SIXTH CARINFONET MEETING ON COOPERATION IN THE FIELD OF HEALTH STATISTICS AND INFORMATION

Report on a WHO Meeting

Bishkek, Kyrgyzstan
9–11 October 2001
ABSTRACT

The central Asian republics information network (CARINFONET) was developed with the support of the WHO Regional Office for Europe and its Information Centre on Health for the Central Asian Republics and Kazakhstan in Bishkek. CARINFONET enables the exchange of experience among and the development and use of common standards by experts from these countries who are responsible for collecting, processing and disseminating health data and statistics. The participants at the Sixth Meeting concluded that the computerization of health care facilities at all levels would be continued, including the training of health professionals and involving decision-makers at national, oblast and local levels. They urged that CARINFONET members jointly develop indicators to monitor priorities in the health care sector, to ensure the harmonization of definitions and the comparability of data. Members should also take various measures to promote the use of the international statistical classification of diseases and related health problems, tenth revision, and continue to share experience and solve problems with coding via e-mail. Finally, they should recognize the need to adjust current health information systems to new arrangements for data collection for health insurance systems, to avoid the loss of data.

Keywords

PUBLIC HEALTH – statistics
INFORMATION SYSTEMS
DATA COLLECTION
MORTALITY – statistics
INTERNATIONAL COOPERATION
KAZAKHSTAN
KYRGYZSTAN
TAJIKISTAN
UZBEKISTAN

© World Health Organization – 2002
All rights in this document are reserved by the WHO Regional Office for Europe. The document may nevertheless be freely reviewed, abstracted, reproduced or translated into any other language (but not for sale or for use in conjunction with commercial purposes) provided that full acknowledgement is given to the source. For the use of the WHO emblem, permission must be sought from the WHO Regional Office. Any translation should include the words: The translator of this document is responsible for the accuracy of the translation. The Regional Office would appreciate receiving three copies of any translation. Any views expressed by named authors are solely the responsibility of those authors.
# CONTENTS

**Page**

Introduction ......................................................................................................................................................1

Overview of activities in the framework of CARINFONET for 2000–2001 and plans for future collaboration..............................................................................................................................................1

Reorganization and future developments related to statistics on natural demographic changes, and death causes in CAR........................................................................................................................................4

Implementation of ICD–10 in CAR..................................................................................................................5

Other issues .......................................................................................................................................................7

Conclusions and recommendations................................................................................................................8

Annex 1 Participants .......................................................................................................................................9
Introduction

Professor T.S. Meymanaliev, Minister of Health of Kyrgyzstan welcomed the participants. In his opening speech, the Minister stressed the importance of health information, as well as the necessity of strengthening international cooperation, in order to improve international comparability, quality and accessibility of data. Mr. Z.I. Kudabaev, Chairman of National Statistics Committee, emphasized the important role of ICD–10 and the need for implementation and continuous training of coders. In order, to improve the quality of registration and consequently registration of data on mortality, it was also necessary that the State Statistics bodies and the Health Care system cooperated closely.

Dr. O. Moldokulov welcomed the participants on behalf of WHO/EURO. Dr. M. Bozgunchiev thanked the Ministry of Health of the Kyrgyz Republic for their support in the organization of the meeting, and greeted the participants on behalf of Dr. R. Prokhorskas who had been unable to attend. Representatives of the Ministries of Health and State Statistics Departments of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan, who are the resident coordinators of the project in their countries, attended the meeting. Apologies were received from the representatives from Turkmenistan who were not able to attend. Following the introduction, Dr. L.K. Mourzakarimova was elected Chairperson. The programme and the list of participants are attached as Annex 1 and 2.

The first cooperation agreement, signed during the 1st CARINFONET meeting, Tashkent, April 1996, officially announced the establishment of the CARINFONET network to help develop the national health information systems in CAR. Strategic directions and plans of action for the improvement of national health information systems were adopted as a component of the health care reform programmes in the CAR. In each of the countries an electronic national database on health and public health services was developed, based on the accepted main list of indicators, and the Health and Health Care Indicators (DPS CAR) received wide recognition. There was significant progress in the quality and visual display of statistical data in a number of countries. The 5th CARINFONET meeting, Ashgabad, September 2000, agreed to continue the cooperation until 2005.

The main objectives of this 6th meeting were to share experience and discussion on the following issues:

- Discuss changes in the development of the health information systems in CAR, planned activities by each country and mechanisms for implementation;
- Review, development and maintenance of the national and regional databases on health and health care indicators;
- Discuss health information support in the light of health insurance and private health care sector developments;
- Agree on the implementation of WHO recommended International Live Birth definition and registration criteria in CAR;
- Discuss ICD–10 implementation in CAR and its comparability;
- Evaluate the completeness of birth and death registration and quality of mortality data in overall CAR;
- Discuss mechanisms and experiences related to statistical data presentation to WHO and the WHO Information Centre on Health for CAR.

Overview of activities in the framework of CARINFONET for 2000–2001 and plans for future collaboration

Dr. Bozgunchiev reported on the activities carried out in 2000–2001. These had been included in a calendar and CD-Rom, produced by the WHO Information Centre on Health for CAR for distribution among the health professionals in the CAR.
The CD-Rom contains the following materials:

1. CAR Highlights: Highlights on Health in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan, English and Russian;
2. DPS Distribute–distributives for DPS development (Data Presentation System–DPS);
3. DPSCAR–1990–2000–regional package containing the main indicators on health and health care in CAR 1990-2000 (Russian);
4. DPSCAREng–1990–2000–regional package containing the main indicators on health and health care in CAR 1990-2000 (English);
5. Fonts–fonts Arial Cyr Regular, Arial Cyr Bold, Arial Cyr Italic, Arial Cyr Bold Italic, which are indispensable for the correct display of the titles;
6. HFAEng2001–latest version of the European HFA Database in English;
7. HFARus2001–latest version of the European HFA Database in Russian;
9. Guideline on DPS development;
10. CARINFONET 2000–electronic version of the third statistical publication on "Health of the Population and Health Care in CAR" in PDF format.

A discussion took place on the plans for collaboration, followed by presentations of the Heads of the Health Statistics and Information Departments on the most important CARINFONET activities and future plans.

Kazakhstan

Dr G. N. Bermagambetova explained that the Agency on Health Affairs of Kazakh Republic had been transformed into the Ministry of Health. The Department of Medical Statistics, Information Analysis and International Cooperation is part of this structure, and the main objective is the coordination, analysis and planning of the activities of its sub-departments. Specialists of Department of Medical Statistics were responsible for providing information to the main programmes dealing with health in Kazakhstan. The following programs are monitored on a continued basis:

- TB Control and DOTS Strategy implementation;
- Improvement of health in rural areas;
- Healthy life style promotion;
- Communicable Diseases control;
- Health Care reforms.

The collection, processing and evaluation at national level were still carried by ZAO “Medinform”, Almaty. It was tended to develop Automated Systems of Operating (ASO). Currently the following types of ASO were functioning in the health care system:

- “Medstat”–intended for data entry and processing of all statistical reporting forms (44 state and departmental reporting forms) with codes on all forms (oblast from the angle of rayon, and republican from the angle of oblasts); control of data entry is envisaged, as well as logical control–inner-formal, inter-formal and inter-year;
- “Medinfo”–functioning on the basis of complex programmes and “Medstat” a database that projected health related data in the form of analytical tables and graphs;
- “Personnel”–containing data on more than 50 000 physicians and 95 000 intermediate medical personnel;
- “Motherhood and childhood”–intended for solving operative tasks in this field.
Based on the “Medstat” and “Medinfo”, the annual statistical guide “Health of Population and Health Care in Kazakhstan” was produced.

Medinform also maintained the National Data-base (based on DPS), which was updated annually and distributed in electronic format among users at national and oblast levels. The database was also available online.

**Kyrgyzstan**

Dr. L. Mourzakarimova informed that a concept of a single comprehensive health information system (CHIS) for 2001-2010 was being developed in the Republic, and was currently undergoing an approval process. The main aim of CHIS was information support to provide for:

- Financing of medical services by new principles, taking into account the quantity and quality of the services;
- Monitoring of data on population health, quantity and quality of provided medical service, in combination with financing conditions;
- Decision-making;
- Planning of preventive activities;
- Management of training system and rational distribution of human resources for health;
- Providing timely and accessible information to the professionals and general public.

The structure was determined by the common structure of the agencies and health care facilities. Further development of CHIS include the development of:

- The information systems of health care facilities, and organizing training of end-users in parallel with the systems development;
- The information systems of the territorial administrations and training of end-users;
- A corporate information system (CIS) of health care facilities, establishment of the central information portal, implementation of the medical information standards.

**Tajikistan**

Dr S. Saifudiniov reported on the activities carried out under the Presidential Programme of the Tajik Republic on health care reforms for 2001–2010, which described the health information systems and future plans. A step-by-step improvement of the health information support was approved. Health statistics and information centres at national and oblast were equipped with the modern computers and communication facilities, which enabled the step-by-step automation of the data collecting and processing process. Software for automated data processing and transfer to the national DPS had been developed. The Republican Centre of Health Statistics and Information received reports in standard form by e-mail from a number of oblasts. ICD–10 and the WHO recommended International Live Birth Definition and registration criteria were implemented.

**Uzbekistan**

Dr Z. Mutalova informed that the Ministry of Health of the Uzbek Republic was implementing a new information system, which should integrate the different health statistics units (republican, oblast, rayon, primary level). The reorganization of the organizational–methodical department of oblast hospitals to the bureau on organizational-methodical activity, medical statistics, informatics and prognosis with a status of self-dependence and extended the personnel arrangements was the first step in this direction. The next stage was the establishment of an Information–Analytical Centre joining the department of medical statistics and the calculating centre. The Centre’s main objective was to coordinate the activities of all Health
statistics units of the health system, upgrade training of health statisticians, implementation of modern information technology, and interaction with other Ministries and information systems agencies. The Information–Analytical Centre was equipped with modern PCs, communication and copy facilities, as well as Internet access. As it was currently impossible to provide all units of medical statistics units with PCs, the Information–Analytical Centre built up standard data entry programmes and primary processing of statistical data directly in the provinces. Data entry programmes and primary processing of data on reports No 1 zdrav, 12, 13, 14, 30, 47, were implemented in the regions of the republic as the centres are provided with PCs. Coding and database maintenance was carried out in the Information-Analytical Centre.

**Reorganization and future developments related to statistics on natural demographic changes, and death causes in CAR**

The Representatives of State Statistics Agencies highlighted the main developments in the area of natural demographic changes in CAR:

- Implementation of ICD–10;
- Recalculating of main indicators of natural demographic transition to the new population data based on the latest results of the census;
- Data collection under condition of changing administrative division in countries.

**Kazakhstan**

Mr E. Musabekov reported on the extensive study that had been carried out on the registration completeness of natural demographic changes. This study revealed an under–registration of both births and deaths, and the actual population figure had been calculated. This resulted in a Presidential Decree indicating measures to revise the causes. “New rules for citizens domiciliary registration” were adopted, and as a result an additional 50,000 people were registered in Astana alone. A similar exercise in all oblast centres would be conducted in the coming year. The migration police was established for the control of demographic changes and the law on matrimony and family was elaborated.

A national register of population was created as a result of which each citizen will be given a 10–digit code. The individualized database on each death case in the territory of Kazakhstan was now maintained in the Agency, and included records since 1996. The transfer of data to electronic format and coding of each death case was done by the oblast department of statistics using data received from rayon departments of statistics.

**Kyrgyzstan**

Ms L. Torgasheva reported that statistics on national demographic changes were collected at oblast level by the oblast department of state statistics. Results, together with primary data, were forwarded to the Main Computing Centre of the national Statistics Committee, which prepared annual and monthly reports for presentation to the Ministries.

Retrospective calculations (1989–1998) of the main indicators of natural demographic changes (birth, death, marriage, divorce rates, etc.) were carried out at republic, oblast, urban and urban-type community levels. The database of primary data on births and deaths rates had been maintained since 1996. Monitoring of maternal mortality data registration continued to be carried out. The columns “Was the medical certificate of death given?” and “Name of physician, who gave certificate of death” were included in the lists presented by the Ministry of Health to the National Statistics Committee (NSC). It enabled the fast identification of the physician in the case of discrepancies of death causes in the certificate of death and special notification of maternal death. These measures greatly reduced the discrepancies in maternal mortality data presented by the Ministry of Health and the State Statistics Departments.
It was worth noting that a considerable decrease in numbers of deaths from symptoms and ill-defined conditions have been achieved, including senility (3–5 % of all deceased) as a result of joint work between the Ministry of Health and the National Statistics Committee.

**Tajikistan**

Ms G. M. Gadoeva explained that the Agency of Statistics under the Government of Tajik Republic had been transformed into the State Statistics Committee. The Committee continued the transfer of the programme of natural demographic changes onto computers. The software development to support implementation of ICD–10 is continued. Guidelines on death causes in accordance with full ICD–10 (till 4 digits) had been prepared. All primary data for 1996–2001, including approximately 1 000 000 records had been included in the database. It was expected to complete the processing and produce tables for 1996–1999 by the end of 2001. Calculations of main indicators of natural demographic changes for the previous 10 years in accordance with population figures, received as a result of the 2000 census had been completed.

**Uzbekistan**

Dr H. Maksudova reported that the preparations for the coming census were currently under way in Uzbekistan. The Demographic Department of the State Statistics Agency was responsible for all organizational and methodological preparations for this census were.

**Implementation of ICD–10 in CAR**

**Selected problems related with ICD–10**

Dr E. Subanbaeva introduced this session by presenting a general review of the structural changes of the last classification and its principles, and showed other peculiarities of ICD–10. Dr E. Subanbaeva outlined the principles of diagnosis and choice of the primary death cause, coding of morbidity in outpatient and in-patient facilities, showed coding algorithms that were to be used by the coder in the daily work, as well as recommendations for physicians on the quality of filling out medical documentation.

**Experience of the Russian Federation on death coding and working out annual reports on death cases according to ICD–10 death causes (problems, positive and negative aspects)**

Dr E.P. Kakorina presented the experience of ICD–10 implementation in the Russian Federation, highlighted problems of the reliability and quality of data on mortality and their dependence, the quality of diagnosing and further coding. She gave examples on the most frequent errors during coding of deaths and gave an overview of the day-to-day problems of the health of the population in the Russian Federation.

**Kazakhstan experience on ICD–10 implementation for death coding, current situation**

Mr E. Musabekov confirmed that the Ministry of Health of the Kazakh Republic had issued Order #551, February 1, 1996 “Concerning ICD–10 implementation in the Kazakh Republic” to ensure data comparability both at country and international level, and also to implement WHO recommendations. By this Order, ICD–10 should be implemented by Health Care Facilities from January 2001. In accordance with this Order, all reporting forms concerning morbidity had been revised by the middle of 1997 in that the column ICD–10 was added to the column ICD–9. Interim coding had been done during the three years of 1997–1999. Recently, the onwards-reporting forms had been further revised and the column for ICD–9 deleted. From 2001, Kazakhstan had made the transition to the coding of death causes in accordance with ICD–10. The Agency on Statistics had carried out workshops on ICD–10 for specialists at national and oblast levels.
Kyrgyzstan—introduction of Death Certificate developed and approved in 2001

In Kyrgyzstan, since 2000, the coding certificates of death according to ICD–10 had implemented, based on the Law of the Kyrgyz Republic on State Policy, as well as the State Integral Programme on Statistics Reforms for 1998–2000. Software had been prepared to help carry out the test procedure of coding of death causes according to ICD–10 during 1999. The results were positive and approved by the National Statistics Committee Collegiums by resolution No 6, January 31, 2000, followed by an order of the Ministry of Health stating that records in the Certification of Death should be done in accordance with the ICD–10 requirements. In June 2000, the National Statistics Committee Collegiums took up the annual results of the statistical elaboration on deceased. To improve the quality of this work, a plan of action was developed jointly with Ministry of Health.

The following activities were planned for the future:

- Further improvement of the quality of the data on deceased by death causes in accordance with ICD–10, in concordance with the Programme of Statistics Development in the Kyrgyz Republic for 2001–2005;
- Automatic re-coding of death causes for previous years, starting from 1996, as the primary database was available only from this year;
- Training of specialists of the National Statistics Committee and the Ministry of Health, in collaboration with Great Britain;
- Preparation and publication of dates on the most frequent death causes.

Tajikistan

In Tajikistan, the step-by-step transition to ICD–10 had been carried out as well. During 2000–2001, the Ministry of Health purchased and distributed sets up ICD–10 guidelines, developed new forms of statistical reporting based on ICD–10, and carried out a number of oblast workshops on ICD–10 transition. The State Statistical Committee prepared the work for the ICD–10 implementation. Software was developed, the guide of death causes in accordance with the complete list of ICD–10 had been prepared (till 4 digits), training of specialists of the Statistic Agencies had been planned. Interim coding in accordance with ICD–9 and ICD–10 was expected to be carried out during the transition period.

Uzbekistan

In Uzbekistan, the Ministry of Health planned to implement ICD–10 morbidity coding in 2002. The preparatory work had been ongoing for two years and was similar to that in the other CAR. The adopted version of ICD–10 had been prepared and published and preparatory work to implement on ICD–10 in 2003 was started jointly with State Statistics Agency.

In summary, the main problems, related to ICD–10 in the CAR are as follows:

- Low quality filling in of Certificates of Deaths by medical workers: firstly, consistency of death causes records; secondly, absence of detailed information on causes of death;
- Insufficient knowledge and practical skills of oblast level coders in death causes coding;
- Difficulties in analysing death causes after receiving annual report; closer cooperation between the state statistical agencies and the medical workers was necessary.

Assessment of the completeness of births and deaths registration and the quality of mortality data in CAR

An important issue in CAR was the improvement of births and deaths registration, as well as the quality of mortality data. Within the last two years, systematic checking of the quality of registration had been recommenced with the support of International Organizations and internal sources. At the 5th CARINFONET
meeting delegations from Kazakhstan and Tajikistan reported the result details of this check. Experts from Kyrgyzstan also presented the results of examinations to ensure the completeness of the births and deaths registration in 2000–2001 that had been done with the technical and financial support of WHO.

**Implementation of the Live Birth Definition in CAR**

An important agenda item discussion was the improvement of infant and maternal mortality data and the provision of international’s comparable data. The discussion centred on the implementation of the WHO recommended Live Birth Definition and births registration criteria. Each CAR country presented detailed plans on the transition to the International Live Birth Definition, including establishment of intersectoral committees and working groups, trainings, clinical protocols on perinatal care, requirements for additional equipment and drugs, etc.

**Provision of statistical data to WHO Regional Office for Europe and WHO Centre for Information and Operational support for the Central Asian Republics and Kazakhstan**

The participants discussed the problems related to the provision of data to WHO/EURO and the Information Centre. It was pointed out that the annual data provision from all CAR countries was necessary to produce the updated DPSCAR.

It was decided to provide the data in two phases:

1. In May, based on the Ashgabad list of indicators at a national level by the results of reporting year;
2. In August, based on the Ashgabad extended list of indicators at oblast level for the Regional Database.

**Joint Publications in CAR**

Two regular publications were produced:

1. Statistical publication “Health of Population and Health Care in CAR” based on the regional DPSCAR database;
2. Monthly CARINFONET bulletin “WHO CAR News”. The goal of this bulletin is to present to the CAR Health Professionals the latest WHO Information on public health issues and information on the health of the population and health care activities in CAR.

It was confirmed that these publications were popular and all agreed that it was necessary to start the work on the next version of the “Health of the Population and Health Care in CAR”. This would be done in two parts:

1. Main statistical data in the form of tables, graphs and maps on CAR, wider presentation of statistical data on worldwide countries;
2. Analysis of the possible changes on infant and maternal mortality based on official statistical data on the assumption that the WHO recommended LBD and registration criteria would be implemented.

**Other Issues**

The following specific issues have been also discussed:

- Information in the light of developing health insurance and private sector;
- The use of modern telecommunication technologies in health care;
- UNFPA activities in CAR
Conclusions and recommendations

1. It was agreed to continue the computerization of health care facilities at all levels, including primary health care level in the CAR, as well as the training of key health professionals at all levels in the use of statistical data analysis, comparison, monitoring and planning. Training, workshops would need to involve decision makers at national, oblast and primary health care levels in each country.

2. Data Presentation Systems (DPS) were established all CAR countries, and were at different stages of development. Data at oblast level for the period 1990–2000 was loaded into DPS. During last year the DPS at rayon level was developed in countries and the list of indicators was gradually extended according to the main users requirements;

3. Coordinated development of indicators for monitoring priority directions in health care sector, especially indicators on the quality of health provision and lifestyles should be carried out;

4. The definitions of newly developed indicators should be harmonized to ensure and maintain data comparability;

5. As the private health care sector is expanding, it is necessary to develop data collecting mechanisms in this sector;

6. Due to implementation of a health insurance system and the development of a payment system, the integration with the current health information systems was required. It was recognized that the experience of the Kyrgyz Republic would be useful for other CAR countries;

7. It was noted that the documentation should continue to be in Russian, because the translation (as well as statistical reporting) into the national languages of the CAR countries might hinder the exchange of data;

8. In order overcome the main obstacles related to the implementation of ICD–10 in the CAR countries, it was decided to:
   - Continue sharing experiences in solving unclear problems on coding through electronic mail;
   - Find possibilities to organise training-workshops for coders;
   - Continue promoting to include ICD–10 essential principles into higher education curricula;
   - Continue training activities for physicians in the use of ICD–10, including instruction on filling out Death Certificates;
   - Continue the adaptation and review of current registration reporting documentation according to ICD-10.

9. It was recognized that the transition into International Live Birth Definition was needed and to continue the activities in accordance with the action plans developed for each country;

10. In order to present data on the selected list of indicators at national level annually by the end of May, data on the extended list of indicators at oblast level should be presented to the WHO Information Centre in August;

11. The State Statistics Department would provide data on mortality and sex-age structure of population on Uzbekistan directly to WHO/EURO.
Annex 1

Participants

Kazakhstan
Dr Gazima Nurashevna Bermagambetova,
Head of Health Statistics Department
Agency on Health Affairs of Kazakhstan

Mr Talgat Kamzinovich Nugumanov,
General Director, ZAO Medinform
Agency on Health Affairs of Kazakhstan

Mr Erbolat Musabekov,
Deputy Director
Department of Social and Demography Statistics

Kyrgyzstan
Dr Larisa Kochkorbaevna Mourzakarimova,
Director of Republican Health Information Centre
Ministry of Health of the Kyrgyz Republic

Ms Lyudmila Mikhailovna Torgasheva,
Head of Demography Department
National Statistics Committee

Mr Boris Filatov,
Leading Specialist on Information Support, FOMS,
Ministry of Health of the Kyrgyz Republic

Tajikistan
Dr Safar Saifudinov,
Director of Republican Center of Health Statistics and Information,
Ministry of Health of Tajikistan

Dr Manzura Mirsaidova,
Specialist of the Health Care reform group “Somoni”,
Ministry of Health of Tajikistan

Ms Gulizor Mirzoevna Gadoeva,
Head of Social Statistics Department GVS
State Statistics Committee of Tajikistan Republic

Uzbekistan
Dr Zulkhumor Mutalova,
Director of Information-Analytical Centre
Ministry of Health of Uzbekistan
Dr Holida Maksudova,
Head of Health Care Statistics Department
Ministry of Macroeconomics and Statistics of Uzbekistan

Mr Rakhimjan Agzamov,
Head of Demography Statistics and Census of population Department
State Statistics Department, Ministry of Macroeconomics and Statistics of Uzbekistan

**Temporary advisers**

Dr Ekaterina Kakorina,
Chief of Department of Social and Hygienic Health Monitoring,
WHO Collaborative Centre,
Scientific–Research Institute of Social Hygiene, Economics, and Health Care Management

**Other organizations**

Dr Chinara Aydaralieva,
UNICEF Programme Coordinator in Kyrgyzstan

Ms Dinara Djoldosheva,
WB Coordinator,
World Bank

Mr. Ali Saatov,
NPO UNFPA, Uzbekistan

Mr Tobias Schueth,
Programme Coordinator, Swiss Red Cross
Ms. Elmira Suyumbaeva,
UNFPA Programme Coordinator in Kyrgyzstan

**World Health Organisation Regional Office for Europe**

Dr Cholpon Asambaeva,
WHO Health Promotion Coordinator in Kyrgyzstan

Dr Marat Bozgunchiev,
Director,
WHO Information Centre for Health for CAR

Dr Oskon Moldokulov,
Acting Liaison Officer,
WHO Liaison Office in Kyrgyzstan

Dr Elmira Subanbaeva,
Statistician/Epidemiologist,
WHO Information Centre for Health for CAR
Observers

Mr Talant Aaliev
Specialist of Republican Health Information Centre

Dr Mayrambek Alymkulov,
Information Systems Coordinator of Main Department on Coordination and Implementation of Health Care Reforms

Mr A. Bobrovsky
System Analytic of Republican Health Information Centre

Dr Tursun Djanserikov
Head of Information and Coordination Department, Mandatory Health Insurance Fund

Dr Ternirbek Djumaliev
Physician-statistician, Republican Health Information Centre

Dr Djumabyubyu Doskeeva
Head of Department on Health Care Providing and Licensing

Dr Olga Kindyakova
Physician-statistician, Republican Health Information Centre

Ms Sairagul Koshoeva
Specialist of Department on Information Supply

Mr Zarylbek Kudabaev,
Chairman of National Statistics Committee of Kyrgyz Republic

Dr Melis Madybaev,
Head of Main Department on Health Care Providing and Licensing

Professor Tilek Meymanaliev,[MFK2],
Minister of Health of Kyrgyz Republic

Dr Ainagul Mourzaeva
Head of department on Statistics, Republican Health Information Centre

Ms Gulbara Musaeva
Specialist of department on Demographic Statistics,

Ms Toktobyubyu Omurkanova
Head of Department on Information Supply,

Dr Saken Otorbaeva
Director of Chuy oblast Health Information Centre

Dr Gulmira Raimbekova
Director of Bishkek Health Information Centre

Dr Chynara Seytalieva
Head of Main Department on Coordination and Implementation of Health Care Reforms
Dr. Anara Sultanova  
Chief Specialist of Department on Information Supply

Dr. Baktykan Tolonova  
Specialist of AFGP

Ms. Svetlana Vervitskaya  
Chief Specialist of department on Demographic Statistics,
[MFK1] Please confirm who presented this item

[MFK2] Please confirm if the Minister was only present for the opening session or was present in the meeting (according to WHO rules, observers cannot speak!!!) Similar for Mr Kudabaev.