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Tracking global HIV/AIDS initiatives and their impact on health systems in Kyrgyzstan: key findings from the 2007 survey

- The **Center for Health System Development** is conducting a three-year project: 'Tracking global HIV/AIDS initiatives and their impact on health systems'. 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.ghinet.org/.
- The research focuses on the effects of the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (Global Fund) HIV/AIDS grant in Kyrgyzstan in three case study regions: **Bishkek**, **Osh/Jalalabad** and **Issyk-Kul**.
- Study participants include national and regional stakeholders, HIV/AIDS service providers and clients.

Key messages

- The Global Fund grant in Kyrgyzstan has financed substantial scale up of HIV/AIDS services including prevention, testing, treatment, care and support, although the focus of activity is Bishkek and Chiu oblast where organisations have most capacity, despite the epidemic being concentrated in Osh.
- The majority of service providers indicated there were sufficient staff to cover present activities, that personnel in their organisation were motivated delivering HIV/AIDS services, and that their workloads were more manageable than previously.
- Oblast Multisectoral Coordination Committees were viewed by some interviews are imposed from above and as having a weak role in regional coordination, although they vary: interviewees evaluated Osh OMCC as having a relatively substantial role in determining regional HIV/AIDS policy, while coordination in Issyk-Kul was seen as underdeveloped by comparison.
- Clients indicated that the stigmatisation of HIV/AIDS by their communities was the most important barrier to using HIV/AIDS services: this risked them becoming known as HIV positive, or a drug user or sex worker, which are also stigmatised activities. An related problem is the criminalisation of injecting drug use which prevents clients using services since police frequently intercept drug users or sex workers.

Scale up of HIV/AIDS programmes

- Global Fund grant disbursements to sub-recipients increased steadily between 2004 and 2006, as has expenditure on commodities including medicines, infrastructure and equipment, staff training and other costs. NGOs are becoming increasingly reliant on the Global Fund grant, which provides an high proportion of their overall funding.
- Some interviewees believe the distribution of the Global Fund grant was based on organisational capacity rather than the HIV/AIDS epidemic itself. Indeed, the majority of services funded by the Global Fund are based in Bishkek where they have more capacity, despite the vast majority of PLWHA living in Osh in southern Kyrgyzstan.
- The survey suggests an increase in client numbers receiving a range of interventions including information/education, VCT, harm reduction (needle/syringe exchange and substitution therapy) and ARV therapy. 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.
- Interviewees suggested factors inhibiting scale up include: the law on drug possession undermining the effective delivery of needle/syringe exchange programmes; stigma and discrimination; and interruptions in organisation funding due to sub-recipients not submitting quarterly reports on time.

Human resources

- 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; among government service providers numbers remained stable. The greatest growth is among NGO volunteer workers and social workers. Peer-to-peer outreach workers have become an important category of worker: they bring knowledge of vulnerable groups and an ability to built rapport.
- Unequal distribution of personnel by regions remains. Increases in numbers of personnel have been greatest in Bishkek/Chui. Increases in Osh have been substantial although the overall number of HIV/AIDS workers lags behind Bishkek/Chui.

- The majority of service providers indicated there were sufficient staff to cover present activities, that personnel in their organisation were motivated delivering HIV/AIDS services, and that their workloads were more manageable than twelve months previously.
- The majority of service providers in governmental and nongovernmental organizations do not receive financial incentives for delivering HIV/AIDS services (except AIDS centre staff from state budgets); interruptions in GFATM funding to sub-recipients led to some workers being unpaid for several months.
- The majority of survey respondents indicated they had received training. Global Fund-supported workshops and training were seen by interviewees as having positive impacts on staff skills and their attitudes to clients. However, rapid staff turnaround undermines some of this capacity building.

Regional HIV/AIDS coordination councils and coordination between services

- The Country Multisectoral Coordination Committee (CMCC) for HIV/AIDS was evaluated by interviewees as having an increasingly significant role in HIV/AIDS-related decision making and engaging a wide constituency of stakeholders.
- Oblast Multisectoral Coordination Committees (OMCCs) are predominantly formed of representatives of government institutions including AIDS centres and other healthcare providers, law enforcement agencies and educational organisations; few NGOs are represented on the committees. Meetings are infrequent, and recent political upheaval led to the discontinuation of some OMCCs.
- OMCCs were viewed by some interviews are imposed from above, and as having a weak role in regional coordination, although this varies: interviewees evaluated Osh OMCC as having a substantial role in determining regional HIV/AIDS policy, while coordination in Issyk-Kul was seen as underdeveloped by comparison.
- Barriers to effective coordination include: ongoing changes in committee membership; lack of clear working procedures and lines of accountability; lack of clarity among members about how coordination works; limited civil society representation; lack of funding for coordination structures.
- Most respondents indicated their HIV/AIDS organisation coordinated their activities with other government and NGO HIV/AIDS service organisations, including client referrals. Some organisations sign MoUs formalising these arrangements. Contradicting this view the vast majority of clients indicated that they had *not* been referred between services; information about services through personal contacts was seen more important.
- Other forms of coordination between some HIV/AIDS organisations include: coordinated strategic planning; information sharing; integrated resources; common protocols; common M&E system.

Quality of HIV/AIDS services

- The majority of stakeholders and service providers indicated that the Global Fund grant contributed to improved quality of HIV/AIDS services; moreover, the majority of clients said they were satisfied with the quality of services they received. Increased staff numbers with better training and improved provision of key commodities had led to better service quality.
- Interviewees suggested there is scope for improved quality in a number of areas including: effective and anonymous/confidential VCT services; appropriate information materials for population groups in rural areas and in the south; and staff training for substitution therapy.

Access to HIV/AIDS services

- Clients tended to have several problems accessing HIV/AIDS services despite the fact they were using them. They indicated that the stigmatisation 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 stigmatised activities.
- An important related problem is the criminalisation of injecting drug use which prevents clients using services since police frequently intercept drug users or sex workers.
- Other key access barriers from clients' perspectives include shortages of medicines and other commodities, poverty, and limited knowledge of different HIV/AIDS services and eligibility to use them.

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