

Article title: Costing Health Benefit Packages Using the WHO UHC Compendium: A Proof-of-Concept Study in Kyrgyzstan

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Supplementary file 3. Additional Assumption Tables and Timeline

Table S1. Scaling factor assumptions used to estimate variations in reference costs by different types of outpatient visits or inpatient days

Type of visit or inpatient stay	Scaling factor relative to reference cost
<i>Visit type</i>	
Comprehensive visit	100% - Reference
Brief visit	75%
Preventive care visit	75%
Expanded visit	150%
Facility based visit for procedure / surgery	175%
Emergency unit visit	225%
<i>Inpatient stay type</i>	
Inpatient stay for condition / disease	100% - Reference
Inpatient stay for procedure / surgery	125%

Table S2. Laboratory and diagnostic unit costs (2023 USD)

Type of diagnostic test	Cost per unit
Point of care testing	\$ 2.78
Basic laboratory tests	\$ 2.78
Advanced laboratory tests	\$ 14.91
Genomic testing	\$ 203.28

Table S3. Uptick percentages used to estimate consumable/products and overheads

Feldsher - Family group practices	Family medicine centres	District hospital	Regional and tertiary hospitals
<i>Product uptick</i>			
3.67%	1.81%	4.84%	6.00%
<i>Overhead uptick</i>			
11.64%	11.96%	31.25%	24.12%

Figure S1. Key costing milestones and timeline with stakeholder involvement

