

Kyrgyzstan



General data

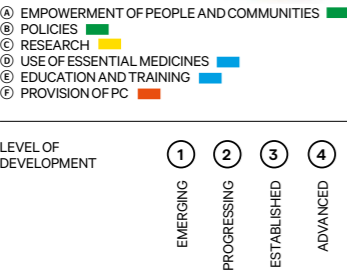
POPULATION, 2023
7,099,750
PHYSICIANS / 1,000 INH, 2021
2.14

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower middle income
GDP PER CAPITA (US\$), 2023
1,970
HEALTH EXPENDITURE (% GDP), 2021
5.44
UNIVERSAL HEALTH COVERAGE, 2021
69



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

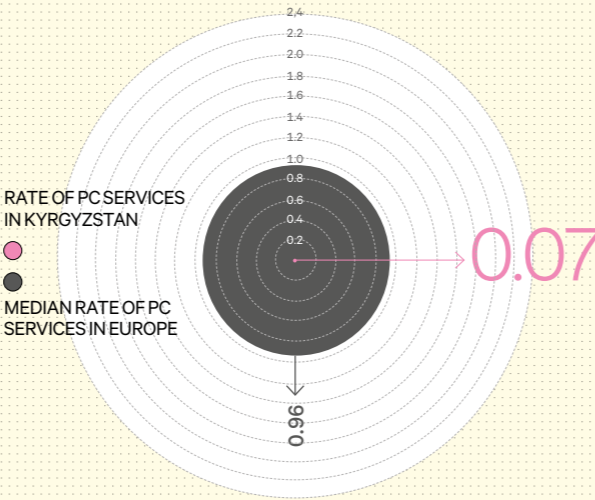


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National Association: Kyrgyzstan Association for Palliative Care.
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Endorsed by National PC Association: Yes
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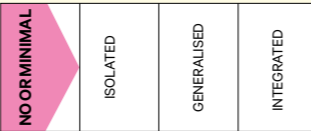
F Provision of PC (Specialised Services)

Total number of Specialised PC services
5
Rate of PC services per 100,000 inhabitants
0.07

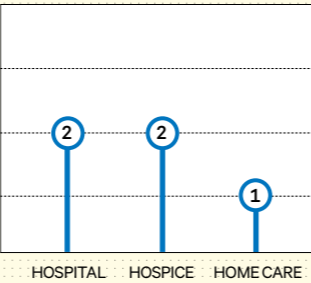
Kyrgyzstan in the context of European region



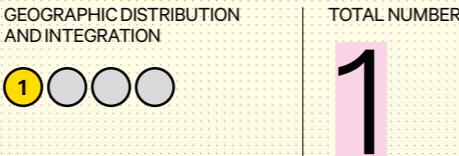
Geographic distribution and integration of PC services



Level of development of different types of PC services



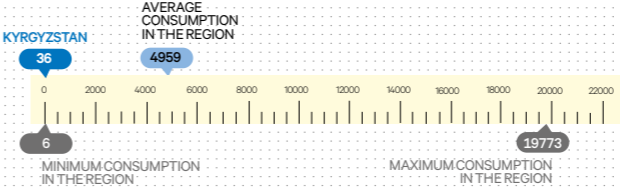
Paediatric PC Services



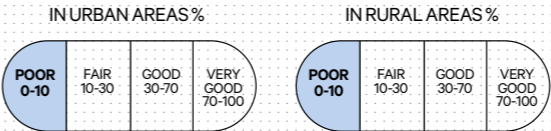
D Use of essential medicines

Opioids consumption (excluding methadone)
36
S-DDD/MILL INHABITANTS/DAY

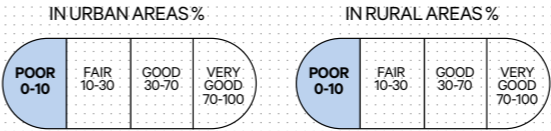
Kyrgyzstan in the context of European region



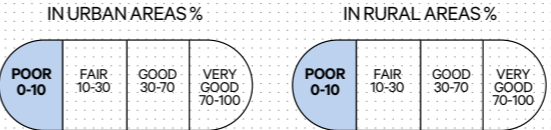
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings

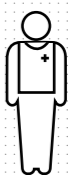


E Education & Training

Medical schools with mandatory PC teaching
2/20



Nursing schools with mandatory PC teaching
N/A



PC Full Professors
0



Recognition of PC specialty
2

B Policies

National PC plan or strategy
1

Responsible authority for PC in the Ministry of Health
1

Inclusion of PC in the basic health package at the primary care level
2

A Empowerment of people and communities





Groups promoting the rights of PC patients
4







Advanced care planning-related policies
1



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| Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors. |  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.). | In the Kyrgyz Republic the Association of palliative and hospice care, which was registered in 2015. There is a public charity foundation 'First Children's Hospice' opened and working since 2016 and up to now, there is a foundation 'Help is easy' opened and working since 2014 helps only with children with cancer. The public foundation 'Together Against Cancer' was registered in 1999, the foundation has a peer counseling room and a patient community 'Kurdash' (Friend) also works with patients with breast cancer. |
| Ind2 Is there a national policy or guideline on advance directives or advance care planning? |  There is no national policy or guideline on advance care planning. | Currently, the Law on Health Protection of Citizens of the Kyrgyz Republic #14 of January 12, 2024, includes an article on providing palliative care. However, the description of the patient's right to palliative care planning is only introduced in the by-laws in the Procedure for the provision of palliative care. This document is being developed and discussed by an interdepartmental commission. |
| Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone. |  Not known or does not exist.  A national palliative care plan is in preparation. | While Law of the Kyrgyz Republic of January 12, 2024, No. 14 <i>On Health Protection of Citizens in the Kyrgyz Republic</i> established a definition of palliative care in section 76, and amendments to 2016 legislation on the right of citizens to receive palliative care, there is not a national policy nor a comprehensive strategy for its implementation. The Law of January 2024 outlines the legal, economic, and medical foundations for ensuring public health and covers a wide range of issues, including medical services, but the process of developing clinical recommendations for palliative care is still underway. These guidelines will apply to both outpatient and inpatient care and are expected to help establish quality palliative care services. Importantly, a new National Palliative Care Plan is in preparation. |







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| 3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets. |  Not known or does not exist. | |
| Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system. |  Not at all. | The Association of Palliative and Hospice Care and other foundations are working on the approval of a legal act, for including PC in the list of medical services and to organize a body to control the provision. Law dated January 2024, No. 14 <i>On Health Protection of Citizens in the Kyrgyz Republic</i> Article 35. 'Palliative Care', stipulates: a) Ensuring the functioning of PC beds in all territorial hospitals (...), b) Changing regulatory mechanisms and ensuring full procurement of opioid medicines at the expense of the government; c) Introduction of clinical protocols on pain management and SOPs on PC universally at all levels (...); d) Implementation of clinical protocols for pediatric PC and development and implementation of quality indicators for PC services provided by PHC (...) and e) Development of new funding mechanisms for PC services (PHCF). |
| Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff. |  There is no authority defined.  Does not have concrete functions or resources (budget, staff, etc.) | Although responsibility for palliative care is assigned to the Chief Nursing Officer of the MoH or to the Department of Medical Care or to the Deputy Minister for Medical Affairs, there is no national coordinating body or branch responsible for palliative care. Only if necessary, this specialist reports the situation to the Head of the Ministry. No dedicated position is paid for the coordination of palliative care issues in the MoH. |



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| <div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div> | <div><div><div></div><div>2</div><div></div><div></div></div><div>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</div></div> | <div>Over the last 3-5 years, regular conferences (round tables) have been organized at least once a year, usually in conjunction with World Hospice and Palliative Care Day, and palliative care issues are also raised at the International Cancer Day conference. These events are usually organized by NGOs but are held with the participation and approval of the Ministry of Health and other decision-makers. Currently, periodic meetings and mini-conferences are being held in Kyrgyzstan, organized by the Children's Hospice and the Palliative Care Association but these are small local events.</div> |
| <div>Ind7.1</div> <div>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</div> | <div><div><div>1</div><div></div><div></div><div></div></div><div>Minimal or non-existent number of articles published on the subject.</div></div> | |
| <div>Ind7.2</div> <div>Inclusion of PC topics in national research calls.</div> | <div><div><div>1</div><div></div><div></div><div></div></div><div>There are no national research calls at all.</div></div> | <div>Palliative care research in the country, evaluated by peer-reviewed articles, is not available.</div> |
| <div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div> | <div><div><div>36</div><div>S-DDD PER MILLION INHAB / DAY</div></div><div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>KYRGYZSTAN</div><div>36</div><div>6</div><div>19773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div></div> | <div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div> |

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| <p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p> <p>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p> | <p></p> <p></p> | <p>In Kyrgyzstan, the right to prescribe morphine and other opioid analgesics is granted to attending physicians, including those working in Family Medicine Centres. However, in order to obtain these medications under the State Guarantees Programme, patients in need of opioid analgesics face serious challenges, especially those living in remote areas. The problem is exacerbated by the spread of morphine phobia and the lack of specialists capable of prescribing these medications</p> |
| <p>Ind10:1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p> | <p></p> <p></p> | <p>In Kyrgyzstan, opioid medications are not provided at the primary healthcare level. Specialists can only issue a prescription, and the medications can only be obtained at specialised pharmacies.</p> |
| <p>Ind10.2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p> <p>10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p> | <p></p> <p></p> | <p>In Kyrgyzstan, opioid medications are not provided at the primary healthcare level. Specialists can only issue a prescription, and the medications can only be obtained at specialised pharmacies. Family medicine centres in rural areas can write a prescription, but they need to be withdrawn in specialised pharmacies and there are only liquid and tablet forms of Morphine hydrochloride.</p> |

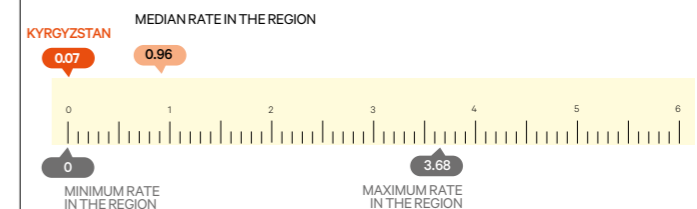
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| Ind11 | | |
| 11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) | 2/20 |  <p>The Kyrgyz State Medical Academy named I. K. Akhunbaev offers courses dedicated to the ethical aspects of care and palliative support, and The Kyrgyz State Medical Institute for Retraining and Advanced Training provides a course on <i>Fundamentals of Palliative care</i>. Currently, there is no separate legislation in Kyrgyzstan regulating education in the field of palliative care.</p> |
| 11.2. The proportion of medical schools with OPTIONAL teaching in PC. | N/A | |
| 11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching). | N/A | |
| 11.4. The proportion of nursing schools with OPTIONAL teaching in PC. | N/A | |
| 11.5. PC Full Professors | 0 | |
| 11.6. Legislation/regulations concerning PC education | No | |
| Ind12 | | |
| Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country. |  <p>There is no process on specialisation for palliative care physicians but exists other type of professional training diplomas without official and national recognition.</p> | <p>There is no official specialty of palliative care doctor or nurse in Kyrgyzstan. There are two palliative care departments in Oncology Centres. Oncologists work there. Some of them have been trained in palliative care abroad.</p> |

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| Ind13 | | |
| 13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms. |  <p>No or minimal provision of palliative care specialised services or teams exist in the country.</p> | <p>There used to be a mobile PC service within the project supported by the Soros Foundation Kyrgyzstan, which worked from 2013-2021, and there were three multidisciplinary teams: two in Bishkek and one in Osh. In family medicine centres, family doctors are obliged to visit palliative patients, but they visit few. In the National Centre of Oncology there is one palliative department for adults, but not separate palliative departments or beds for children. In Tokmak, there are palliative beds in the intensive care unit. There are the following hospitals in the country: the National Centre of Oncology and Hematology has a palliative care department -25 beds (Bishkek), the Interregional Oncology Centre has a palliative care department with 5 beds (Osh city), the Tuberculosis hospital for patients with widely resistant form of tuberculosis with 25 beds in Kemin village, the First Children's Hospice, the charitable foundation, in Bishkek (established by a non-governmental organisation) and some palliative beds in the intensive care unit in Tokmak. Additionally, the charitable foundation 'Fontan Zhizni' also provides support in this area.</p> |
| 13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples. |  <p>Ad hoc/ in some parts of the country.</p> | |
| 13.3. Free-standing HOSPICES (including hospices with inpatient beds). |  <p>Ad hoc/ in some parts of the country.</p> | |
| 13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices. |  <p>Not at all.</p> | |
| 13.5. Total number of specialised PC services or teams in the country. | | |
| Ind14 | | |
| 14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms. |  <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> | <p>The children's hospice in Bishkek opened in 2016 thanks to the efforts of a charitable foundation. The hospice provides PC to children and is staffed by doctors, nurses, psychologists, and volunteers who provide all-around support to children and their families. Although there is just one hospice, there are palliative care departments to assist patients: there is a palliative care department at the National Oncology Centre in Bishkek. Specialised inpatient palliative care departments for adults and children have also been opened at the Osh Interdistrict Children's Clinical Hospital, Tokmok Territorial Hospital, and Jalal-Abad Regional Hospital (funded by the budget). Additionally, there are nursing care departments. There are two hospices in Bishkek: First children's hospice and Fountain of Life - for adults with no permanent residence.</p> |
| 14.2. Number of pediatric specialised PC services or teams in the country. |  <p>PPC TEAMS</p> | |

RATE OF SPECIALISED PC SERVICES/100,000 INH



5 ← SPECIALISED PALLIATIVE CARE SERVICES