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# The Single-Payer System in the Kyrgyz Republic

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# Problems in Health System

- Collapse of Financing
- Inefficient, Overly Specialized system
- Weak Primary Care
- Little Pop Involvement
- Improvements Needed in Clinical Practice

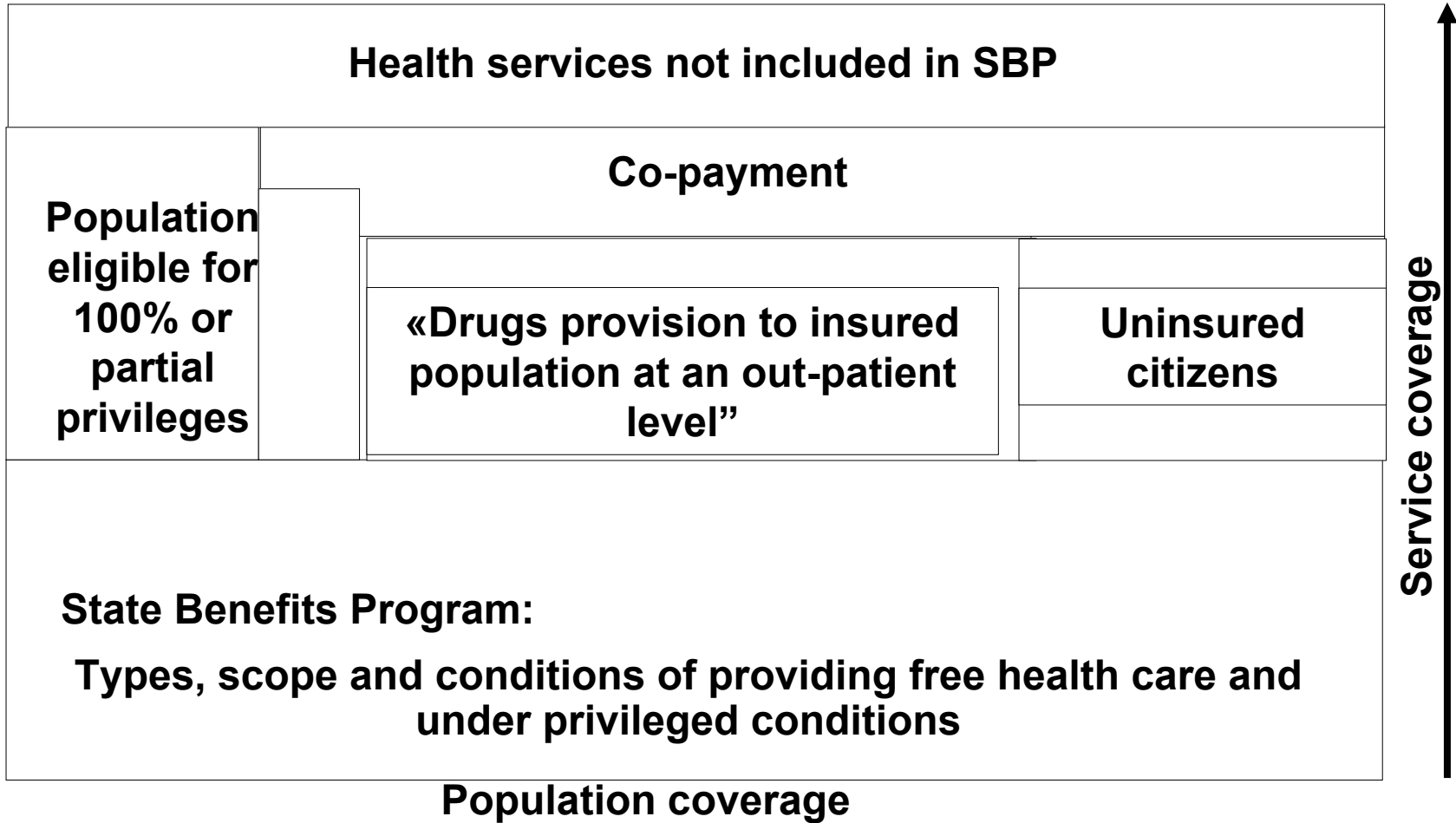


# Health Reform in KR – How?

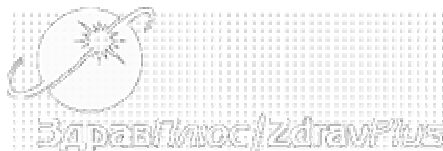


- Top-Down, Bottom-Up Approach
  - Manas Plan and Pilots
  - Step-by-Step Implementation
- Build Institutional Capacity
- Culminate in Single-Payer System

# The KR Single-Payer Model



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# Foundation for the Single-Payer System

- 27 Family Medicine Centers
- 748 Family Group Practices



- Implementation of a free choice of physician principle through enrollment

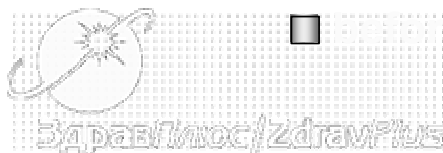
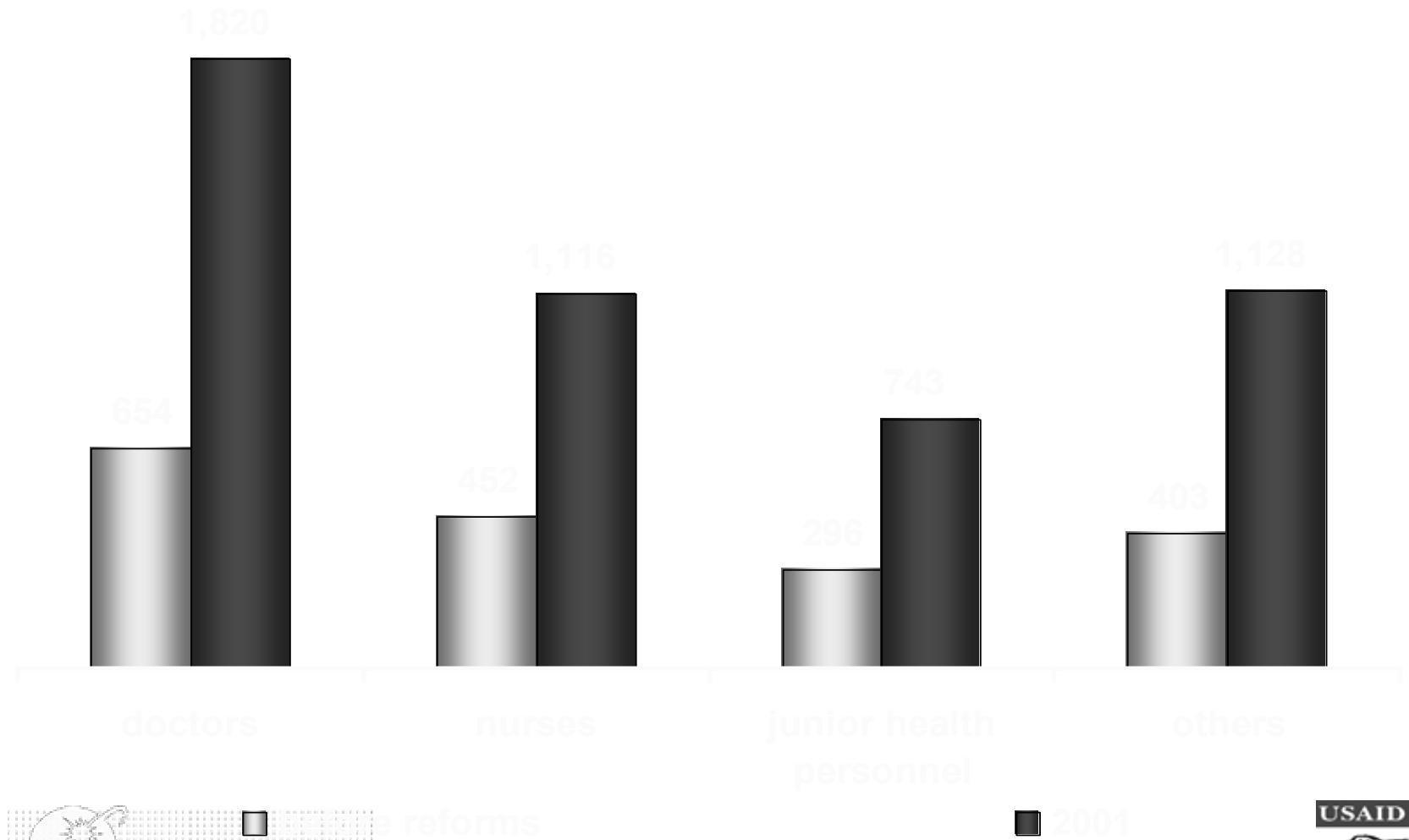
# Elements of Single-Payer System

- Institutional Structure and Roles
- Benefits
- Pooling Funds
  - Equity
  - Create and Reinvest Savings
- Provider Payment Systems
  - Incentives for Efficiency, Rationalization
  - Provider Autonomy
- Outpatient Drug Benefit
- Formal Copayments

# New Provider Payment Systems

- Types of Provider Payment Systems
  - Hospital: Case-Based – 2 million cases
  - FGP's: Capitated Rate – 400 FGP's
- Seamless Health Purchasing, Provider Autonomy, and Ability to Reinvest Funds Resulted in:
  - Reduction in Beds of 34%
  - Reduction in Buildings of 30%
  - Reduction in Staff of 16%

# Increase in Health Worker Salaries Savings Invested from Rationalization



reforms

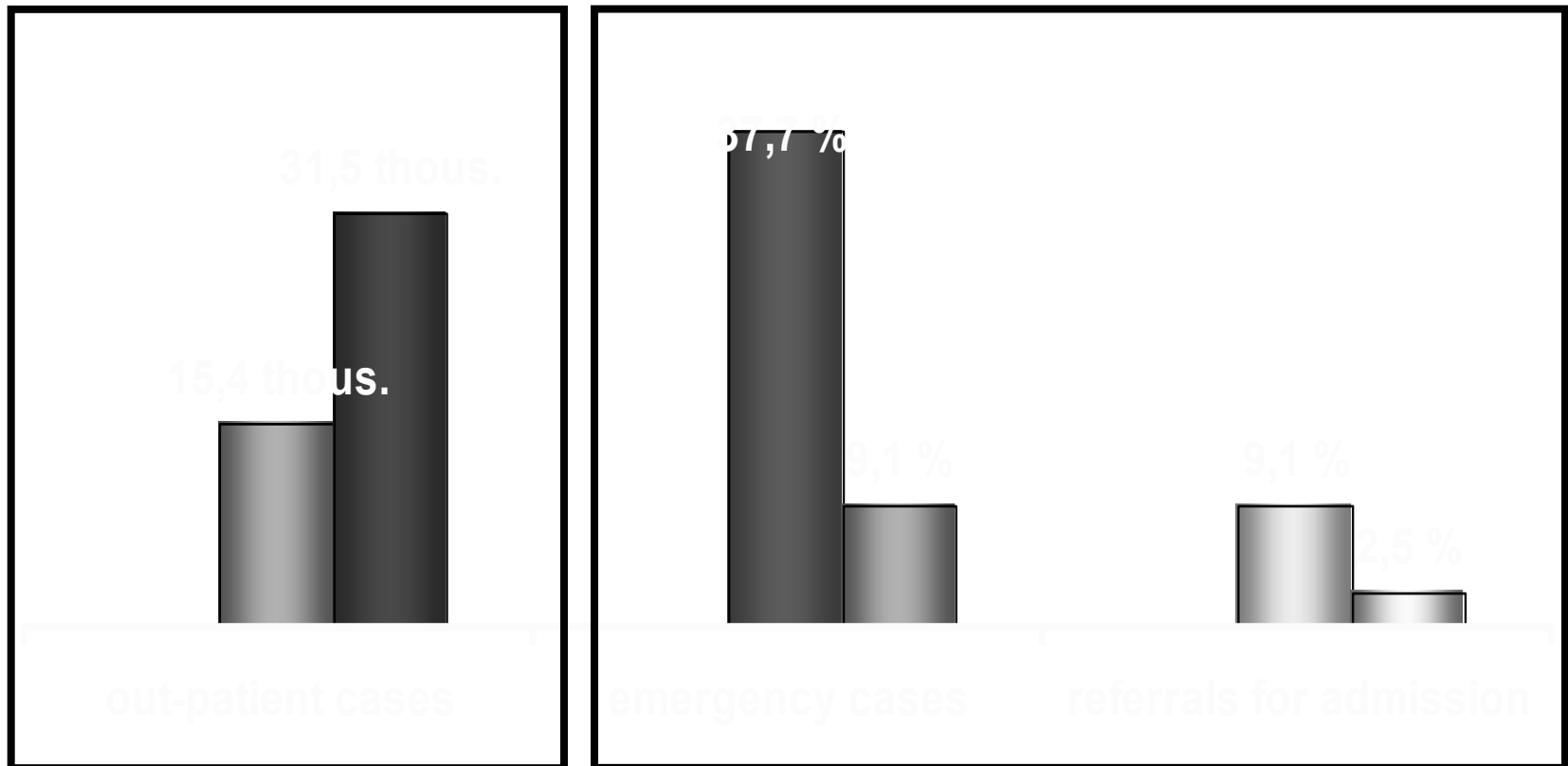
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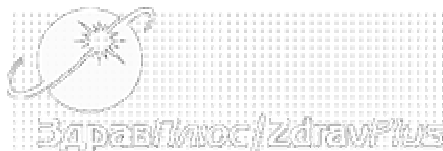
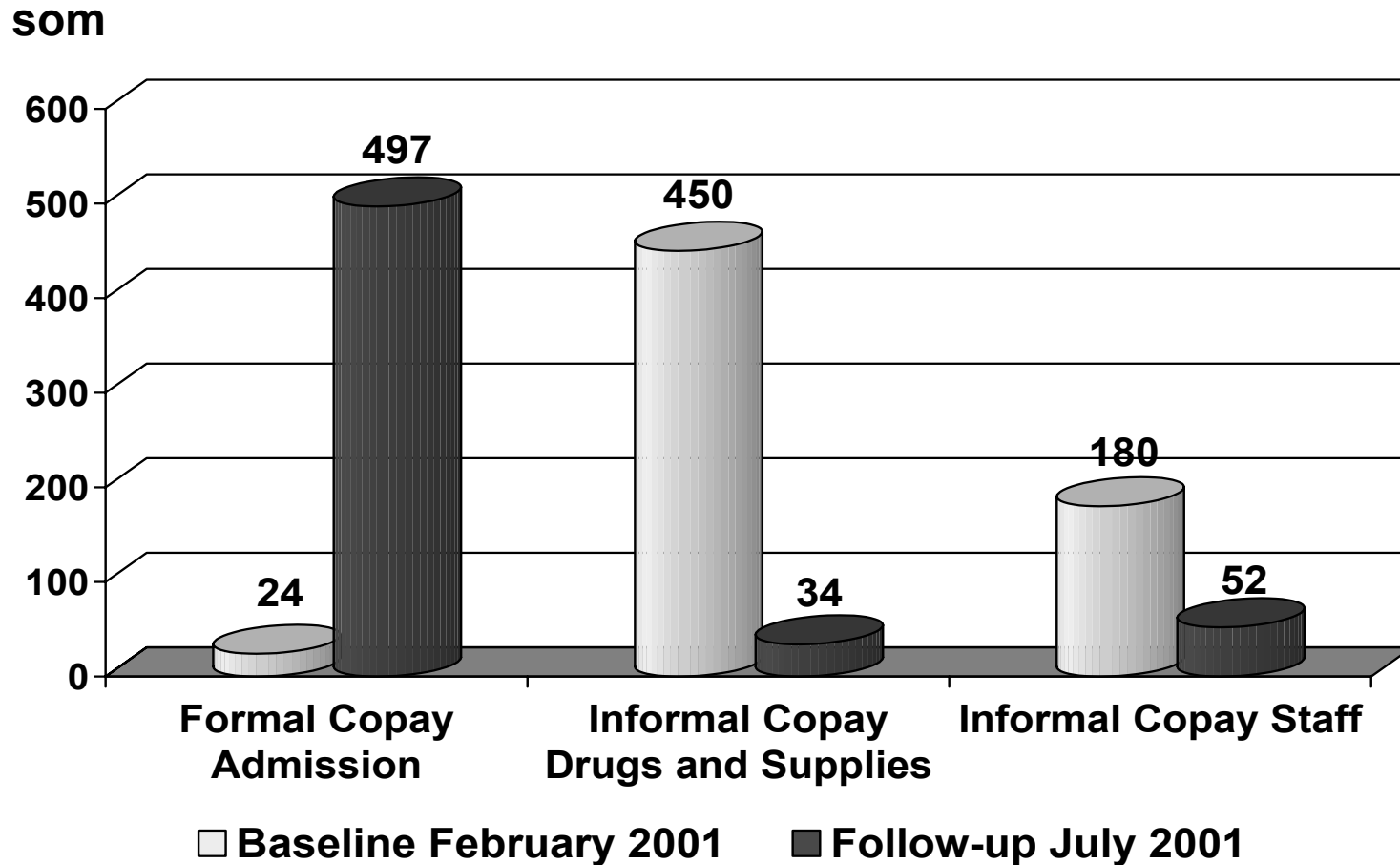


# Single-Payer Funds New Outpatient Drug Benefit

## Effectiveness of an additional MHI Program



# Single-Payer Formalizes Copayments Results in Issyk-Kul Kyrgyzstan



Source: WHO/DFID Household Survey



# Health Outcomes

