

Kyrgyzstan: Tracking global HIV/AIDS initiatives and their impact on the health system

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Abstract

This study examines the effects of two HIV/AIDS-focused GHIs – the Global Fund and the World Bank Central Asian AIDS Project (CAAP) – in three regions of Kyrgyzstan: Bishkek/Chui, Issyk-Kul and Osh/Jalalabad. The Global Fund is the biggest GHI for HIV/AIDS in the country, and contributed more than US\$ 17 million between 2004 and 2008.

The research finds that these GHIs have contributed to substantial scale-up of HIV/AIDS services, including information/education programmes, voluntary counselling and testing (VCT), harm reduction programmes and antiretroviral therapy (ART). However, stigma and discrimination are major barriers to people seeking to access these services. Most HIV/AIDS services are provided by non-governmental organizations (NGOs), many of which depend on GHIs for a high proportion of overall funding. GHI support has led to substantial increases in staff working for NGOs, especially social workers and peer-to-peer outreach workers, and has contributed towards developing staff and organizational capacity.

GHIs have also strengthened national coordination mechanisms, which now play a significant role in HIV/AIDS-related decision-making. While coordination and cooperation between government and NGO HIV/AIDS services has improved, especially in terms of referrals between services, Kyrgyzstan continues to face several problems concerning the engagement of key actors; information sharing and the devolution of decision-making powers to sub-national coordination structures remain problematic.

Background

Kyrgyzstan is a landlocked, mountainous country bordering Kazakhstan, Uzbekistan, Tajikistan, and China. It is home to 5.2 million people and averaged a 0.9% annual population growth rate between 2001 and 2007 [1]. Kyrgyzstan ranked 122nd out of 179 countries on the UN Human Development Index in 2006 [2]. The country has faced economic problems in its transition from a command economy to a market economy. Whilst Kyrgyzstan possesses oil and gas resources, it imports the bulk of what it needs.

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Economic challenges are particularly acute in the southern region of the country, where agriculture remains the main industry, unemployment is very high, and poverty is widespread [3].

A comprehensive, long-term reform of Kyrgyzstan's health system is in progress. Beginning in 1996, health financing reforms have led to decreased costs, improved quality of care, and increased spending [4,5]. Primary care services were reorganized in Family Group Practices (FGPs), which by 2004 had enrolled approximately 98.5% of the population [5]. This has made Kyrgyzstan the leader in family medicine reform in post-Soviet Central Asia [4]. There is still progress to be made, as out-of-pocket expenditures still account for more than half of total health expenditure [6]. In 2006, external resources made up 6.1% of total expenditure on health [6].

Official development assistance (ODA) to Kyrgyzstan was US\$ 311.2 million in 2006 [7]. The country remains highly indebted; its total external debt was US\$ 2.38 billion, or 84.5% of GDP, in 2006 [1,7].

Table 1 Basic Socioeconomic, Demographic, and Health Indicators (*)

(*) Full data sources for all indicators are provided in Annex 1

Indicator	Value	Year	Source
Population (thousands)	5,235	2007	World Bank
Geographic Size (sq. km)	191,800	2007	World Bank
GDP per capita, PPP (constant 2005 international \$)	1,894	2007	World Bank
Gini index	33	2004	World Bank
Government expenditure on health (% general government expenditure)	8.7	2007	WHO NHA
Per capita government expenditure on health (current US\$)	19	2007	WHO NHA
Physician density (per 10,000)	24	2007	WHO SIS
Nursing and midwifery density (per 10,000)	58	2006	WHO SIS
Maternal mortality ratio (per 100,000 live births)	150	2005	WHO SIS
DTP3 coverage (%)	94	2007	WHO SIS
Estimated adult HIV (15-49) prevalence (%)	0.1 (<0.1-0.3)	2007	UNAIDS
Estimated antiretroviral therapy coverage (%)	14 (8-26)	2007	WHO/UNAIDS/UNICEF
Tuberculosis prevalence (per 100,000)	134	2006	WHO GTD
Estimated malaria deaths, all ages	0	2006	WHO WMR

Table 2 Global Health Initiative Investments (*)

Global Fund

Round & Disease Priority	Approved (in US\$)	Disbursed (in US\$)
Round 2, HIV/AIDS	17,073,306	17,073,306
Round 2, TB	2,771,070	2,771,070

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Round 5, Malaria	3,426,125	2,705,810
Round 6, TB	4,244,578	4,244,578
Round 7, HIV/AIDS	11,845,090	4,997,122
Round 8, Malaria	3,796,116	0
TOTAL:	43,156,185	31,791,886

PEPFAR*

Year	Amount Disbursed (in US\$)
2006	1,265,500
2007	1,020,000
2008	721,000
TOTAL:	3,006,500

*Not a PEPFAR focus country; above sums represent total allocations to PEPFAR country programs from bilateral U.S. sources including USAID, Department of Health and Human Services, Department of Labor, and Department of Defense.

GAVI

Disease Priority	Amount Approved (in US\$)
Hepatitis B vaccine	1,608,000
Vaccine introduction grant	100,000
Injection Safety	178,000
Immunisation services support	256,000
Health systems strengthening	1,155,000
TOTAL:	3,297,199

Methodology

The Centre for Health System Development in Kyrgyzstan, with the London School of Hygiene and Tropical Medicine and the Royal College of Surgeons in Ireland, conducted a three-year study between 2006 and 2008 to track GHIs and their impact on the health system in Kyrgyzstan. The data used for this case study draws primarily on the findings reported in 2008.

Multiple qualitative and quantitative data collection methods were used. These include: an analysis of policy and programmatic documents and secondary data; in-depth interviews with national and sub-national level key informants; structured surveys with HIV/AIDS service providers and clients; in-depth interviews with clients; and focus groups. The research focused on the effects of two GHIs in Kyrgyzstan – the Global Fund and CAAP—in three regions: Bishkek/Chui (capital and surrounding administrative region), Issyk-Kul (north of the country) and Osh/Jalalabad (south of the country). The following research questions were addressed:

The effects of GHIs on the scale-up of HIV/AIDS services:

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- The levels and types of HIV/AIDS services delivered, including prevention, treatment and support services, with a concern to demonstrate trends over time;
- The perceived quality of HIV/AIDS services;
- Coordinated service delivery.

The effects of GHIs on equitable access to HIV/AIDS services:

- Accessibility and patterns of utilisation of HIV/AIDS services;
- Institutional, household and community factors that determine the accessibility of HIV/AIDS services.

The effects of GHIs on the capacity of health systems:

- National and sub-national HIV/AIDS coordination mechanisms;
- Health workforce.

Data were collected from more than 40 HIV/AIDS service delivery outlets, and approximately 230 interviews were conducted at national level and across the three selected regions.

Results

Leadership and Governance

The study suggests that coordination and cooperation between government and NGO HIV/AIDS services has improved since the Global Fund and CAAP programmes were introduced. Most HIV/AIDS service providers participating in the survey indicated that they coordinated their activities, including client referrals, with other organizations. By 2008, all organizations practiced client referral, which was practiced extensively between NGOs and government AIDS centres; and most organizations referred patients to narcology (drug addiction treatment) centres or legal and support services for people living with HIV or AIDS (PLWHA). Some HIV/AIDS organizations have signed Memorandums of Understanding formalizing these arrangements. Other forms of coordination are practiced between HIV/AIDS organizations including: coordinated strategic planning; information sharing; integrated resources; common protocols; and using a common monitoring and evaluation system. However, the study also suggests that the practice of these forms of inter-service coordination is only starting to emerge, rather than already being widely implemented; indeed, only 23% of clients indicated that they were referred to an HIV/AIDS service provider by other organizations, and 55% received information about HIV/AIDS through personal contacts rather than through HIV/AIDS organizations.

National HIV/AIDS coordination council

The coordination of HIV/AIDS activities in Kyrgyzstan has in the past been the responsibility of the Country Multi-sectoral Coordination Committee (CMCC) for HIV/AIDS, tuberculosis and malaria. In 2005-2007, GHIs played an important role in developing this coordination mechanism; for instance, the membership and functions of the CMCC were adapted to meet Global Fund requirements, and the Global Fund CCM

formed a sub-committee of the CMCC. In 2006-2007, interviewees considered the CMCC to have a significant role in HIV/AIDS-related decision-making at the national level and to be engaged with a wide group of stakeholders.

In August 2007, the CMCC merged with the Republican Special Anti-epidemiological Commission on Socially Significant and Especially Dangerous Diseases, which focuses on more than 40 different animal and human diseases. The World Bank CAAP implementers are a member of this body and participate in meetings. After merging the CMCC, Kyrgyzstan has faced several coordination problems. These are mainly related to: (1) difficulties in involving all relevant government departments in implementing HIV/AIDS activities; (2) monitoring activities and sharing information among stakeholders; (3) ensuring continuity of activities. The organizational structure of this new CMCC poses a serious obstacle to effective coordination. In particular, the limited capacity and resources available to the secretariat undermines its functioning, and there are limited resources available from international donors and initiatives to strengthen the coordination mechanism.

Sub-national HIV/AIDS coordination councils

Oblast (sub-national) Multi-sectoral Coordination Committees (OMCC) were reported by many key informants participating in the study as being imposed from the national level and as having a limited role in regional coordination. Sub-national experiences do, however, vary: interviewees evaluated Osh OMCC as having a relatively substantial role in determining regional HIV/AIDS policy, whilst coordination in Issyk-Kul was relatively underdeveloped. Barriers to effective coordination include: high turnover of committee membership; lack of clear working procedures and lines of accountability; lack of clarity among members about how to implement coordination efforts; limited civil society representation; and lack of funding for coordination structures.

The Global Fund had an indirect effect on the work of sub-national coordination: roles and responsibilities were clarified among organizations receiving Global Fund grants, making inter-agency coordination more feasible; and the Global Fund grant has been used to finance strengthening institutional relationships among NGOs, for instance through financing the establishment of NGO coordination forums.

Financing

HIV/AIDS-related programmes in Kyrgyzstan receive funding from the state budget and international donor organizations and initiatives. Fifty-one percent of international funds come from the Global Fund. Since 2004, Kyrgyzstan has implemented a Second Round Global Fund grant for HIV/AIDS. The amount of funding approved was more than US\$ 17 million, and the main grant recipient was the Kyrgyz Republican AIDS Centre, located in the Ministry of Health (MOH). In total, 58% of the grant was spent on prevention services, 16% on treatment and 8% on support services [8].

Kyrgyzstan has been awarded a Round Seven HIV/AIDS grant worth US\$ 28.2 million for 2009-2013. The main objective of this grant is to provide universal access to HIV/AIDS services for PLWHA and other vulnerable populations. There is also an increased emphasis on improving inter-sectoral cooperation to fight HIV/AIDS and on strengthening the capacity of the national health system, including government and nongovernmental HIV/AIDS services. The development of HIV/AIDS services is taking

place against a background of a shrinking supply of health professionals in Kyrgyzstan caused by high levels of international migration.

Kyrgyzstan has also received a grant from the World Bank through CAAP to fund a programme of activities between 2005 and 2010. The total amount of funds distributed among four Central Asian countries is US\$ 25million. The objectives of the programme are to: (1) control the spread of HIV in Central Asia; (2) establish a regional AIDS Fund as a sustainable financing mechanism during and after the project; and (3) strengthen cooperation between the state, nongovernmental and private sectors at both the regional and national levels.

Between 2004 and 2006, Global Fund grant disbursements to sub-recipients increased steadily from US\$ 334 000 to US\$ 2 777 000. NGOs are now providing the majority of HIV/AIDS services funded by the grant; in particular, they focus on HIV prevention. Between 2004 and September 2007, the Global Fund grant supported 102 organizations implementing HIV/AIDS activities, including 80 nongovernmental, 18 governmental/public and four private organizations. Many NGOs are, however, becoming increasingly reliant on this grant, which provides a high proportion of their overall funding. For example, in 2006, 11 out of 16 NGOs surveyed reported that most of their budget was comprised of Global Fund funds. CAAP grants have provided funds to 64 governmental and nongovernmental organizations in four Central Asian countries. HIV/AIDS organizations in Kyrgyzstan received a total of US\$ 138 000.

Many interviewees reported that the distribution of the Global Fund grant reflects the relatively high organizational capacity of service providers based in the capital Bishkek, rather than HIV prevalence rates in different parts of the country. In 2007, 53% of NGOs providing HIV/AIDS services were located in Bishkek/Chui, while the vast majority of PLWHA (62%) lived in southern Kyrgyzstan in and around the city of Osh. Similarly, CAAP-funded services and activities are also concentrated in Bishkek.

Health Workforce

The Global Fund grant has led to substantial increases in staff working for NGOs (focusing on prevention and care/support services), while the number of staff working for government medical services has remained stable. The greatest growth is among NGO volunteer workers and social workers. Specifically, peer-to-peer outreach workers are playing an increasingly important role: they bring knowledge of vulnerable groups and are able to build rapport with clients. The majority of social workers has not, however, received professional education and requires regular training. Shortages of psychologists, psychotherapists and lawyers working in the field of HIV/AIDS persist.

The largest increase in staff numbers is observed in the north of Kyrgyzstan: Bishkek city/Chui province. While increases in staff in Osh have also been substantial, the overall number of HIV/AIDS workers lags behind Bishkek/Chui. Table 4 summarises the scale-up of HIV/AIDS-related personnel based on a sample of 24 organizations.

Table 3 Personnel categories in 24 surveyed organizations

Personnel category	Province	Organization type
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	Bishkek, Chui		Osh, Jalalabat		Issyk-Kul		Government		NGOs	
	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007
Doctors	85	97	27	33	19	17	101	111	30	36
Nurses/paramedics	159	139	33	38	7	9	184	167	15	19
Social workers	25	36	19	42	1	3	2	1	43	80
Outreach workers/ "peer to peer"	72	79	18	6	16	16	19	2	87	99
Volunteers	417	557	53	127	26	26	17	40	479	670
Administrative staff	26	35	11	12	5	7	19	21	23	33
Other	12	19	0	4	4	3	3	7	13	19
Total	796	962	161	262	78	81	345	349	690	956

The Global Fund has contributed substantially towards capacity building among HIV/AIDS services in terms of providing training in HIV/AIDS issues and organizational development. Medical workers are trained in donor blood safety, HIV/AIDS diagnostics, ARV treatment (ART) and the prevention of mother-to-child transmission (PMTCT). In 2008, 85% of the survey respondents indicated they had received training, and 62% felt that Global Fund-supported workshops had a positive impact on their skills.

Service providers in government and nongovernmental HIV/AIDS organizations do not receive financial incentives for delivering HIV/AIDS services from Global Fund or CAAP grants. Low salaries and uncertainty about wages among government service providers, as well as interruptions in Global Fund funding to sub-recipients, have led to low motivation, a deterioration in service quality (in some cases) and high staff turnover. Staff in NGOs are more motivated to deliver HIV/AIDS services, compared to staff in governmental organizations: 36% of NGO staff and 8% of staff working at governmental medical facilities participating in the survey described themselves as highly motivated to provide services.

Monitoring and Evaluation

Currently there is no common national monitoring and evaluation (M&E) system for HIV/AIDS-related programmes and services, although there are some efforts to develop one. The Global Fund, the CAAP, and other donors do not employ a common system for monitoring the activities they finance.

Community/Civil Society

Reflecting the increasing GHI funding, the research confirms that there has been an increase in client numbers for a range of HIV/AIDS-related interventions, including:

information/education, VCT, harm reduction (needle/syringe exchange and substitution therapy) and ART. Coverage of vulnerable groups, including PLWHA, young people, injecting drug users (IDUs), commercial sex workers (CSWs), men who have sex with men (MSM) and prisoners/ex-prisoners, has increased since the inception of the Global Fund (Table 5). New groups, including young people from rural areas and street children, are now receiving interventions.

Table 4 Number of clients of surveyed organizations: 2004-2006 (N=24)

Previous target groups	2004	2005	2006
Youth	2,527	7,159	21,941
IDUs*	2,982	4,969	8,225
CSWs	2,491	2,549	2,620
MSM**	6,500	7,200	7,500
PLWHA***	****	****	324
Prisoners	No data	3,325	6,500

Quality of services

The majority of stakeholders and service providers indicated that the Global Fund and CAAP grants supported improvements in the quality of HIV/AIDS services in Kyrgyzstan; moreover, most clients said that they were satisfied with the quality of services (85% of clients participating in the survey in 2007). These initiatives enabled service providers to enhance service quality due to: increased staff numbers; better training; and improved provision of key commodities. However, the study shows that there is room to improve quality in a number of areas including: effective and confidential VCT services; appropriate information materials for population groups in rural areas, particularly in the relatively high-prevalence south of Kyrgyzstan; and staff training for substitution therapy.

Access to HIV/AIDS services

The client survey suggests that clients experience multiple problems accessing Global Fund and CAAP-financed HIV/AIDS services. The stigmatization of HIV/AIDS was the most important barrier to using services; using an HIV/AIDS-related service carried the risk of clients becoming known as HIV-positive, a drug user or sex worker. Indeed, in mid-2007, a hospital outbreak of HIV among children in the south of the country revealed a range of needs and problems in the field of HIV/AIDS services delivery and showed that stigma remains high among the population. An important related problem is the criminalization of injecting drug use, since police frequently intercept drug users or sex workers, sometimes when they attempt to use an HIV/AIDS-related service. Other significant access barriers from clients' perspectives include shortages of medicines and other commodities; costs of transport and out-of-pocket expenses; and limited knowledge about HIV/AIDS services and eligibility to use them.

Discussion

The Global Fund grant in Kyrgyzstan has financed substantial scale-up of HIV/AIDS services, including prevention, testing, treatment, care and support. However, barriers to access remain. In particular, the stigmatization of PLWHA, the criminalization of drug use, and limited provision of information about HIV/AIDS services to target groups have undermined efforts to scale-up HIV/AIDS services. Though organizations providing HIV/AIDS services appear to be collaborating more effectively following the introduction of the Global Fund and CAAP grants, cooperation is frequently based on informal personal relationships and agreements rather than formalized procedures.

GHIs have led to an increase in the number of organizations from different sectors involved in HIV/AIDS-related activities. Global Fund requirements concerning national coordination led to improvements in the national coordination structure and participation (2005-2006). Experiences at the national and sub-national level in Kyrgyzstan suggest that the effective functioning of multisectoral coordination councils depends on several factors:

1. An effective secretariat with sufficient resources;
2. A national coordination structure that is sufficiently focused to engender high levels of engagement from all parties;
3. Political commitment to HIV/AIDS among decision-makers at the highest government level;
4. Regular technical assistance for sub-national councils on the coordination of HIV/AIDS activities;
5. Regular communication between secretariats of sub-national coordination councils and the country coordination council.

The Global Fund grant has supported the strengthening of the health workforce among NGO sub-recipients delivering HIV/AIDS programmes; there has been a substantial scale-up in the number of NGO workers. The Global Fund and CAAP have also made an important contribution towards building the capacity of HIV/AIDS service organizations in Kyrgyzstan in terms of financing staff training. However, the GHIs have not funded staff incentives, which have a strong influence on motivation, staff turnover and the quality of care.

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References

- [1] Kyrgyzstan at a glance. Washington, DC, World Bank, 2008 (http://devdata.worldbank.org/AAG/kgz_aag.pdf; accessed 20 March 2009).
- [2] Human Development Reports: Kyrgyzstan. New York, United Nations Development Programme, 2008 (http://hdrstats.undp.org/en/2008/countries/country_fact_sheets/cty_fs_KGZ.html; accessed 20 March 2009).
- [3] BBC News. Country profile: Kyrgyzstan (http://news.bbc.co.uk/2/hi/asia-pacific/country_profiles/1296485.stm; accessed 5 March 2009).
- [4] Hardison C, Fonken P, Chew T, Smith B. The Emergence of Family Medicine in Kyrgyzstan. *Family Medicine*. October 2007, 39(9):627-633.
- [5] Kyrgyzstan Cooperation Strategy at a glance. Geneva, World Health Organization (http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_kgz_en.pdf; accessed 20 March 2009).
- [6] WHO Statistical Information System (WHOSIS) [online database]. Geneva, World Health Organization (<http://www.who.int/whosis/en/>; accessed 20 March 2009).
- [7] World Development Indicators (WDI) Online. Washington, DC, World Bank (Proprietary online database: <http://ddp-ext.worldbank.org.ezp-prod1.hul.harvard.edu/ext/DDPQQ/member.do?method=getMembers>; accessed 20 March 2009).
- [8] Central Asian Regional HIV/AIDS Programme (CARHAP)/UK Department for International Development (DFID). Analysis of financial deficit in the frame of the HIV&AIDS National Strategy implementation, 2007 – 2012. Bishkek, CARHAP/DFID, 2008.