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The Impact of Global Health Initiatives in Kyrgyzstan

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POLICY BRIEF
JULY 2009

GLOBAL HIV/AIDS
INITIATIVES NETWORK

THE IMPACT OF GLOBAL HEALTH INITIATIVES IN KYRGYZSTAN

Since 2003, global health initiatives have committed to spending over US$70 million on HIV/AIDS and other communicable diseases in Kyrgyzstan. This funding, which constitutes over 90% of total spending on HIV/AIDS in the country, has facilitated the scale-up of services, in particular those aimed at preventing the spread of HIV.

This policy brief shows the effects of two global health initiatives - the Global Fund to fight AIDS, Tuberculosis, and Malaria (GFATM) and the World Bank's Central Asia AIDS Project (CAAP) - at national and sub-national levels, including the effects on HIV/AIDS service scale-up, human resources, access to HIV/AIDS services and coordination.

Key findings

- Significant increases in GFATM and CAAP financing has led to substantial scale-up of HIV/AIDS services and numbers of clients receiving services. Services focus on preventing the spread of HIV and aim to reach high-risk groups including injecting drug users (IDUs) and prisoners.
- Despite increases in numbers and types of services, their effectiveness is affected by weak coordination mechanisms and limited cooperation between service providers. Also, services are limited in geographical areas where the need for them is highest such as Osh in the southern region.
- Stigma and discrimination, exacerbated by lack of information and knowledge and violation of human rights by police, are key barriers to accessing HIV/AIDS, health and social services.

Epidemiology of HIV/AIDS in Kyrgyzstan

In January 2009, the official number of registered HIV cases in Kyrgyzstan was 2,057. The principal means of transmission is intravenous drug use (74%), followed by sexual intercourse (22%). The highest levels of HIV prevalence are amongst people aged 20-35 years old (60%) and in Osh province in the south of the country.

In June 2007, there was an outbreak of HIV at two hospitals in Osh province that was caused by contaminated blood transfusions and poor sterilization of medical instruments. This outbreak resulted in 72 children, 16 women and 1 health professional contracting HIV.

Global Health Initiatives in Kyrgyzstan

In Kyrgyzstan, HIV/AIDS services receive funding from the state budget and from global health initiatives. The two most important initiatives in the country are the GFATM and the CAAP, a four-country regional project funded by the World Bank (Table One). The United Nations and bilateral donor organizations including DFID, USAID and AIDS Foundation East-West (AFEW) have also provided funding for HIV/AIDS.

Currently, funding from external sources constitutes 94% of total spending on HIV in the country, which means that many HIV/AIDS services are vulnerable to changes or breaks in financing.

Table One: Funding from the GFATM and CAAP grants

Funding body	Amount of funding	Key activities
GFATM Round 2 Grant, 2003-2008	$17 million	• Development of HIV/AIDS services for NGOs aimed at preventing the spread of HIV among high-risk groups including PLWHA, Injecting Drug Users (IDUs), Sex Workers (SW), Men who have Sex with Men (MSM), young people and prisoners • Distribution of condoms, syringes • Training health workers
GFATM Round 7 grant, 2009-2013	$28 million	• Ensuring universal access to basic HIV/AIDS services • Extending and improving the efficiency of preventive programs for IDUs, SW, MSM and prisoners • Preventive programs for young people including street children • Improving coordination for HIV/AIDS control • $8 million towards strengthening health systems capacity, including: equipment for laboratories, ensuring safe disposal of medical waste, VCT services
World Bank CAAP Program, 2005-2010	$27 million (for four Central Asian countries)	• Improving regional policy and coordination of HIV/AIDS programs • HIV/AIDS prevention projects for high-risk groups

Scale-up of HIV/AIDS services

Significant increases in GFATM and CAAP financing has led to substantial scale-up of HIV/AIDS services in terms of the numbers of service providers, types of services available and numbers of clients receiving services. In particular, there has been a rise in NGOs delivering services to high-risk groups of people including PLWHA, IDUs, SWs, MSM, young people and prisoners. Services targeting migrants and rural communities have also started to develop.

The focus of most services has been on preventing the spread of HIV. For example, 70% of expenditures from the GFATM are aimed at prevention. These include: preparation and distribution of information and education materials, outreach activities, condom distribution and syringe exchange programs.

Figure One shows that whilst the number of HIV/AIDS services has increased, these are not evenly distributed and coverage in Bishkek, the capital city, is higher than in southern regions (Osh) where the greatest number of PLWHA reside.

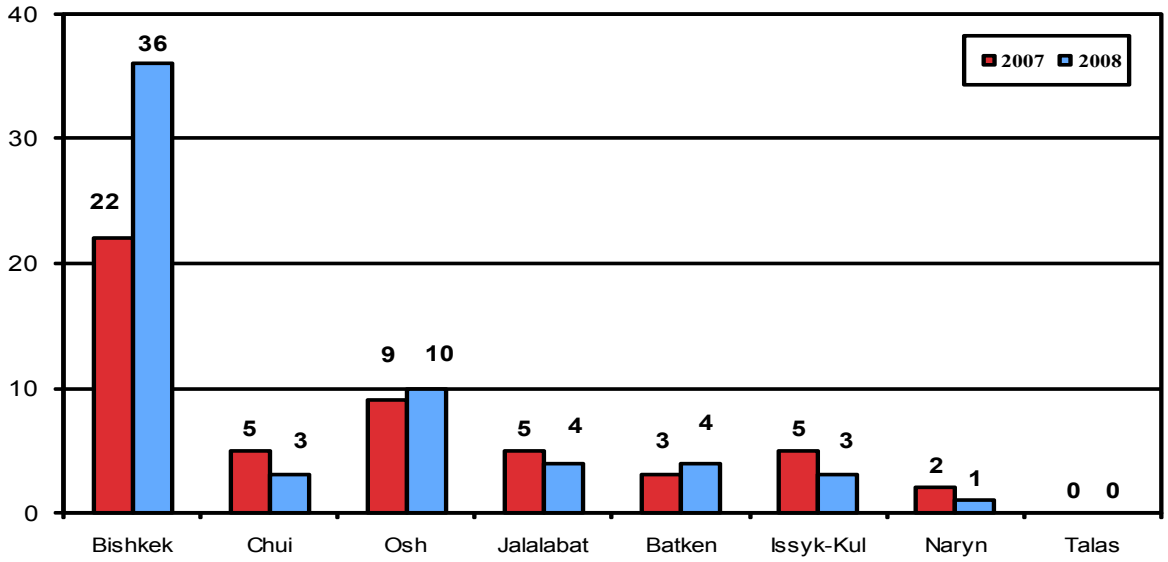
Human resources for HIV/AIDS programs

Despite a declining number of health personnel in Kyrgyzstan overall, the number of staff employed by HIV/AIDS programs has increased. This is because the GFATM has funded a large number of new posts in NGOs which provide HIV/AIDS prevention services. However, shortages of human resources for HIV/AIDS programs remain in Osh province and in rural areas.

The GFATM and CAAP have also made important contributions towards the development of human resources capacity of HIV/AIDS service organizations, for example through funding training sessions relating to HIV/AIDS and organizational development. However, training activities have not been monitored making it difficult to measure their effectiveness, appropriateness and impact on quality of HIV services.

Poor salary incentives, unfair bonus systems in governmental organizations, breaks in payments to NGO personnel, and weak legal protection among medical personnel are key factors undermining the delivery of HIV/AIDS services.

Figure One: Number of HIV/AIDS organizations implementing GFATM grants by regions



Access to HIV/AIDS services

Since 2004 there have been considerable improvements in terms of accessibility, affordability, and quality of HIV/AIDS services. Vulnerable populations have free access to basic services including treatment for sexually transmitted infections (STI), syringe exchange programs, VCT, information and education materials.

Improved access to prevention services has begun to translate into positive trends in terms of increased knowledge of safe behaviors among key population groups, and better awareness of their legal rights.

However, barriers to using HIV/AIDS services remain in particular breaks in financing among NGO service providers and poor quality of commodities such as condoms and syringes. At the household/ community level barriers include: low levels of awareness of the services available, stigma and discrimination, discriminatory practices among law-enforcement authorities and, in some cases, by health professionals.

Coordination mechanisms

In an effort to streamline HIV/AIDS coordination structures in Kyrgyzstan, in 2007 the Country Multi-sectoral Coordination Committee for HIV/AIDS (CMCC) was replaced by the Multi-Sectoral Country Coordination Committee on Socially Significant and Especially Dangerous Diseases (MCCC). Broadening the remit of the coordination committee has been criticized for undermining the focus on HIV/AIDS.

The MCCC also has weak organizational capacity and is unable to coordinate programs effectively and monitor HIV/AIDS interventions. Following reform of the CMCC in 2007, national level support for regional coordination structures has also reduced substantially.

In addition to these national and regional structures there are a number of parallel efforts to coordinate HIV/AIDS programs including: periodic coordination meetings of donors and international organizations, national-level NGO and inter-sectoral Steering Groups, and the Osh city NGO Working Group.

Cooperation between HIV/AIDS service providers

There have been increased in efforts by GHIs and program implementers to coordinate their activities. Almost every organization that provides an HIV-related service in Kyrgyzstan now cooperates with other organizations through client referrals.

A challenge to effective cooperation is breaks in financing from GHIs, in particular the GFATM when a project comes to an end or a sub-recipient fails to submit monitoring data on time. Discontinuity in funding enhances competition, reduces the number of providers, and creates difficulties in referring clients between organizations.

Recommendations

For government and governmental institutions of Kyrgyzstan

- Explore ways of increasing the amount of public spending on HIV/AIDS so that service providers are not so dependent on GHIs and vulnerable to breaks in funding.
- Improve the functioning of the MCCC by narrowing the focus of the committee and giving the Secretariat "cross-departmental status", based at the Office of the Government.
- Improve the functioning of regional coordination structures by: ensuring that Secretariats have access to appropriate material and technical resources; providing technical assistance on coordination of HIV/AIDS activities; and, ensuring regular communication between Secretariats at the regional and national levels.
- Revise the system of financial incentives for staff in governmental organizations and NGOs, in particular the overall salary level and the bonus system.

For global health initiatives

- Improve disbursement mechanisms to projects so that they are not at risk of having to stop providing services during breaks in financing.
- Give more attention to developing the capacity of organizations, in particular in the management of projects, thus enabling them to better compete for grant money.
- Develop and implement a monitoring and evaluation system for training programs in order to improve their effectiveness and appropriateness.
- Unify current approaches to monitoring and evaluation of HIV/AIDS-related activities to ensure uniformity across government and donor funded programs.

For HIV/AIDS service providers

- Strengthen cooperation between government, nongovernmental, and private-sector organizations with the aim of ensuring efficiency and continuity in HIV/AIDS service delivery.
- Intensify and improve the effectiveness of activities that aim to increase knowledge about the ways HIV can be transmitted and reduce stigma and discrimination in society.
- Consider broadening the types of services available with a focus on the development of rehabilitation programs, psychological-social counseling, legal services, and activities to ensure continuity between sectors.

About the research

This policy brief is based on research conducted from 2008-2009 by the Centre for Health System Development, Kyrgyzstan and funded by the Open Society Institute. The study is part of the Global HIV/AIDS Initiatives Network (GHIN), a network of researchers in 22 countries that explores the effects of the three largest GHIs on health systems: the Global Fund, PEPFAR and the World Bank Global HIV/AIDS program.

Qualitative and quantitative research methods were used to collect the data including document review, facility surveys, semi-structured interviews with national and sub-national stakeholders and semi-structured and structured interviews with clients of HIV/AIDS services and providers of medical and social services. The research took place in three regions: Bishkek/Chui, Osh/Jalalabad and Issyk-Kul.

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Read the full report online at: www.ghinet.org/countrystudies_europe_Kyrgyzstan.asp