

Impact of Global Fund grants on implementation of the National HIV/AIDS Program in the Kyrgyz Republic

Based on findings from

“Tracking Global HIV/AIDS Initiatives and their Impact on the Health System: the Experience of the Kyrgyz Republic” Research,
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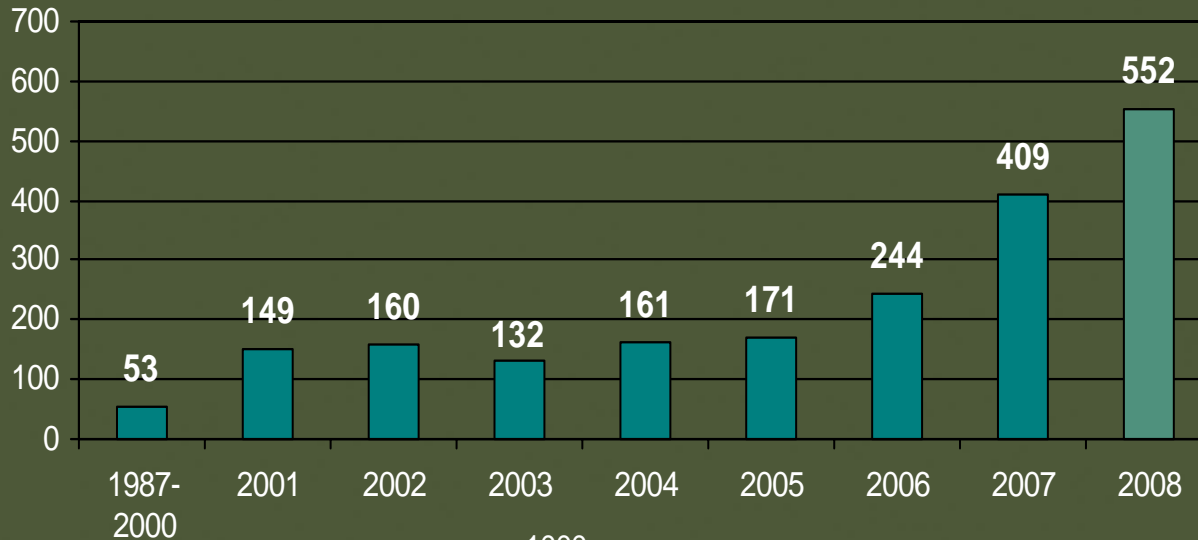
Background (1)



- The Kyrgyz Republic (KR) is Central Asian country;
- There are 8 administrative regions;
- Total population is about 5,2 million with around 66% living in rural areas;

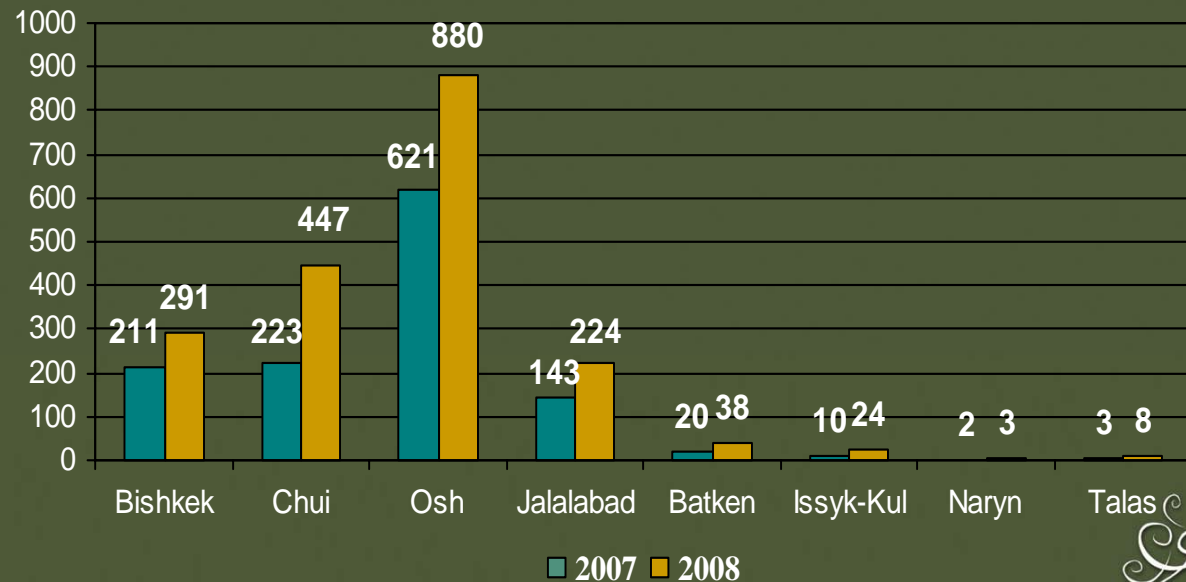
- First case of HIV-infection was registered in 1987;
- HIV epidemic is concentrated mostly among key population (IDUs, SWs, prisoners);
- Currently the 3rd National Program for Prevention of HIV/AIDS Epidemic and Its Social Consequences for 2006-2010 is implemented.

Epidemic situation on HIV in KR



Number of new HIV cases by years in the KR

Number of HIV cases by the KR regions, 2007 and 2008



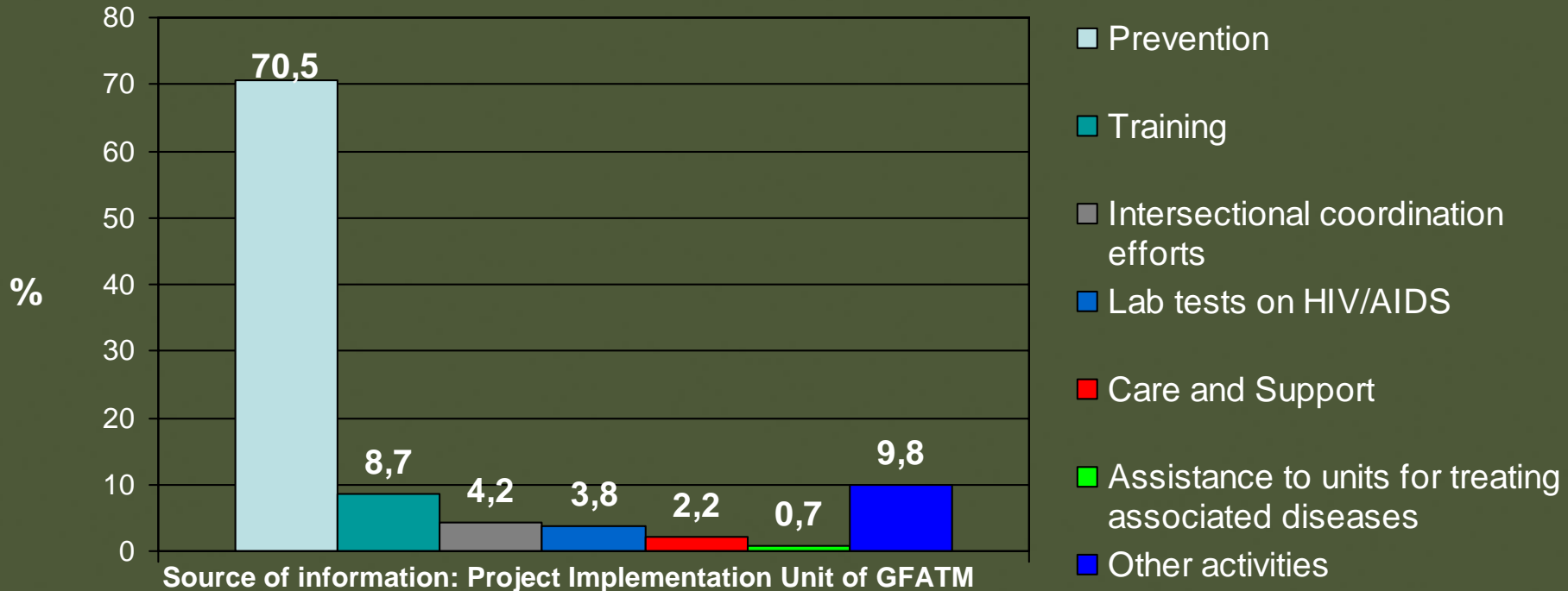
Source of information: National AIDS Center

Background (2)

- In the Kyrgyz Republic HIV/AIDS-related services are funded from two sources: state budget (6%) and from international organizations (94%);
- In the Kyrgyz Republic HIV&AIDS Global Health Initiatives are represent by:
 - (i) Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
 - Second Round Grant for HIV/AIDS - \$17 million (2004-2008);
 - Seventh Round Grant for HIV/AIDS - \$28,2 million (2009-2013);
 - (ii) World Bank Central Asian AIDS Project (CAAP)
 - \$27 millions for four Central Asian countries (2006-2010);
- The key donor funding HIV/AIDS-related activities in the Kyrgyz Republic is Global Fund (about 50% of all funds received in terms of external aid for HIV/AIDS);
- All donor funds have supported implementation of the National HIV/AIDS Program in the Kyrgyz Republic.

Background (3)

Disbursement of the Global Fund grant for HIV/AIDS activities by type in 2007 (%)



- In 2008 activities under the second GFATM Round were completed. Financial means were spent for procurement of various goods and services including medicines, equipment, and trainings for staff and activities of sub-recipients for services for key population groups. Sub-recipients were state-owned, NGOs and private organizations.

Aims

to assess the effects of the GFATM and CAAP HIV/AIDS grant in the Kyrgyz Republic on scale-up, coordination, human resources, access, health systems strengthening.

Methods

- Three case study regions: Bishkek/Chui, Osh/Jalalabad and Issyk-Kul;
- Governmental and non-governmental organizations (n-37, 2007; n-30, 2008);
- Facility survey (n-24, 2007; n-19, 2008);
- Analysis of qualitative data: semi-structured and in-depth interviews (n-130, 2007; n-117, 2008).

Results (1)

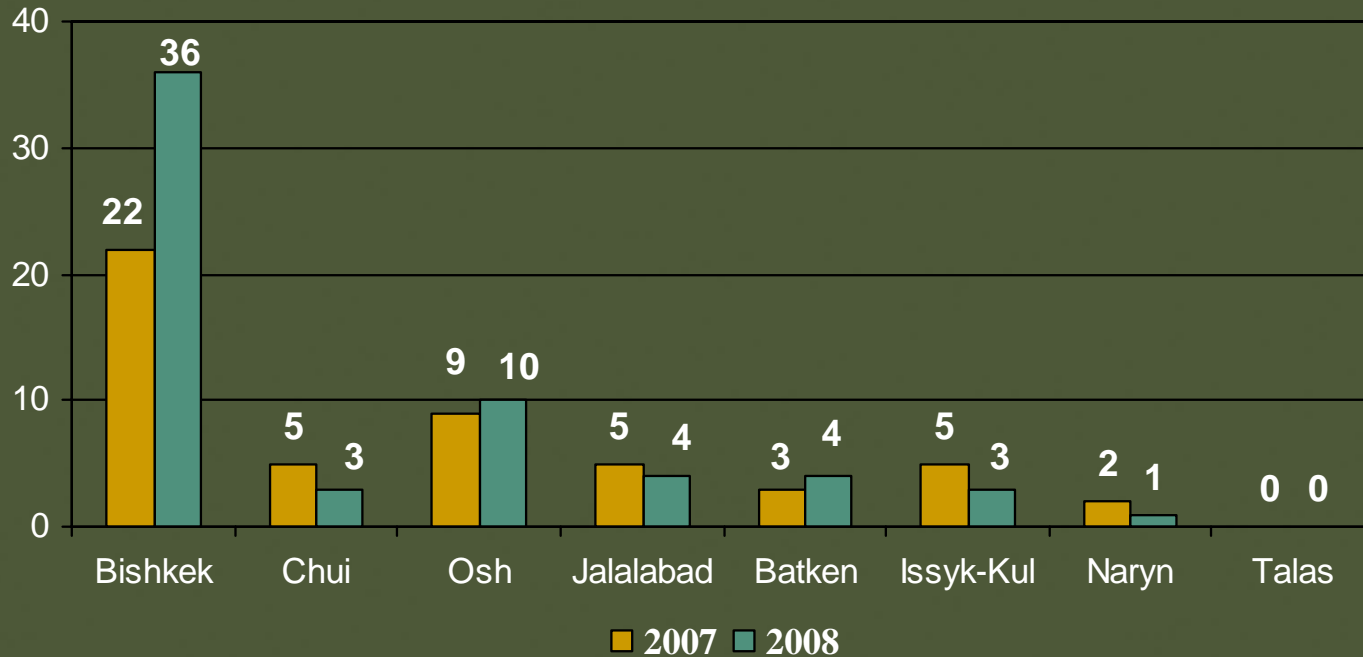
Since implementation of Global Fund grant, coverage of HIV&AIDS-related services has been significantly extended:

- Geographical coverage has been expanded;
- The number of governmental and non-governmental organizations providing HIV/AIDS services has significantly increased;
- 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;

Results (2)

- The volume of HIV-related services to key population groups has been increased (including information and educational activities, harm reduction services, substitution methadone therapy);
- New types of services were introduced (including ARV therapy, blood quarantine, new types of laboratory tests - CD4, PCR);
- The number of service users has significantly increased since 2004;
- New target groups were covered (migrants, rural population, PLWHA);
- Referral systems and collaboration between service providers has improved.

Number of HIV/AIDS organizations implementing GFATM grants by regions, data for 2007 and 2008, absolute figures



Source of information: Project Implementation Unit of GFATM

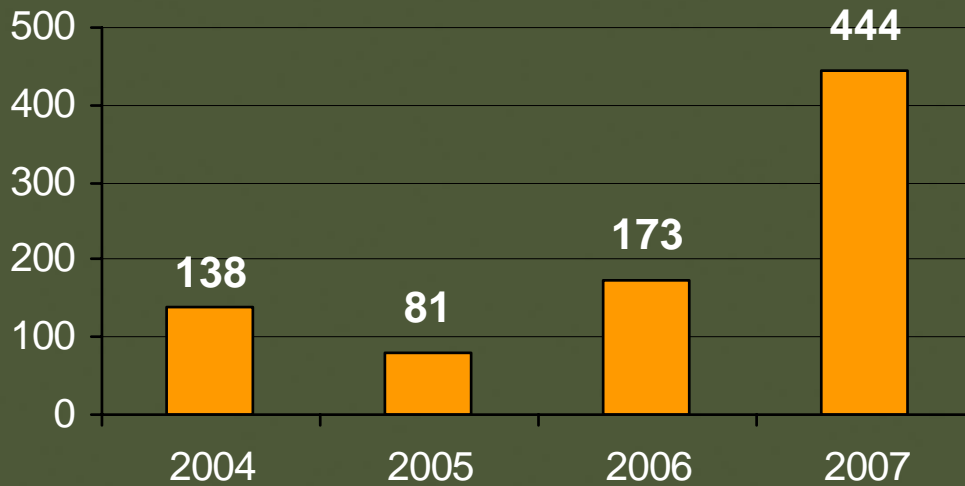
- The data shows that with the increasing of GFATM grants recipients (2007 – 51, 2008 – 61);
- However over 50% of Global Fund-financed services are concentrated in the capital city and adjacent area (northern KR) reflecting the concentration of existing infrastructure, while HIV cases are concentrated in the south (where health systems are weaker).

Number of clients of HIV/AIDS organizations, data for 2004- 2007, absolute figures

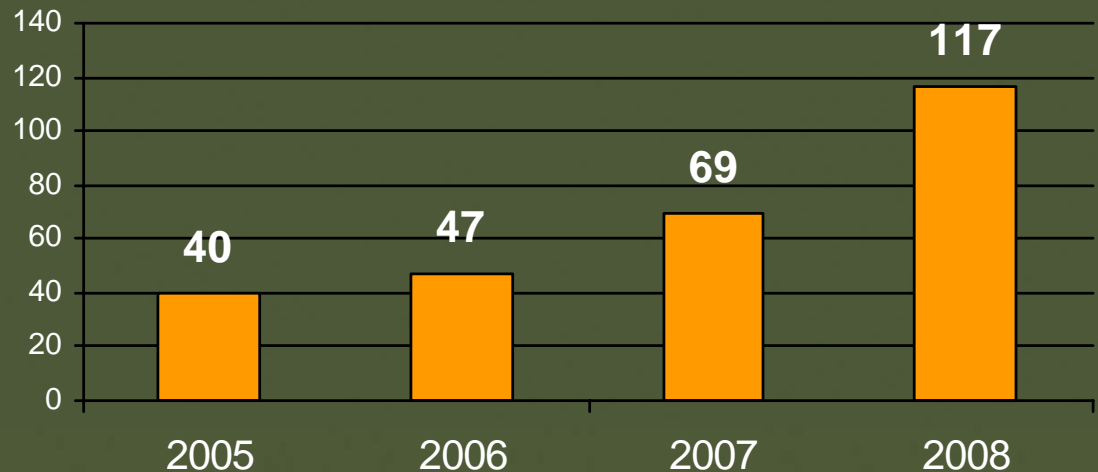
	2004	2005	2006	2007
SEP (syringe exchange point)	2844	4888	8025	11468
SMT (substitution methadone therapy)	138	81	173	444
Services for SWs	2491	2449	2626	2610

Source of information: Facility survey

- Nevertheless different organizations do not have a common approach to record keeping of clients. In some cases organizations delivering services to the same target groups use different systems and formats for keep records.



Number of clients receiving Methadone Substitution therapy



Number of clients receiving ARV therapy

- These type of GF-supported services are provided by governmental health facilities.

Factors influencing scale up of services at the sub-national level (1)

Promoting factors

- Sustainable source of financing from GHI is the main factor for sufficient expansion of all types of HIV-related services and activeness growth among civil society;
- Coordination and cooperation efforts among financing organizations allowed avoiding financing duplication, better target distribution of funds and increasing efficiency of implementation of the Third State Program on HIV/AIDS prevention for 2006-2010;
- Efforts for institutionalization of activities. For example:
 - (i) the Ministry of Education receives funds from GF for developing the course on healthy life-style for further introducing in educational institutions across the country;
 - (ii) introduction of the syringe exchange program at the PHC facility's level.

Factors influencing scale up of services at the sub-national level (2)

Hindering factors

- Breaks in financing of sub-recipients occurring between tranches/projects which lead to negative consequences:

(i) Coverage lost

“...breaks lead to coverage decline, it is especially hard when outreach workers how had a large coverage are lost. New outreach worker needs to be educated again, he should know what way the best to exchange syringes, and he must gain client’s confidence...coverage is reached during a year ...” (interview fragment, NGO)

- ### (ii) Breaks in payments to NGO’s personnel contribute to decreasing motivation, poor quality of services and high staff turnaround.

Factors influencing scale up of services at the sub-national level (3)

- There is no a single M&E system for registering of carried out activities/clients and results. Practically, quality indicators are not tracked: satisfaction level of clients and changes in behavior;

“...GF spends a lot money, huge means are provided, many organizations using these grant means do not fulfill requirements of donor organization which means there is no monitoring and evaluation system and even if there is an M&E system they just simply ignore them. All depends on the main recipient, he should be exigent.” (Interview fragment, NGO, Osh city)

- In some regions of the KR there were no services for IDUs and MSM, places with high SWs remain uncovered at all. The main reason was inability to provide trust from communities to potential service providers;

“I personally know some drug addicted people. I told them to come to our center where we exchange syringes. Bud they are afraid to come, especially when they see crowd in our center ...” (Interview fragment, governmental health facility)

- Political instability and frequent replacements of government persons and high level officials require constant work on political commitment to HIV/AIDS related activities.

Conclusions (1)

- GFATM activity resulted in significant sufficient scale up of HIV/AIDS-related activities in the Kyrgyz Republic;
- GFATM grant is targeted at a large-scale service provision and provide great support to implementation of the 3rd National Program for Prevention of HIV/ AIDS Epidemic and Its Social Consequences for 2006-2010 in Kyrgyz Republic;
- Coverage of vulnerable groups including PLWHA, young people, IDUs, SWs, MSM and prisoners has increased since the inception of the Global Fund. New groups are now receiving interventions including young people from rural areas and street children;

Conclusions (2)

- Among factors that promoted efficiency of GF activities the following can be noted: financing scales, coordination and cooperation efforts between financing organizations, and institutionalization of some activities;
- Factors hindering further scale up still remain. The main factors are: (i) breaks in financing of GHI sub-recipients which lead to capacity loose loss of organizations and loss of clients; (ii) lack of access to population hinders geographical scale up; (ii) in recent years, commitment of political leaders to HIV/AIDS related activities has declined;
- The monitoring systems used by HIV/AIDS organizations including record keeping of client numbers require significant refinement.

Recommendations

- In order to reach scale up of HIV/AIDS related activities in most disadvantageous regions (especially south of the republic) more attention should be given for capacity building of on project management in organizations working in this region;
- Taking into consideration the serious negative influence of financing breaks on sub-projects of GFATM, it is necessary to reconsider more effective disbursement mechanisms to projects;
- Seek ways to unify current approaches to M&E systems for of HIV/AIDS related activities for government, GHI and donor programs.