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MAIN INDICATORS OF HEALTHCARE

Submitted by State Statistical Committee of Azerbaijan Republic*

1. Population health is the most important indicator of the state wealth. Being an integral indicator, it exactly reflects the level of economic and social development of the country. In hard conditions, the problem of the transition from the model of the single state system of health to budget healthcare is relevant. Budget healthcare consists of sectors with different property form, provides additional sources of financing and the creation of a market for medical organizations for the service rights of sick persons.
2. Further realization of treatment -and- prevention, rehabilitation and sanitation services in a market economy will allow fields to turn to modern medical technologies, supply the objects of health with up-to-date equipment and improve quality and professionalism of medical staff.
3. Since 1994 partial transition of health establishments to paid services begun to be realized. Every year the volume of paid services has increased, if in 1994 it was of 535 mln. manat, in 2002 it reached 67 mlrd. manat.
4. The system of medical institutions of Azerbaijan is represented by 738 hospitals, 88 dispensaries, 1603 outpatient -and- polyclinic institutions, 70 first-aid stations, 917 antenatal clinics, children's polyclinics and outpatient departments (independent or consisting of other institutions), 84 sanatorium -and- spa institutions. The hospitals, rendering outpatient -and- polyclinic care for population, include all medical institutions, which conduct surgery hours (polyclinics, outpatient departments, dispensaries, polyclinic departments, medical aid post).

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5. The capacity of outpatient-and-polyclinic institutions is defined by number of visits in a shift and characterized by the indicator “capacity of outpatient-and-polyclinic institutions per 10000 population”, which was of 131 in 2002 against 135 in 1995.
6. Provision of medical staff is one of the important indicators, characterizing the quality of outpatient-and-polyclinic service for population. 36.5 physicians and 73.1 paramedical staff per 10000 population are engaged in medical institutions (in 1995, they were 38.4 and 88.1 respectively).
7. The number of citizens per physician has increased by 5.4 per cent in comparison with 1995. The total number of visits of physicians and paramedical staff (in polyclinic and at home) reached 43 million, that is 5.3 visits per inhabitant per year against 7 visits in 1995.
8. For description of the activity of hospitals the following indicators are used:
 - admission level;
 - average number of days of using of hospital bed per year;
 - average duration of patient in a hospital;
 - turnover of hospital bed;
 - composition of patients at hospital.
9. The number of hospitalized patients in Azerbaijan has decreased by 22 per cent in comparison to 1995, totalling 398 293 persons in 2002. Admission level was 5 per cent against 6.7 per cent in 1995. The average number of days of usage of hospital bed per year is 109 days (132 days in 1995) and the average duration of patient’s stay in a hospital is 17 days (17.6 days in 1995). The turnover of hospital bed is equal to 6.3 against 7.5 in 1995.
10. The patient care institutions realize medical service of hospitalized patients. They include hospitals, medical and sanitary units and dispensaries with hospitals and other institutions having hospital beds. At the end of year the hospital beds in medical institutions equipped by necessary inventory and ready to receive patients are subject to calculation.
11. The number of hospital beds per 10000 population is calculated for the definition of provision of population with stationary help (hospital beds). The number of hospital beds per 10000 population was 85.0 in 2002 against 98.1 in 1995.
12. The number of patient with newly emerged cases by types of diseases in the current year characterizes the morbidity indicator, which amounted to 1354.1 thousand patient in 2002, a decrease of 15.4 per cent in comparison with 1995. The level of morbidity per 10000 population was reduced from 2116.4 in 1995 to 1681.7 in 2002. Morbidity characterizes the level and degree of the prevalence of all sickness together and separately among the whole population and its separate age, sex and occupational groups. The number of patients being registered on a book in treatment-and-prophylactic institutions defines the morbidity indicator at the end of the reporting year. This concept includes the totality of all patients with current diseases, who appealed to outpatient-and-polyclinic institutions in current year and in previous years. The morbidity indicator describes the level of prevalence of sickness. It is estimated by correlation of all patients with current disease, being registered on a book in medical institutions at the end of the reporting year, to number of resident population at the end of year. In comparison with 1995 the contingent of patients per 10000 population remained without changes – i.e. 1572.

13. Diseases of the circulatory system, respiratory system, digestive system, endocrine system and others are the most prevalent among chronic diseases. Diseases of respiratory system predominate in the structure of population sickness by categories and groups of diseases, among which the highest share is given by morbidity with flu and acute infections of upper respiratory tracts.

14. A certain increase in the number of persons with sickness of active forms of tuberculosis has been observed. During the considered period, 4,4 thousands of diseased persons were counted with newly emerged cases, and that exceeds the indicator of 1995 by 1,5 times. Total number of diseased with active tuberculosis being registered in treatment institutions was 14,4 thousands. The level of morbidity per 100 thousand population was 55 persons, and the level of extension of diseases was 178 persons. The situation of tuberculosis in the Azerbaijan Republic is rather intensive and it has mainly doubled due to the large number of refugees, migration and low level of income of most part of population. In order to improve such situation, a National program on tuberculosis control for years 2002-2006 was prepared. The introduction of new strategy of WHO on tuberculosis control – called program DOTS – is foreseen, with the purpose of reducing infection, morbidity and mortality from tuberculosis, and decrease the extension of resistant forms. Introduction of DOTS is foreseen in 19 pilot regions in 2003, in 20 regions in 2004, in 28 in 2005 and all the rest till the end of 2006.

15. In 2002 malignant neoplasms emerged in 5,3 thousands persons, which is 65,9 persons per 100 thousands population, against 82,3 of 1995. For the beginning of 2003, 250 (for the beginning of 1996 – 382 persons) persons with the same diseases per 100 thousands population in the country were registered in specialized medical institutions. In the structure of morbidity of male with malignant neoplasms the cancer of trachea, bronchi, stomach and cancer of lymphatic and haematogenous tissues takes the main place; for female, breast and stomach cancer are the most relevant.

16. Timely implementation of preventive measures has allowed the reduction of morbidity on different infectious diseases, namely, flu and infection of upper respiratory tracks, whooping-cough, diphtheria, virus hepatitis. Since 1996 there has been no registered case of morbidity with poliomyelitis. Morbidity with malaria was reduced from 13127 diseased persons in 1996 to 506 in 2002. At the same time in 2002 there has been a sudden jump of population morbidity with measles. Number of diseased compared to 1995 increased by 2,8 times, amounting to 1353 persons, of which 59% children until the age of 14 years.

17. The number of diseased with newly emerged case of alcoholism, drug addiction and drug abuse (including occasional consumption) raised of 5% in 2002 when compared to 1995. For the beginning of 2003 the number of contingent with current diseases being under observation of treatment institutions by the country was of 34,8 thousands of persons.

18. At present there is no country in the world where HIV-infected citizens are not present. That's why the WHO specialists classify AIDS epidemic as the first infectious diseases in the world. Made aware that the disease caused by human immunodeficiency virus has acquired a mass extension all over the world and creates a threat for personal, public and national security, bringing heavy social-economic and demographic consequences, our government has intensified emphasis on preventive measures to restrain the extension of HIV infection. The national strategic plan of actions on AIDS prevention and control for the period from 2002 to 2006 has been approved. In spite of the fact that in Azerbaijan AIDS is not such a sharp problem as in other countries of the world, a tendency to the increasing of HIV infected persons is noted.

According to the results of 2002, 97 HIV/AIDS diseased were registered. Since the second half-year of 1987 the number of such diseased is of 597 persons, of which 22 persons are foreign citizens.

19. The high level of sickness, in particular chronic diseases have brought to disability. Disability statistics studies the quantitative characteristics of disablement. The disability group is established depending on the degree of disorders of functions of organism and on the limits of vital activity of person. The primary disablement is implied when person is registered as disabled for the first time during the reporting year. Total disablement defines the contingent of disabled persons being registered on a book in the bodies of social security, irrespective of the time of the assessment of disability. The statistics of primary disablement include indicators on level of disablement and reasons of disablement. According to the results of primary examinations in 2002, 33540 persons of age 16 and over were recognized as disabled (in 1995 - 14861 persons were disabled). The level of disablement per 10000 population was respectively 60 and 30 per cent. The disability level by reasons is defined by correlation of persons, recognized as disabled by reasons for the first time, to the average annual number of population multiplied by 10000.

20. Less necessary are those indicators characterizing the surgical activity. The surgical activity in Azerbaijan is analyzed by the following indicators:

- composition of operation;
- prevalence of operations among population;
- post-surgical lethality.

The composition of operations is defined by the number of operations, carried out in connection with various diseases, to the total number of operations and multiplied by 100.

The prevalence of the operations among population is 1.1 per cent, post-surgical lethality 0.4 per cent, that is 0.3 per cent less than in 1995.

21. Formation and development of market relations in society is accompanied by serious changes in labour conditions and in the life of all social-demographic groups of population. In these conditions, maintaining the health of women is an important state task. A variety of factors (social-economic, biological, ecological and etc.) influences the health state of mother and child and dictates the necessity of a solution the problem of maternity and childcare.

The following main indicators present pregnancy termination:

- ratio of birth to abortion;
- share of women, completed pregnancy by childbirth on term in total number of women, completed pregnancy during report year;
- share of women, completed pregnancy by preterm delivery in total number of women, completed pregnancy during report year;
- share of women, completed pregnancy by abortion in total number of women, completed pregnancy during report year.

22. In 2002, 17.6 abortions per 100 childbirths were registered, in 1995 they were 22.8. The share of women with completed pregnancy at childbirth on term was 95.4 per cent. The share of women, completed pregnancy by preterm delivery increased from 1.7 per cent in 1995 to 2.7 per cent in 2002. The share of women, completed pregnancy by abortion reduced from 3 to 2 per cent. Completeness of the examination of women, who were under medical observation, is considered as the percentage of pregnant women examined by therapist. In 2002 the number of pregnant women examined by a therapist was 92.4 per cent (87.6 per cent in 1995).

23. Maternal mortality calculated per 100 thousands of births is 19,9 (in 1995- 37,0). During the analyzed period the number of underweight childbirths (under 2500 grams) decreased by 21 per cent, even if this figure is not reliable. In 2002 almost 5 thousand children were born underweight, and that makes about 7,3 per cent in total number of births (System of Health Ministry).

24. If in 1995 one out of nine childbirth woman suffered from anemia, in 2002 they were one out of seven. For restraining of such diseases as anemia, an interagency commission on nutrition and control of micro-nutrients deficiency was established, which decided to improve nutrition quality with the introduction of iodine salt and the addition of iron compounds to flour.

25. The citizens of Azerbaijan could recover their health in sanatorium -and-spa institutions of the country. As of today, 84 sanatorium-and-spa institutions (15163 hospital beds) are present in the country with 25517 of persons on vacation. The statistics of sanatorium-and-spa treatment, tourism and rest studies provide qualitative development characteristics of the network of sanatorium-and-spa institutions and of rest and tourism institutions, their location, number of places and number of persons admitted. Sanatorium-and-spa institutions include specialized stationary medical institutions, designed for medical rehabilitation of population on the base of natural treatment factors.
