribution.....	17
23. Medicines Access	18
24. Medicines Use: National Structures.....	18
25-26. Medicines Use: Prescribing&Dispensing	18
27. Medicines Use: Pharmaco-vigilance.....	19
28. RECOMMENDATIONS.....	19
29. ACRONYMS	20

Introduction

The development of the world pharmaceutical market has features that associated with specificity of pharmaceutical products. Pharmaceutical products are vital to improve health and prevent diseases among the population. As the time has shown, needs of the population in pharmaceutical products, not only declining, but, on the contrary, have been constantly growing. This trend is unlikely to change in the next hundreds of years, taking into account the nature of influencing factors: demographic, environmental, political and economic.

In this regard, for successful management in the pharmaceutical sector it is necessary to provide the pharmaceutical market with adequate information. Therefore, to solve the problems many countries have been developing strategies aimed at enhancing transparency and accountability in the pharmaceutical sector, including regulation, practice and outcomes of this activity.

In the Kyrgyz Republic for the period of health reforms there have been many activities carried out in the field of medicines, and the information is kept in a variety of public and private organizations, and published in national and international study reports. However, most of the information is not available because of restricted access to state bodies, instable functioning of the websites, and lack of data. In addition, a large amount of information has not been not consolidated and standardized.

Thus, sorting of the large volume of information related to medicines, in a standardized, easy-to-use format is one of the most critical problems to be solved. In the future, the availability of such information would help to undertake a systematic analysis and highlight those areas with informational gaps.

Purpose and objectives of the review

The purpose of the review/scanning of the pharmaceutical sector is compilation of existing data, which pertain to the pharmaceutical sector, and identify key information gaps.

Objectives

1. Identifying sources of information and data collection;
2. Filling in the table forms for the collection of key data in a structured format;
3. Compiling information archive of data sources and comments;
4. Preparing of a brief report by summarizing key findings and gaps identified for each of the topics.

The key sources of information identified included:

1. National Statistic Committee of the Kyrgyz Republic

- 1.1. Statistical Yearbook 2004-2008 “Key indicators”: <http://www.stat.kg/>
- 1.2. “Standards of living in the Kyrgyz Republic 2004-2008”: <http://www.stat.kg/>

2. Ministry of Health of the Kyrgyz Republic

- 2.1. MOH Report, 2008
- 2.2. Republican Medical Information Center under the Ministry of Health of the Kyrgyz Republic “Key health and performance indicators for 2008”
- 2.3. Report on the midterm review of the National Health Reforms Program “Manas Taalimi” of May 7, 2008
- 2.4. Reports on financial monitoring within implementation of the National Health Reforms Program “Manas Taalimi” for 2008
- 2.5. MOH website: <http://www.med.kg/>

3. Health Policy Analysis Center

“National Health Accounts in the Kyrgyz Republic for 2008” (A Policy Study Paper No 64)

4. Medical Health Insurance Fund (MHIF)

- 5.1. MHIF Report, 2008
- 5.2. MHIF Report, 2009
- 5.3. Kyrgyz Government Decree of August 24, 2007, No 363 “On State Benefits Program to provide citizens of the Kyrgyz Republic with health services”
- 5.4. MHIF Additional Drug Package Program on provision of insured population with medicines at the primary health care level (MOH Order)
- 5.5. MHIF website: <http://www.foms.med.kg/>

5. World Bank database: <http://worldbank.org/olinedatabase/>

6. Department on drug provision and medical equipment under Ministry of Health (DRA):
www.pharm.med.kg

7. State Customs Inspection (SCI) under the government of the Kyrgyz Republic:
www.customs.gov.kg.

8. Electronic System of the Normative Acts “TOKTOM”

9. In addition, as the sources of information there have been used data of individual researches, reviews, responses to formal specific requests, as well as personal contacts with state officials. It is worth to note, that on the websites of NSC and SCI there has been found more accurate and updated information. But, unfortunately, the websites of MOH and DRA have outdated data, and some links have not worked. Therefore, most of the information related to MOH and DRA has been obtained by formal requests, or through contacts persons:

1. L.K. Murzakarimova, Director, RMIC
2. A. Temirov, expert, Health Policy Analysis Center
3. D.S. Kalilov, Director, Center for Immune Prophylaxis
4. U. Narmambetov, Deputy Director, MHIF

The next stage of the experts work was filling in the tabular forms on the basis of the above sources and compiling an archive of information sources.

The findings are presented in the annexes to the report: PART II – Data Collection Forms and PART III - Sources of data and comments.

This report summarizes the key findings and gaps found out in each of the topics. There have been identified key points for META Project in Kyrgyzstan to be considered and recommendations for further ensuring accessibility, transparency and accountability in the pharmaceutical sector.

1. Country Profile: Demographic and Socioeconomic Indicators

The Kyrgyz Republic is a high mountainous country. The area of the Kyrgyz Republic is of 198,5 thousand sq. meters. About 90% of the country area lie above 1,500 meters above the sea level, the average height is 2,750 meters, the highest point is 7,439 meters (Pobeda peak), the lowest point is 401 meters (Leylek district). The climate is continental. The country is rich in water power. There are many lakes, among them the Issyk-Kul lake is the largest (the area of 6,236 square km.)



The population of the Kyrgyz Republic is 5,3 million people (2008). Urban dwellers make up 35%, rural 65% of the population. Most of the population is concentrated on the foothill valleys - Chui valley is on the border with Kazakhstan, and the Fergana valley on the border with Uzbekistan, then there are the valleys of Naryn and Talas, and one in Issyk-Kul basin. The population of the country is young: 32.3% of the total population have been children and adolescents in the beginning of 2009; 59.4% of population are of working age and 8.3% - of retirement age. Gender imbalance is noted after 35 years, and female population over 80 years old is 2 times higher than that of men.

Economic status

Annual real GDP growth amounted on average to 4,7%. during 2005-2008. In 2008, the GDP amounted to 185 billion Kyrgyz soms. At the same, GDP per capita increased from 19,6 thousand soms in 2005 to 35,1 thousand soms in 2008. In 2008, the average wage in the country amounted to 5,422 soms, that is 2,1 times more than in 2005. State budget revenues in

2008 compared with 2005 increased by 2,3 times and reached 46.6 billion soms, which accounted for 25,1% of GDP.

Education and Literacy

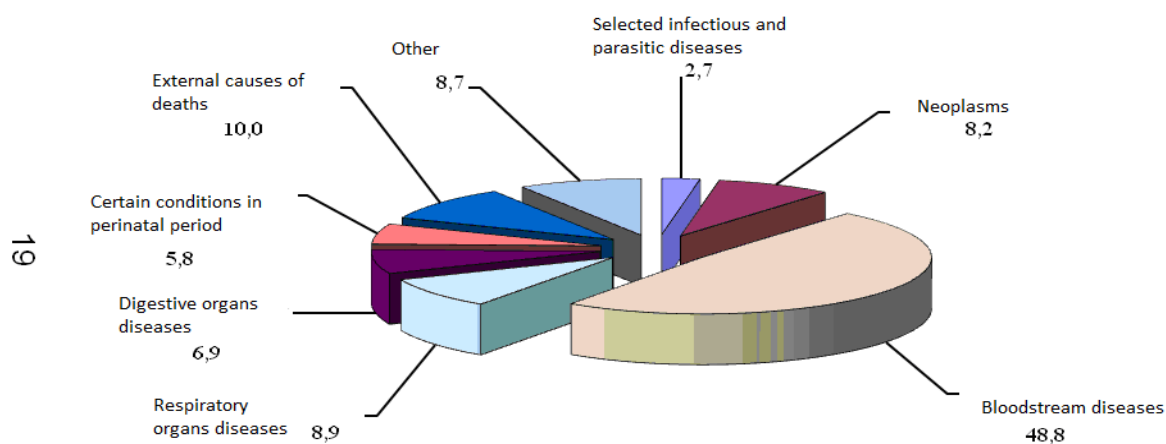
According to the NSC (1999) 98,7% of the population of Kyrgyzstan is considered literate, and 1.3% is not literate. In addition, according to the census, there is no separate data by gender. General information about level of primary education (6.3%) is not separated by gender.

Due to the fact that the census data in 2009 have not been published we used census data as of 1999 as a reliable data source.

2. Country Profile: Mortality and Causes of Death

The first place among main causes of deaths is occupied by cardiovascular diseases (48.8%). And the proportion of deaths from these causes has increased from 47,3% in 2005. Then, there are external causes of deaths (10,0%), and the respiratory diseases (8.9%). There is a growing proportion of deaths from neoplasms (2007 - 7, 9% and in 2008 - 8, 2%).

Picture 1. Causes of deaths, (%) 2008



In this section, all information was accessible, as RMIC and NSC publicize it on their websites or specific references.

3. Country Profile: Health Care Expenditures

According to WHO recommendations, the health expenditures should constitute at least 6-9% of GDP. Also, according to WHO, the United States invested in health 14% of GDP, in Europe - 6-9%, while the cost of drugs account for 11-19% of these funds. In comparison, state expenditures on health in the Kyrgyz Republic now account for 3% of GDP, though have a tendency to increase. This is due to increase of GDP and the state budget expenditures. In particular, in 2008 total budget expenditures constituted 45 billion soms, and 5,6 billion of them have been allocated for health. State expenditure on health in the Kyrgyz Republic reflected in the table below. These data are compiled based on the data from the NSC and the report of the Kyrgyz government for 2008.

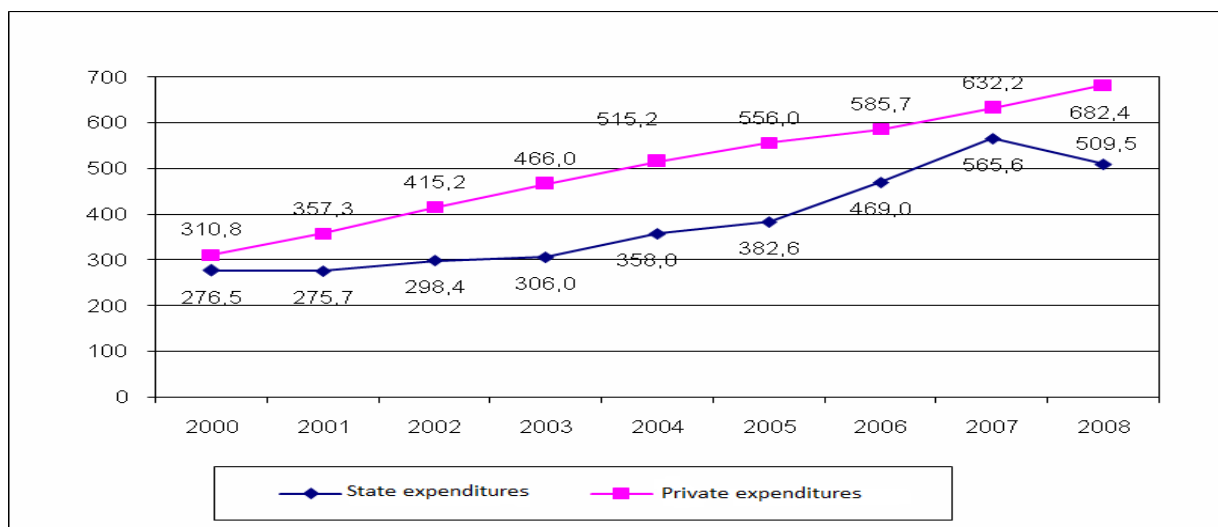
Table 1. State expenditures for healthcare in the Kyrgyz Republic (mln. soms)

Indicators	2000	2004	2005	2007	2008
GDP	65300,0		100900,0	141900,0	185000,0
Expenditures	8630,9	18841 ,7	25000,0	35900,0	45000,0
including healthcare	1295,9	1925,6	2500,0	3108,6	5645,4
Proportion of health expenditures to the state	12,3	10,2	10,0	9.0	13.0
% to GDP	2,1	2,05	3.0	3.0	3.0

Source: National Statistic Committee of the Kyrgyz Republic, Government report for 2008

The level of co-payments paid by patients during hospitalization or diagnostic in 2008 amounted to 203,8 million soms and is included in the total private expenditure according to the report for the NHS in 2008 in the amount of 6,373,6 million soms, what in percentage to total amount of expenditure is set at 3,2%.

Picture 2. Growth of public and private expenditures per capita comparing with 2000, in soms



4. Country Profile: Health Personnel, Infrastructure, and Primary Health Care

The number of specialists with secondary and higher education has been decreased, partially due to restructuring of the health services, but more due to external migration and outflows of medical personnel from the health sector. Data on the health care providers are available through RMIC and NSC.

Number of licensed pharmacists is indicated in the tables according to the DRA. This data may not be accurate as pharmacists are registered only at certification, but this procedure does not take place among graduates within three years after getting the degree. This issue requires a separate study and clarification.

Under the Drug Law health providers are also allowed after a month of training to sell the drugs. To date, more than 400 health providers have been trained. This permission was introduced to ensure the physical access to medicines in remote settlements. However, this question requires consideration with regards to applicability of the above persons to drug dispensing. Data on pharmacists are available only for official use.

In this terms, statistics on pharmacists and pharmacies should be passed to RMIC for processing and analysis.

Health Organization of the primary level, working in the Ministry of Health are as follows:

Table 2. Primary healthcare organization in the Kyrgyz Republic, 2007-2008

FMC		General Practice Centers		Number of FGPs under FMC and GPC		FGP being independent juridical persons		FAPs	
2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
80	79	10	12	678	678	24	21	934	960

5. Medicines Policy and Regulatory Framework

The regulatory framework in the drug market is constantly being updated. The main regulations are the Drug Law (1997, 2003), and the State Drug Policy (1998, 2003, 2007). Licensing and Inspection policy in the pharmaceutical sector have been implemented by the single body which is the Department of Drug Provision and Medical Equipment under the Ministry of Health of the Kyrgyz Republic (Established in 1997), operating on the base of approved Statute and organizational structure.

Regulations under this section are available to the public through the TOKTOM electronic system (electronic book of regulations).

Under current regulations all drugs before marketing must undergo a certification process based on the normative acts of the Kyrgyz Republic. The regulations on transparency and accountability of public officials and employees involved in the regulation of pharmaceutical activities are regulated in general terms, e.g., by the Civil Code, Law on Civil Servants. But, the official code for the above issues is missing.

The DRA website has not been functioning long. However, the information is limited, and not updated regularly. The structure of the website requires updating.

With this in mind, it is necessary to revise the design and structure of the website. There is a need to establish the proper functioning of the website for the subjects of the pharmaceutical market and the public.

6. Medicines Market at Retail Price

The pharmaceutical market in Kyrgyzstan is functioning in free market conditions, and almost 99% of the subjects belong to private owners, and 1% - to public pharmacies in hospitals. All medicines are subjects to mandatory registration. The list of registered drugs is available through the DRA website or in the form of newsletters. The Register is based solely on the trade names.

Kyrgyzstan is an import dependant country, where 95-97% of medicines are imported from far and near abroad. The top 10 firms account for about 45% of the market in Kyrgyzstan. These imports represented in the table.

Table 3. The volume of imported pharmaceutical products into the customs territory of the Kyrgyz Republic (in million soms)

Years	According to DRA	According to Customs (www.customs.kg)	Difference
2005	1103,8	2265,6	1161.8
2006	1595.0	2022,4	427.4
2007	2047,0	3050,6	1003.6
2008	2621.1	3565.7	
2009	4021.3	3776.9	

As can be seen from the table, data of the DRA and the Customs do not match. The State Customs Inspection represents overall figures for group of 30 products (pharmaceutical products). The data are not separated between commercial and humanitarian imports. The DRA represents import figures as a whole, including the volume of imported drugs, medical items, and medical equipment. There are separate records on pharmaceutical products received through humanitarian assistance. Import data are available only by request or from the reports of DRA managers.

Information on import should be ranked by groups: medicines, medical items and medical equipment. There is a need to develop a Unified Import Assessment System at the DRA and SCI.

The market share of local medicines should be clarified, since the volume of local production includes medical items and equipment.

There is no data on top 20 medicines as the list has not been identified.

A comprehensive study has been conducted for generic drugs on factors influencing the use of generic medicines (Center for Health Policy Analysis. Policy Research Paper № 67, Bishkek, 2009). Today, in Kyrgyzstan, generics account for a largest part of the drug market -94%. In many cases, generics are presented under the trade names and constitute most of the prescriptions. Original drugs in the country are limited, it has been officially registered 2%.

The data on annual increases of the cost of generic drugs are not available in the country, as such study has not been carried out. However, the Policy Research Paper № 67 has data on average prices for some generic drugs in the country, Osh, Issyk-Kul and Chu areas.

7. Medicines Financing: Government Expenditures and Health Insurance

7.1. Government spending and health insurance

State drug provision in Kyrgyzstan is ensured at the hospital and outpatient levels. In hospitals the drug provision is ensured through the state budget, mandatory health insurance, and a share of external funding allocated for drug provision, as well as from the co-payment which is formally paid by the people at the cash desk of health care organizations.

At the outpatient level, drug provision is ensured through the state funds for emergency care, and for people with certain diseases through various health programs (e.g., State Benefits Program, TB Program, National Malaria Strategy 2006-2010, National Tuberculosis Strategy 2006-2010, National HIV/AIDS Strategy 2006-2010), which, in fact, have improved accessibility to medicines and had impact on poverty alleviation for certain categories of the population.

According to financial reports provided annually by the Ministry of Health, the total amount of funds allocated for drug provision for 2008 amounted to 842,4 million soms, including:

- State budget - 373.6 million soms,
- Compulsory health insurance - 335,2 million soms,
- Special funds (funds paid by the public for certain types of medical services) - 26,5 million soms,
- Co-payment - 107,1 million soms.

In total, amount of public funds (373.6 million soms) allocated to the drug provision included external support. Of the total donor funding of development partners in 2008, the largest share of the expenditures was spent on medicines (23%).

7.2. Health insurance

The medical insurance in the country is stipulated in the Law on Health Insurance and divided into:

- Mandatory health insurance undertaken by a public authority (MHIF);
- Voluntary medical insurance, is administered independently, by business, organizations, voluntary health insurance.
-

8. Medicines Financing: Public Programs Providing Free Medicines

Currently, the country has several programs on beneficial drug provision both for in-patient and outpatient levels, but only in public health institutions. Pharmaceutical sector is private, so dispensing of medicines in pharmacies is based on a fee basis.

Free medicine support is provided through the state specific health programs such as TB Program, National Malaria strategy 2006-2010, National Tuberculosis Strategy 2006-2010,

National HIV/AIDS Strategy 2006-2010, by certain medical products. In 2008, it has been allocated on drug provision from the Global Fund:

- on Tuberculosis Program – US \$ 1,805,691.8 USD (period: July 2007- December 2008);
- on HIV/AIDS Program - US \$ 401,946 (period: April 2008 - February 2009);
- on Malaria Program – US \$ 4,202 (period: April 2008 -March 2009).

Ministry of Health of the Kyrgyz Republic defined a list of medicines that are available to patients for free at the primary level in the event of emergency conditions (Order № 349 of the Ministry of Health, 2000).

In addition, there is a preferential drug provision for citizens on outpatient basis through the State Benefits Program to provide health care to citizens of the Kyrgyz Republic and the Additional Drug Package Program under MHIF for insured persons. According to the programs the contracted pharmacies provide prescription drugs to citizens who pay part of the cost, the remainder should be reimbursed by the MHIF. The list of categories of people eligible for preferential drug provision is determined by the State Benefits Program or the status of insurance by MHIF.

In 2008 it was allocated for:

- State Benefits Program – 25,0 million soms;
- ADP MHIF - 77,9 million soms.

It should be noted that the State Benefits Program provides children hemophiliacs by free blood clotting factors.

9. Medicines Financing: Patient Fees and Copayments

Co-payment is participation of citizens in the payment for the health services they receive in health care organizations working in the Single Payer system, above the level of funding within the State Benefits Program.

The following services are included into co-payment system:

- For outpatient facilities- laboratory and diagnostic tests (except basic laboratory and diagnostic tests provided by the State Benefits Program for free), held in the Family Medicine Centers, the General Practice Centers, outpatient-diagnostic departments of hospitals, and general hospitals, consulting and diagnostic departments of tertiary hospitals ;
- At hospital level - all the measures directly related to the therapeutic process and nutrition for hospital patients.

The level of co-payment is differentiated by region, depending on the availability of a referral and eligibility. The list of categories of citizens eligible to receive health care within the State

Benefits Program for free and concessional terms, is approved by the Government of the Kyrgyz Republic annually.

In FMC, and Outpatient-diagnostic Departments and the Clinical Diagnostic Centers the co-payment for ongoing laboratory and diagnostic tests is paid according to a price list for health services. Prices are drafted and approved by the Ministry of Health of the Kyrgyz Republic in coordination with the State Agency for Antimonopoly Policy and Promotion of Competition under the Kyrgyz Republic, and is unified to all health care organizations working in the Single Payer system. The co-payment amount is differentiated, depending on the availability of a referral from an appropriate specialist, a profile of diseases, the rights to benefits in obtaining health services. The amount of co-payment is approved annually by the Government of the Kyrgyz Republic after approval of the national budget.

10. Medicines Trade: Intellectual Property Law

Marrakesh Agreement includes an "Agreement on intellectual property aspects related to trade" (hereinafter referred to as "TRIPS Agreement"), which applies to drugs.

Manufacture of patented drugs and their sale are made in accordance with the patent laws of the Kyrgyz Republic, as well as the Law of the Kyrgyz Republic "On Trademarks, Service Marks and Appellations of Origin". All information in this area is accessible to anyone who has a subscription in the TOKTOM electronic system.

11. Medicines Trade: Registration

At present, all conditions for registration of drugs have been established in our country. Specifically designed regulations, expert committees, laboratory, technical department, and the registration fee is determined. There is a differentiated approach to the registration of generic medicines. On 1/4/2010, it was recorded 5,544 drugs names, of which 4,016 - medicines, 1,267- INN, 261 - supplements. The list is accessible through the DRA website. The Drug Register is available on the DRA website, as well as all the regulations on registration.

To further improve the registration process in terms of transparency, accountability and responsibility at all stages of drug registration, it is necessary to develop Uniform Administrative Regulation of the DRA to ensure enforcement of the state function on registration of medicines. In addition, it should be considered the structure of the Drug Register with indication of INNs of generics or originators, and provide permanent access to the quarterly updated Register through the DRA website.

12. Medicines Trade: Manufacturing

There are positive trends in recent years in the development of domestic pharmaceutical production. Totally, 40 companies in the country have had license to produce pharmaceutical products. Domestic developers registered 495 names of drugs, medical items and equipment.

They produce mostly herbal medicines, ointments, medicinal herbs, herbal compositions, and teas, pills, dietary supplements, injectable drugs, dressings, etc. At present, the import of drugs into the country is about 95-97%, while domestic production constitutes from 3% to 5 % of pharmaceutical market. Dynamics of growth of domestic production of pharmaceutical products is presented in the table below.

Table 4. Amount of locally manufactured pharmaceutical products for 1997 - 2009 (mln soms)

1997	1998	1999	2000	2001	2002	2003	2004	005	2006	2007	2008	2009
12.5	19.8	23.9	42.2	48.2	48.0	53.0	68.0	84.2	107.0	147.0	141.0	210.0

There is no GMP certified pharmaceutical manufacturers and multinational companies registered in the country.

13. Medicines Trade: Quality Assurance

The Drug Law and other regulations ensure the quality of medicines. There is a system of inspection and fighting against counterfeit drugs. In 2009, 12,219 samples were analyzed by QC lab, of them 18 samples were found of unsatisfactory quality. List of defective drugs for 2008 is available on the DRA website.

14. Medicines Trade: Price Control and Transparency

There is no price regulation in the Kyrgyz Republic. Prices are established depending on the market. According to the Tax Code medicines are exempt from VAT when imported and sold (the VAT is 12%). Subjects of the pharmaceutical market pay profit tax as of 10% and sales tax as of 1% (cascading tax). In addition, imported raw materials are not taxed if one has a certificate of origin, or, in its absence, pays duty about 5-15% depending on the type of stuff. No retail price monitoring is conducted by the government.

15. Medicines Trade: Price Comparison in the Private-for-Profit Sector

To compare the prices of brands and cheap generic medicines, we studied the retail prices between the pharmacies: "Neman-Pharm Ltd." and "Bi-med Farm Ltd". Then, it was calculated the ratio of local prices of originator and generic drugs to the International Reference Price. Then, the average MPR was calculated. The average selling price of the manufacturer (CIF) was calculated on the basis of invoices of importers and price-lists of the pharmaceutical companies in Bishkek. Information on import invoices has been obtained by Mrs. Tzigelskaya, a DRA employee. This information is hidden, only for official use is available. However, the findings do not correspond with the reality of the market. Average retail markup to the wholesale price is 25%. Therefore, these data requires further study and clarification.

Average pay to a pharmacist or the average price for drug dispensing in the market is 3-6% of retail prices (findings of Mr. Cholponbayev).

16. Medicines Trade: Consumer Prices of Medicines on HAI Global Core List

To fill in this table we studied the retail prices of "Neman-Pharm Ltd." and "Bi-med Farm Ltd", as well as the semiannual health facilities reports on procured drugs for 2009. Data show that most of the health facilities procure cheap generics, while in commercial sector there are both originators and cheap generics. In general, the market is dominated by the generic drugs. Information on procured drugs was obtained in the DRA.

17. Medicines Trade: Promotion and Advertising - Legal and Regulatory Provisions

The existing regulations do not stipulate declaration on conflict of interest. There are no legal provisions in the country to regulate the activities of the medical/manufacturer representatives. This issue requires further study to investigate the real situation with regards to promotion and advertising.

Reports on complaints to the promotion practice are not available, since the system for tracking the promotion has not been developed. According to the DRA for the period 2009-2010 there have not been any violations and sanctions concerning advertising of medicines.

18. Medicines Trade: Promotion and Advertising - Code of Conduct and Spending

In today's pharmaceutical market of key issues of promotion and advertising of medicines are the medical and pharmaceutical workers, and it is predictable: some of them prescribe, another ones – dispense. This is the role the representatives of pharmaceutical companies exploit for mercenary purposes, and professionals in many cases fall under the influence. Today, the code of conduct for medical and pharmaceutical workers is stipulated in adopted professional codes. However, the statements of these codes are not followed. It is therefore advisable to create ethical system in the health facilities networks and pharmaceutical companies.

Expenditures on advertising and promotion by pharmaceutical companies are huge, it reaches up to 25% of turnover. Their budgets show expenditures on advertising, production of brochures and promotional materials, but, other costs associated with promotion among doctors and pharmacists are not reflected. This information is hidden.

19. Medicines Supply System: Selection

There is a strategy for development of evidence based medicine in the Kyrgyz Republic. Clinical guidelines/protocols are developed in accordance with approved at the MoH plans and schedules. If new evidences are found, then the reviewing of existing clinical protocols is carried out in accordance with a international methodology, adapted to local conditions. In 2007, there have been trained 880 specialized doctors, 1,332 family doctors, and 1,332 paramedics on clinical protocols on the base of the Kyrgyz State Institute for Retraining.

The list of essential medicines of the Kyrgyz Republic included 350 INNs. Over the past 20 years EDL has been reviewed 6 times (1996, 1998, 2001, 2004, 2006, 2009). A new edition of the Drug Formulary will be published soon. This work is very intensive and all information is accessible. But, the problem is declaration of conflict of interest. Today, this issue has not been solved.

20. Medicines Supply System: Procurement in the Public Sector

Procurement in the public sector is regulated by the Law on Public Procurement. For a tender in every HF a new tender commission is established. All funds are spent primarily for the drugs from EDL. In to the "MHIF Additional list of medicines and medical items" the health facilities may add up to 5% of generics not included into "MHIF Basic List of medicines and medical items" and EDL.

The results of the tenders are published in the Public Procurement Bulletin and also available at the website of the State Agency on Procurement. The analysis of the quality of the procurement process is available only to participants of the tender.

We have not been able to find data on expenditures for public procurement for the past year and data on procurement of local medicines included into EDL, as those data are not publicly available and not consolidated anywhere.

21. Medicines Supply System: Procurement Price of Medicines (HAI Global List)

When completing this section it has been used 2 HFs reports for half-year of 2009 and recommendations of the " Medicines prices: a new approach to measurement" (2004 edition, World Health Organization, Health Action International). We calculated the ratio of local prices of originators and the cheapest generics purchased by HFs, to the international reference price. The information was provided by the DRA, but and is only available for the official use.

22. Medicines Supply System: Distribution

Distributor practice in Kyrgyzstan is regulated by the Drug Law and normative acts of the Ministry of Health of the Kyrgyz Republic. National guidelines in accordance with GDP standards

has not been developed yet. Currently, 242 wholesale stores and 72 warehouse of medical products function in the country. The centralized supply of medicines and humanitarian aid have been executed through the DRA and DGSEN warehouses.

In 2003, in order to protect the interests of wholesalers it was founded the Pharmaceutical Association of Kyrgyzstan "Farm Union" which unites 50 pharmaceutical companies.

23. Medicines Access

This subject has been much investigated and published in various sources. But, there is no data on equality to access to medicines as this criterion has not been used.

24. Medicines Use: National Structures

Issues related to RDU are designated in the National Drug Policy. To coordinate the activities on RDU the MOH established a Scientific and Methodological Center on Rational Drug Use under the DRA (MOH Order of 15.04.2003) and the National Drug Committee. In addition, to work with communities it was established a Public Association "For the safe and rational use of medicines".

The National Strategy on Antimicrobial Resistance has been developed, but not officially approved.

25-26. Medicines Use: Prescribing&dispensing

Prescription and dispensing of the medicines are regulated by the Drug Law and the MOH Order № 48 of January 30, 2006 'On Drug Prescribing and Dispensing Rules'.

As a source of information to fill in the INRUD indicators it was used the 'Monitoring Report on Performance of the Family Doctors and Implementation of National Drug Policy in the Kyrgyz Republic' (April – June 2003), and the Policy Research Paper №67 (2009).

The Drug Committees have been established in every HF; and hospital drug stores do not execute DTCs.

There are no data on points 25.12 and 25.13. Also, there are not any data concerning to average time spent on a drug dispense, since no research has been undertaken.

Percentage of drugs prescribed and dispensed in the same institutions also is unknown as no studies have been performed.

27. Medicines Use: Pharmaco-vigilance

Monitoring of the ADRs is regulated by the Drug Law and the MOH Order № 535 from 25.12.02 'On Improvement of HFs Performance with Regards to Control and Registration of the ADRs when Using Drugs'. The HFs should report on ADRs and the characteristics of the interaction of drugs with other drugs to the public health authority of the Kyrgyz Republic. Today, the DRA is in charge of monitoring on ADRs, they issue the Drug Bulletin.

28. RECOMMENDATIONS

Based on the review of the pharmaceutical sector and to further improve the accessibility of information and increasing transparency and accountability in the pharmaceutical sector it is advisable to consider the following recommendations:

1. To recommence functioning of the MOH website with regular update and keeping all the links active;
2. Collect all studies, any health and pharmacy related reports at a single portal or website; to produce further the annual reviews based on the website materials;
3. Change the design and structure of the DRA website and ensure access of the subjects of the pharmaceutical market to various information, including, register on issued licenses, import volume, local production volume, ranking of importers and local manufacturers, the register of the registered Drugs, quality failed medicines, ADRs, list of certified medicines, normative acts etc.; to conduct a survey among potential website users before the design and structure are changed;
4. To further improve the registration process in terms of transparency, accountability and responsibility at all stages of drug registration, it is necessary to develop a Uniform Administrative Rules at the DRA for the implementation of a state function as state drug registration. In addition, consideration should be given regarding to structure of the Register of registered drugs with indication of INN, generic or originators, and provision with uninterrupted access to the quarterly updated Register;
5. Intensify activities with the aim to develop standards on drug promotion and advertising;
6. To conduct regular analysis of drug procurement in HFs with focus on volumes of generic drugs;
7. Based on the proposed table forms to develop regular monitoring standard forms and introduce mandatory field monitoring to trace changes in the indicators. The standard forms should be developed on the base of WHO recommendations and the global statistics. Such approach would allow to continue regular tracing in the pharmaceutical market and identify priorities;

8. Ministry of Health of the Kyrgyz Republic should regularly consolidate data on health expenditures and ensure access to it through its website.
9. The Ministry of Health and the DRA of the Kyrgyz Republic should ensure access to appropriate and updated information as much as possible.
10. Currently, the ethic issues are still on paper. In this regards, it is recommended to establish Ethical Committees in the pharmaceutical institutions and health facilities, so that to increase responsibilities of health providers and pharmacists.
11. The MHIF should report regularly on realization of the Additional Drug Package to those involved in pharmaceutical business as well as the general public, including their budget.

29. ACRONYMS

NSC	National Statistic Committee of the Kyrgyz Republic
SCI	State Customs Inspection
RMIC	Republican Medical Information Center of the Kyrgyz Republic
FAP	Rural Obstetrician Point
DRA	Department on Drug Provision and Medical Equipment in the Kyrgyz Republic
MOH	Ministry of Health of the Kyrgyz Republic
MHIF	Mandatory Health Insurance Fund in the Kyrgyz Republic
DGSEN	Department of State Sanitarian and Epidemiological Control in the Kyrgyz Republic
HF	Health Facility
GPC	General Practice Center
FMC	Family Medicine Center
FGP	Family Group Practitioners
ADR	Adverse Drug Reaction
RDU	Rational Drug Use