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Research Partners: Study Advisory Council (representatives of stakeholders in the Kyrgyz Republic)
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Background information

- The Kyrgyz Republic (KR) is a small, landlocked country in Central Asia;
- Total population is about 5.2 million with around 66% living in rural areas;
- Gross national income per capita per annum of 440 USD, absolute poverty - 46%.

Figure 1. Map of the Kyrgyz Republic



Introduction

The Center for Health System Development of the Kyrgyz Republic conducted a three-year project: "Tracking global HIV/AIDS initiatives and their impact on health systems" (2006-2008). Partners are the London School of Hygiene and Tropical Medicine and the Royal College of Surgeons in Ireland. The project is financed by the Open Society Institute in New York. The study is part of the Global HIV/AIDS Initiatives Network: <http://www.qhinet.org/>;

The stages to the research: (i) Situational analysis, May, 2007; (ii) Baseline study, April, 2008; (iii) Follow-up study, April, 2009. Reports are available at: <http://www.qhinet.org/downloads/kyrgyz.pdf> or <http://chsd.studionew.com>;

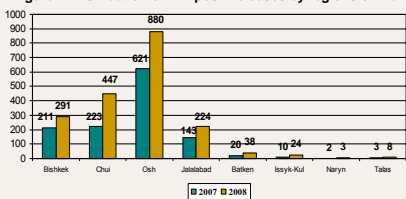
The current research focuses on the effects of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) HIV/AIDS grant and the World Bank Central Asia AIDS Project (CAAP) in the KR;

The KR received two HIV/AIDS Global Fund grants (Round 2 - \$17 million, 2004-2008; Round 7 - \$28.2 million, 2009-2013) and CAAP grant (for four Central Asian countries - \$27 million, 2006-2010).

Epidemic situation

- The first cases of HIV infection were registered in the country in 1987;
- The HIV/AIDS epidemic in the KR is concentrated among vulnerable groups including injecting drug users (IDUs) and sex workers (SWs);
- Main transmission routes of HIV-infection are injecting drug use - 74%, sexual - 22% and mother to child - 3%;
- The period 2001 to 2009 saw a sharp increase in the number of officially registered HIV infection cases (from 149 to 2,057 HIV cases);
- The highest number of HIV cases is registered in the south of the KR (Osh, Jalalabad, Batken).

Figure 2. Distribution of HIV-positive cases by regions of the KR



Aims of the study

- To assess the effects of two Global Health Initiatives (GHIs) the Global Fund to Fight AIDS, TB and Malaria (Global Fund) HIV/AIDS grant and the World Bank Central Asia AIDS Program (CAAP) in the KR on equitable HIV/AIDS service access, scale-up, health systems capacity, quality of HIV/AIDS services, supply of commodities and equipment; human resources, national and sub-national coordination;
- To provide timely and effective information to support policymakers at the national and international level.

Materials and methods

- The study was conducted in the 3 regions of Kyrgyzstan: Bishkek/Chui, Osh/Jalalabad (high prevalence of HIV/AIDS cases) and Issyk-Kul (low prevalence of HIV/AIDS cases);
- Analysis of relevant policy and programmatic documents including legislation/regulation documents;
- Analysis of official statistical data (National Statistics Committee, Republican Medical Information Centre, National AIDS Centre etc.);
- Analysis of data from a sample of state health facilities and non-governmental organizations receiving GHI funds in three Kyrgyz regions;

Table 1. List of the surveyed organizations

	Governmental organizations		NGOs	
	2007	2008	2007	2008
Bishkek	5	5	9	7
Chui oblast	2	2	-	-
Osh	7	4	3	4
Jalalabad	-	-	1	1
Issyk-Kul oblast	6	4	4	3
Total	20	15	17	15

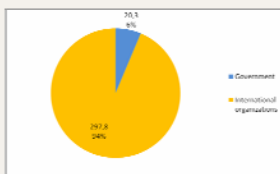
Semi-structured interviews have been conducted with:

- Key national and sub-national level officials (decision makers in health system and public administration authorities and international agencies) - 38 interviews, 2007; 30 interviews, 2008;
- Managers and frontline staff of sampled facilities and organizations - 31 interviews, 2007; 26 interviews, 2008;
- Clients receiving HIV/AIDS services including those from high risk groups - 60 interviews, 2007; 25 in-depth interviews, 2008.

Results

1. The Global Fund, CAAP and other donors have injected substantial new finances for HIV/AIDS control; external sources represent the bulk of HIV financing in the KR.

Figure 3. Total expenditures on HIV/AIDS-related activities by sources of funding in the KR, 2007



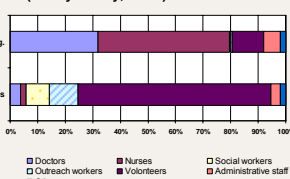
The majority of total donor funding for HIV/AIDS related activities in the KR comes from the Global Fund (49.6%);

- Between 2004 and 2006 over 42% of the GFATM HIV/AIDS grant was disbursed to 102 sub-recipients, among which 80 were NGOs;
- Most of NGOs focused on preventive activities (29%) for vulnerable groups (including IDUs, SWs, prisoners, MSM, youth, migrants, street children, etc.). Prevention includes preparation and distribution of information materials, condom supply, syringe exchange, outreach activities;
- Other services provided by NGOs include non-ARV treatment (17%), care and support (8%), testing/VCT(8%), trainings (4%) and other activities (33%);
- However over 50% of Global Fund -financed services are concentrated in the capital city and adjacent area (northern KR) reflecting the concentration of existing infrastructure, while HIV cases are concentrated in the south (where health systems are weaker).

2. Human resources working for HIV/AIDS NGOs have increased substantially

- Allocation of the Global Fund grant to sub-recipients led to an increase in personnel working on HIV/AIDS: increases in NGO workers have been substantial (data from facility survey, n - 18 NGOs: 2006 - 690 workers; 2007 - 956 workers);
- The greatest growth is among NGO volunteer, outreach and social workers: 60-70% of NGO staff are former IDUs and SWs;
- Peer-to-peer outreach workers have become an important category of worker: they bring knowledge of vulnerable groups and an ability to built rapport;

Figure 4. Structure of personnel in governmental health facilities and NGOs (facility survey, n - 24)



- The majority of service providers in governmental and nongovernmental organizations have low salary levels and do not receive financial incentives for delivering HIV/AIDS services (except AIDS Center staff from state budgets); interruptions in Global Fund and CAAP funding led to sub-recipients led to some workers being unpaid for several months.

3. Capacity of NGOs has been considerably strengthened, including management and staff training

- In 2007 Global Fund disbursed 8.7% of all expenditure for staff training;
- Data of the surveyed NGOs showed that number of persons completing their training in HIV/AIDS issues has been continuously growing;
- Global Fund and CAAP-supported workshops and training were seen by interviewees as having positive impacts on staff skills and their attitudes to clients;
- In the last 12 months considerable attention was given to training in Osh/Jalalabad regions where the majority of people who are HIV positive are concentrated (average number of training sessions per worker increased from 1.6 up to 2.4);
- At the same time respondents emphasized a range of factors hindering improvement of the training activities efficiency: (i) rapid staff turnover undermines some of this capacity building due to low salary and having breaks in NGOs funding; (ii) high percentage of social and outreach workers need training; (iii) training opportunities are unevenly distributed; (iv) lacking M&E system of training process.

4. The focus on NGOs was significantly increased service coverage of vulnerable groups, their awareness about HIV/AIDS and their knowledge of their eligibility to services

- Broad involvement of NGOs enabled HIV/AIDS-related services to be developed in all regions of the country, especially in the regions with the highest prevalence of HIV infection (Bishkek and Osh cities, Chui and Osh oblasts). However, needs of the southern regions (Osh, Jalalabad, Batken oblasts) and in rural area are not currently met entirely;

- The survey suggests a substantial increase in client numbers receiving a range of interventions including information/education, testing/VCT, needle/syringe exchange, condom supply, prevention and treatment of sexually transmitted infections (STIs);

Table 2. Number of IDUs and SWs receiving HIV-related services

Key groups of the population	2004	2005	2006	2007
IDUs (syringe exchange points)	2044	4888	8025	11468
SWs (diagnosis & treatment of STD)	2491	2449	2626	2610

Source of information: facility survey

- The majority of interviewed clients expressed their preferences to use services provided by NGOs rather than governmental health organizations because of staff tend to be more client friendly, working hours are more convenient, and confidentiality is usually maintained;

- 91.1% of interviewed clients are satisfied with the quality of the HIV/AIDS services they received, 56.3% of clients felt services had improved over time;
- NGO HIV/AIDS services contributed to better psychological condition of clients (in 81.7% of cases), better health (70%), better social functioning (61.7%), better relationship with family members (63.3%) and employment (46.7%);

- Clients tended to have several problems accessing HIV/AIDS services despite the fact they were using them. They indicated that the stigmatization of HIV/AIDS by their communities was the most important barrier to using HIV/AIDS services since this risked them becoming known as HIV positive, or a drug user or sex worker, which are also stigmatized activities;
- Other key access barriers from clients' perspectives include shortages of medicines and other commodities, poverty, and different HIV/AIDS services and eligibility to use them.

Conclusions

- Global Fund and CAAP activities resulted in significant scale up of HIV/AIDS related activities in terms of expanded geographical coverage; number of organizations, in particular new NGOs; the volume of HIV-related services to key population as well as the number of clients in each NGO have been increased;

- HR levels involved in the HIV/AIDS activity also grew, particularly among NGOs. In the process of NGO development new personnel categories emerged such as social and outreach workers and volunteers in some NGOs; many are former IDUs and/or SWs;

- With support of the Global Fund and CAAP training relating to different aspects of HIV/AIDS service delivery is provided. However, training activities are provided without considering existing needs and not carried out on a regular basis;

- The peer-to-peer approach to service delivery has been a very successful in breaking down access barriers between services and their clients (in contrast with government-managed services);

- The research findings suggest positive trends in terms of reduced risky behavior among key population groups, better awareness of their rights and about the existence of different services;

- Study of users' accounts showed that though in general they evaluated positively service accessibility, there are still important barriers such as shortage of medicines, stigma and discrimination, geographical barriers and high transport costs and others.

Recommendations

- In order to reach scale up of HIV/AIDS related activities in most under-served regions (especially in the south of the republic) more attention should be given for capacity building of NGO managers and staff working in these regions;

- Develop and implement an M&E system for training process (compliance of training participants to selection criteria, quality assurance of the training material, level of using obtained knowledge in practice, conduction of training on the regular basis in accordance with available needs). Implementation of an M&E system will contribute to improved efficiency of training and steady growth of professional levels of HR in HIV/AIDS issues;

- Since general levels of awareness about HIV/AIDS is low in the KR, it would be important to intensify activities aimed at raising knowledge about HIV in order to prevent stigma and discrimination by society at large.

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