

POSTER PRESENTATIONS

INTEGRATING THE DALY METRIC INTO HEALTH STATISTICS AND PRIORITY-SETTING IN UZBEKISTAN: A FOUR-STAGE ROADMAP

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Uzbekistan sets health priorities and allocates public health expenditure mainly on the basis of mortality and morbidity counts, which do not reflect non-fatal loss of health and therefore systematically undervalue prevention and rehabilitation. The aim was to justify, in scientific and economic terms, the introduction of the disability-adjusted life year (DALY) into national health statistics and budget allocation, and to propose a stepwise institutional roadmap for such integration.

Materials and methods. The work combined a literature review, a comparison of international practice and an institutional gap analysis. The thirty-year methodological evolution of the DALY was traced, and the international infrastructure of the WHO Global Health Estimates and the Global Burden of Disease platform of the Institute for Health Metrics and Evaluation (IHME) was examined. National experience was compared for Australia (AIHW), the Republic of Korea (KNBD), Thailand (HITAP), Iran (NASBOD) and Kazakhstan (UNEHS).

Results. The DALY proved methodologically mature, internationally recognised and applied in routine national practice. Following the York school (Ochalek, Lomas, Claxton), a realistic cost-effectiveness threshold for low- and middle-income countries lies near 0.5 of gross domestic product per capita - approximately US\$1,430 per DALY for Uzbekistan. No peer-reviewed DALY-based national burden-of-disease study has so far been published in Central Asia, the Kazakh analysis of acute myocardial infarction being the closest analogue. Three parallel reform streams – state medical insurance from 2026, the IT-Med digitalisation programme and the Primary Care 2030 strategy – form a historically favourable window of opportunity.

A four-stage integration model is proposed, with a horizon from 6–12 months to 3–5 years: (1) a pilot burden-of-disease calculation; (2) a DALY module for selected diseases; (3) inclusion of a “burden of disease” block in official statistics; (4) regional and national dynamic monitoring. Four financing proposals are formulated: funding prevention in proportion to measured burden; scaling rehabilitation capacity to the volume of years lived with disability; adopting cost per DALY as the official methodology of health technology assessment; and an equalisation fund based on territorial burden.

Conclusions. Since the burden of cardiovascular and cerebrovascular disease is structurally similar across Central Asia, a shared DALY methodology would render national estimates directly comparable and provide a quantitative basis for joint prevention and control programmes. With rational use of the present window of opportunity, Uzbekistan may become the regional centre of expertise in evidence-based health policy within five to ten years.