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| Funding Request Form |
| Tailored for Focused Portfolios andTailored for Transition  |
| Allocation Period 2023-2025 |

# **Summary Information**

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| Country(s) | Kyrgyz Republic |
| Component(s) | HIV, Tuberculosis (TB) |
| Planned grant start date(s) | January 01, 2024 |
| Planned grant end date(s) | December 31, 2026 |
| Principal Recipient(s)  | United Nations Development Programme (UNDP) |
| Currency | US Dollars ($) |
| Areas of focus to be covered by this Funding Request (as indicated in the allocation letter or otherwise agreed with the Global Fund) | Precision interventions for KPs with the highest HIV and TB epidemiological burden, including interventions that respond to human rights and gender-related barriers, inequities and vulnerabilities in access to services |
| Allocation Funding Request Amount | $27,400,758 |
| Prioritized Above Allocation Request (PAAR) Amount  | $13,000,000 |
| Matching Funds Request Amount(if applicable) | $500,000 |

Refer to the [Tailored for Focused Portfolios Instructions](https://www.theglobalfund.org/media/8598/fundingrequest_focusedportfolio_instructions_en.pdf) for detailed elements related to each question which should be addressed for a response to be considered complete. The Instructions also include information, resources, and a description of necessary documents to be submitted along with this form.

# Section 1. Funding Request and Rationale

* 1. **Prioritized request**:
1. As applicable, for each module provide information on the funding being requested from the Global Fund, limited to the areas of focus as indicated in the allocation letter or otherwise agreed with the Global Fund.

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| Module #1 | RSSH: Health Sector Planning and Governance for Integrated People-centered Services |
| Intervention(s) | **Integration/coordination across disease programs and at the service delivery level**In 2021-2022, the Kyrgyz Republic underwent significant legislative changes. A new Constitution was adopted, a number of basic codes and laws were revised, including 3 key laws in the health sector – "On Public Health"[[1]](#footnote-2), "On Public Health Protection"[[2]](#footnote-3) and "On Circulation of Medicines"[[3]](#footnote-4), which included 15 existing laws, including "On HIV/AIDS in the Kyrgyz Republic" and "On Protection of Population from Tuberculosis". Within the framework of the grant, there will be (a) **revision of all by-laws to ensure expanded HIV and TB services,** (b) **revision of the program on State-guaranteed benefit package, the list of vital drugs, introduction of drug procurement through international platforms, institutionalization of harm reduction programs, etc.**Following commitments to expand public funding for HIV and TB programs, more than 80% of the country's ARVs have been purchased with public funds since 2021[[4]](#footnote-5). More funds have also been allocated for diagnosis and monitoring of HIV treatment. In 2023 funding for opioid substitution therapy (OST) programs has begun[[5]](#footnote-6), 2nd line TB drugs have been purchased[[6]](#footnote-7) and government social contracting has been implemented in the field of HIV and TB. In order to maintain and intensify work in these areas, the grant will include (a) **revision of national plans for the transition to public funding, (b) advocacy for registration of medicines and diagnostic tests for the treatment of HIV, TB, OST, and drug addiction disorders to create public procurement opportunities, (c)** to expand the implementation of state social contracting programs, including in the area of TB, probation institutions and at the level of primary healthcare (PHC), **regular review of state social contracting programs, development and approval of wage rates, ensuring continuity of funding, building the capacity of service commissioners and NGOs on state social contracting mechanisms**. Progress in the implementation plan for the transition to public funding of the HIV and TB programs will be assessed on a regular basis.The government program to optimize the TB service is being implemented.[[7]](#footnote-8) To intensify efforts in this area, minimize the risks of losing staff and laboratory capacity when facilities are liquidated, and strengthen coordination between TB centers and PHC, a **detailed roadmap for service optimization and transition to outpatient TB treatment will be developed and implemented**.Diagnosis and treatment of HIV and TB is carried out In line with the latest WHO recommendations. The use of the BPaL regimen, individual and short-term TB treatment regimens is expanding. **Clinical protocols for the diagnosis and treatment of HIV, TB, and OST will be reviewed** to include pretomanid (Pa) and bedaquiline (Bdq) in main routine treatment regimens, increase dispensing of ARV and TB drugs for longer periods, and expand the list of available drugs in OST programs.In 2023, Kyrgyzstan, guided by the new WHO strategy to fight HIV, hepatitis, and STIs, will approve a joint Government program to fight HIV and parenteral hepatitis epidemics[[8]](#footnote-9). In 2022 the Republican AIDS Center was transformed into a Center for the Control of Hemocontact Viral Hepatitis and HIV[[9]](#footnote-10). More than $2 million has been allocated from the state budget for 2023 for purchase of tests, reagents for the diagnosis of hepatitis and drugs for their treatment[[10]](#footnote-11). To implement this component, the Ministry of Health (MoH) has developed a list of people[[11]](#footnote-12) who will primarily get access to diagnosis and treatment of hepatitis. PLHIV, prisoners, people with TB, PWID with liver cirrhosis were included in the first category, who will receive free HBV and HCV treatment in 2023. PWID, MSM, and other key populations will also be able to receive free HBV and HCV treatment when the program expands. All KPs, without exception, will be able to receive free HCV rapid testing and HBV vaccination. At the same time, in order to rapidly expand the program and provide services to key populations it is necessary to **form a national system of services, develop and implement mechanisms of hepatitis services, including for key populations**.To allow the integrated management of HIV programs and the integration of the HIV monitoring system into the unified health information system of the country the following will be implemented: **expansion of the electronic HIV tracking system, including monitoring the implementation of prevention, care and support programs, monitoring of drug inventory management and adherence to HIV treatment through the integration of the treatment module operating in the AIDS service with MIS programs used by the UNDP to account for preventive services, and subsequently the entire system of services in the integration of HIV into the** system of the e-health center under the MoH of the Kyrgyz Republic.**Conducting a mid-term evaluation of the Cabinet of Ministers' HIV and TB Programs, assessing progress in the implementation of the interdepartmental plan to overcome legal barriers will** allow timely identification of gaps in achieving goals and adjusting Program activities. |
| Population, geographies and/or barriers addressed | Healthcare systems of the Kyrgyz Republic related to the provision of HIV and TB services. PLHIV, people with TB, key groups (MSM, TG, SW, PWUD, prisoners).Adoption of new healthcare laws without the subsequent development and adoption of bylaws will reduce the effectiveness of service provision. It will slow down the expansion of state funding for programs, including the introduction of innovative approaches to TB treatment and implementation of OST. For example, the current Program on State-guaranteed benefit package on provision of citizens with medical and sanitary assistance (hereinafter – the SGBP) [[12]](#footnote-13) does not include OST and harm reduction programs as guaranteed services for the population. The EDL[[13]](#footnote-14), last approved in 2018, does not include drugs such as Pa or combined TLD drugs. Despite the adoption of the new law "On Public Procurement" in 2022,[[14]](#footnote-15) which contains the possibility of procurement through international platforms, a mechanism for its implementation has not yet been developed. Introduction of social contracting of NGOs at the expense of state funds is slow due to difficulties in salary alignments. State social contracting programs need to be updated on a regular basis. At the same time, key medicines and diagnostic tests for HIV, TB, and OST are not registered on the local market, which makes it impossible to procure at public expense. There is a need for regular assessments in regard to the fulfillment of country commitments on domestic resource mobilization.The Government's Program to optimize the TB service is designed to last until 2026. In December 2021, the Ministry of Health of the Kyrgyz Republic issued a series of orders to reduce TB hospital beds and to close TB hospitals (Uzgen, Toktogul, Nookat, as well as in the cities Shekaftar and Kyzyl-Kiya).[[15]](#footnote-16) To date, 400 beds in 5 geographic regions have been reduced (5 inpatient facilities closed), more than 23% (2021, UNDP) of patients with TB are in outpatient care. Released funds are allocated to the PHC for TB services. There are also losses of TB patients during their transfer to outpatient care. Diagnosis and treatment monitoring become difficult in regions where hospitals and TB centers are closed, whereas qualified specialists don’t continue their work after the institutions are shut down. These problems arise due to insufficient planning of optimization measures and poor coordination between TB service and PHC. |
| Amount requested | $80,228 |
| Expected outcome | Laws and regulations directly or indirectly related to HIV and TB are in place; clinical protocols are approved; and revisions of HIV and TB programs are based on the findings of regular evaluation of current programs |

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| Module #2 | RSSH: Community Systems Strengthening |
| Intervention(s) | **Community-led monitoring**The civil society sector, which carries out its activities in the field of HIV and TB, has been monitoring programs for several years, using electronic systems for documenting rights violations such as REAct and OneImpact, as well as pereboi.kg, the latter being a system for collecting complaints about the provision of drugs and diagnostics. Through this the civil society sector has strengthened the monitoring of rights of key groups. With the support of UNITAID, the Partnership Network Association has been monitoring the procurement of ARVs purchased with both government and GF funds for several years. The cost of HIV treatment was reduced to less than $100 per year per PLHIV. The government's draft of HIV and TB programs for 2023-2027 include a wide range of activities to increase community participation in monitoring. An interagency work plan on overcoming legal barriers related to HIV and TB[[16]](#footnote-17) is being implemented and provides the opportunity to monitor the rights of key populations.In 2022, with the support of HAC, mapping of CLM activities[[17]](#footnote-18) was carried out in the countries of the EECA region, including Kyrgyzstan, and recommendations were proposed for expanding CLM in Kyrgyzstan. At the end of 2022, an evaluation of the GF Breaking Down Barriers Initiative program in Kyrgyzstan[[18]](#footnote-19) noted the need to strengthen community engagement, including in monitoring programs, in order to monitor levels of stigma and discrimination. It was also recommended to make use of CLM to inform on health worker training and policies, etc. Kyrgyzstan implemented a component on overcoming legal barriers under the GF grant, which included a number of community monitoring activities, including routine monitoring of the quality of services for PLHIV and key populations, surveys of recipients of HIV and TB services conducted by networks as well as monitoring of public procurement for HIV and TB. USAID supports community-based monitoring to assess and improve the quality of services in EpiC, CDC priority project sites.Under the new GF grant, it is planned that communities will be fully involved in the implementation of module 12 of this FR to eliminate legal barriers. They will work within the Unified Monitoring Group under the Office of the Cabinet of Ministers of the Kyrgyz Republic together with the technical support team for implementation the Intersectoral plan to overcome legal barriers. Communities will provide **support the electronic systems for documenting rights violations** such as REAct, OneImpact, and pereboi.kg and to conduct regular analysis of health-related procurements. Monitoring results will be presented on a regular basis at high-level platforms, including CCM, meetings of the Cabinet of Ministers, and intersectoral platforms. Communities and decision-makers will receive **training to enhance their capacity for data collection, analysis, and use of monitoring results to support programmatic decision-making and protect their interests.** In general, the activities related to CLM and expanding community participation will be aimed at using the results of monitoring and research to improve the provision of services related to HIV and TB, creating a favorable environment, and eliminating all forms of stigma and discrimination.**Research and community advocacy**The changing landscape of drug use, sex work as well as internet and social media-based drug provision has led to intense discussions about the number of KPs. The discussion has also highlighted the fact that there is a need to gain access to previously inaccessible groups, and to change approaches in achieving the goals of the first 95. In this context, the availability of reliable data will allow evidence-based planning and implementation of interventions for key populations for strengthening efforts for human rights promotion and implementation. In 2023, the BBS on sex workers and transgender people will be finalized. As part of the new grant in 2024, there are plans (together with the CDC) to **conduct** a further **BBS and PSE among PWUD and MSM**. This is also necessary as the 2022 study did not cover people who use new psychoactive substances. Some of the Year 2 and Year 3 grant targets will be revised according to new data that becomes available.A **review of TB case surveillance mechanisms** is planned **to improve the reliability of the collected data, including** addressing the difference in routine NTP data and WHO estimates as well as strengthening the planned TB detection work**.**In 2023, TB stigma and discrimination assessments are being conducted for the first time. Nest round of **assessment of HIV and TB stigma and discrimination is planned for 2025** to determine its impact on program effectiveness and in order to shape activities and reduce barriers.A regular analysis of legislation and barriers in the national legal framework by civil society will lay the ground for further supporting the removal of legal barriers to HIV and TB services.**Surveys among KPs on the quality and accessibility of HIV and TB** **services** will allow to make timely adjustments regarding the implementation of activities and improvement of quality of services.The results of the regular analysis of legislation during the CLM, as well as the shadow reports prepared by the community, will form the basis of mediation and/or advocacy for the elimination of the provisions of the bylaws that create barriers to access to HIV and TB services, which will be conducted with the participation of members of the unified monitoring group and technical support teams.**Research to identify needs and barriers that also take into account gender and the impact of violence as well as prevention measures to reduce violence,** the latter being **conducted** **by** the **communities,** will allow to formulate arguments for advocacy. It will also allow to adapt HIV and TB activities for the most vulnerable groups, primarily for the following key groups: women/girls, SWs, transgender people and MSM.Data collected by AIDS and TB services are more and more reporting an increase in HIV and TB among migrants. Yet, reliable data is not yet sufficient for identifying them as a separate key group. A study of the situation and data collection **to assess the risk of HIV and TB infection among migrants** is ongoing. In 2023, the BBS among labor migrants (supported by GIZ) and “Situational and Economic Analysis on Migration and HIV/TB Health Services in Kyrgyzstan” (by Regional Expert Group on Migration and Health (REG) in EECA) will be completed. Further studies on HIV and TB incidence among labor migrants are planned.At the end of 2022, the state authorities initiated a bill to amend the law "On Non-profit Organizations"[[19]](#footnote-20). In consequence, the further functioning of public organizations to provide HIV and TB services is at risk. In 2023, some activities have already been planned to provide technical assistance to these organizations on risk assessment, organizational development, and enhancing their capacity in administrative management. If changes to the law are adopted, an **assessment will be conducted on the prospects for obtaining international financial support for the Kyrgyz Republic in areas of health protection and the impact on the availability of HIV and TB services for KPs due to the closure of NGOs.** The impact of the adoption of this law on corruption level and the international image of the country will also be assessed, taking into account the experience of similar consequences of other countries in the region. **Technical assistance to NGOs in organizational development will be continued so that they can adapt their activities to the new regulatory framework.**There are several civil society/community networks operating in Kyrgyzstan that bring together communities and organizations from across the country. Coordination and implementation of activities are carried out through networks in following fields: CLM, advocacy, national efforts to overcome legal barriers, elimination of stigma and discrimination and capacity development for communities. **Two networks will be supported**. One will **focus on** **gender and rights of KPs**, while the priority of the second will be on **systemic changes in policies, expanding access to services,** and **creating a conducive environment for program implementation**.**Community involvement, communication and coordination**There will be **capacity development for communities** as well as civil society organizations in monitoring, research, shadow reports and subsequent advocacy, including leadership strengthening, and budget advocacy. For this, the M&E tools developed under this grant and described in Module 12 will be used.**The development of national community plans to expand and integrate CLM tools into the mechanisms of HIV and TB services** will allow structuring of CLM activities, eliminating duplication and building effective, constructive communication with government and international partners to allow adaption of measures.**Community participation in country decision-making mechanisms** will be supported, including in CCM, boards of trustees at medical institutions, and regional health care coordinating councils.Advocacy efforts will be undertaken to support the **mobilization of communities, diasporas of migrants in host countries** and expand initiatives by the state supporting health measures for migrants at government level. |
| Population, geographies and/or barriers addressed | PLHIV, People with TB, exposed people, key groups (MSM, TG, SW, PWUD, prisoners)Kyrgyz RepublicDespite improvements in healthcare legislation, a number laws and regulations continue to contain norms that create barriers in the accessibility of HIV and TB services, or that are insufficiently adjusted to new trends according to which expansion of accessibility of services would be necessary. For example, KPs, contact people of TB patients do not have an option for TB screening for free; PWID on OST are requested registration as drug user at the medical facilities[[20]](#footnote-21)etc.The use of the community monitoring tool to improve the quality of services, to increase the efficiency of resource use, remains limited. The results of community monitoring activities are not adequately used to analyze and influence the change of the situation in the relevant areas. Among reasons are inadequate understanding of the tool, its capabilities, and a lack of motivation to conduct monitoring.At the same time, the changing political situation in the country and the region, as well as legislative initiatives aimed at narrowing the space for community participation in national processes, may affect the ability of the civil sector to provide services related to HIV and TB, and therefore impact the effectiveness of prevention, treatment, and care programs. |
| Amount requested | $498,096 |
| Expected outcome | Meaningful community involvement in the management of HIV and TB programs |

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| Module #3 | Program Management |
| Intervention(s) | **Grant management**The United Nations Development Program (UNDP), the incumbent Principal Recipient (PR), carries out its functions and procedures In line with GF requirements as well as national legislation. The PR is responsible for the implementation of the project, including the supervision of sub-recipients (SR) and sub-sub-recipients (SSR). UNDP performs procurement functions (medical and non-medical products, equipment and services), financial project management, monitoring and evaluation, as well as reporting to the GF.The Country Coordinating Mechanism on HIV and TB (CCM) under the Public Health Coordinating Council (PHCC) will continue to oversee the implementation of the project and ensure proper coordination between various sectors and programs and will ensure consistency of all ongoing activities and prevent inefficient use of funds, duplication of activities, etc. Once a year, after submitting a report to the GF (PUDR), UNDP will submit a grant performance dashboard to the CCM for review. This dashboard will reflect the current progress in the implementation of the project, the achievement of indicators, costs and problems of implementation. The CCM will use this information to approve amendments to the program and allocate/reallocate resources if necessary. The CCM will also be informed and engaged in a timely manner if any serious problems arise during the implementation of the project, as well as when discussing and approving the redistribution of potential savings.**Implementation arrangements for sub-recipients**The procedures for selecting sub-recipients depend on the type of organization of the sub-recipient (state or non-governmental, UN agency, private sector organization) and will be carried out In line with the UNDP/GF requirements. The UNDP country office will assess the technical and financial capacity of the potential sub-recipient (including procurement, if necessary) and recommend the necessary measures to address any identified capacity gaps. After the capacity assessment, the UNDP country office signs a standard agreement for SRs. The selection of NGOs and private sector organizations is governed by the procedures outlined in the Contracts, Assets and Procurement Management section of UNDP's Programme and Operations Policies and Procedures.To further strengthen the Ministry of Health's role in the national response to TB and HIV and to ensure program sustainability, the 2019 Ministry of Health Order assigned the Center for Health and Medical Technology Development (CHMTD) to coordinate, mobilize and effectively use donor funding and grants, as well as in participating in the management and implementation of international investment programs and projects, including the implementation of grant activities under both GF components. As a legal entity, CHMTD has a separate bank account and has the right to conclude contracts with legal entities and individuals. CHMTD will act as the principal sub-recipient (PSR) of UNDP (the PR) and will be responsible for the management, implementation, monitoring and evaluation of HIV and TB prevention, care and support activities carried out by public health organizations. In turn, in order to ensure the effectiveness of the implemented activities, achieve the project goals and facilitate the grant management processes, CHMTD implements the entire range of project cycle activities for three sub-recipients (sub-sub-recipients (SSR) of UNDP): NTBC, RCCVHHIV and RCPN with a minimum staff of project staff, and the transfer of state SSRs under the management of the CHMTD will be implemented gradually, one in each project year. CHMTD operations are regulated by the current Operational Guidelines, harmonized with the procedures of the GF and national legislation. CHMTD will manage the following activities:NTBC – to implement measures aimed at combating drug-resistant tuberculosis (DR-TB), including the identification, diagnosis and treatment of people with TB, including in penitentiary system; RCCVHHIV – to carry out activities on treatment and care for KPs and all PLHIV, testing and counseling of KPs on HIV, capacity development of providers of medical and non-medical HIV services, M&E as well as activities to reduce stigma.RCPN – implements OST programs for PWID, including those imprisoned, preventive programs for PWID (needle exchange points), including those imprisoned. It further implements an overdose prevention program and oversees the implementation of the above programs in the penitentiary system.In parallel, the PR will continue to develop the potential of the Ministry of Health on PSM of pharmaceuticals, tests, laboratory equipment and, together with development partners, support supply chain management for the two programs and the Ministry of Health as a whole.The LFA is currently the United Nations Office for Project Services (UNOPS) in Kyrgyzstan, which operates In line with the terms of reference agreed with the GF, including on-site verification. External audits of the PR and SRs are conducted annually In line with the procedures and rules of UNDP aimed at evaluating the effectiveness of the project and financial management. |
| Population, geographies and/or barriers addressed | PLHIV, People with TB, contact people, KPs (MSM, TG, SW, PWUD, prisoners)Kyrgyz Republic |
| Amount requested | $7,136,786 |
| Expected outcome | Effective and efficient grant management achieving set targets considering value-for-money |

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| Module #4 | Prevention Package for Men Who Have Sex with Men (MSM) and their Sexual Partners  |
| Intervention(s) | **Condom and lubricant programing for MSM; Pre-exposure prophylaxis (PrEP) programing for MSM; HIV prevention communication, information and demand creation for MSM; Sexual and reproductive health services, including sexually transmitted infections (STIs), hepatitis, post-violence care for MSM**According to BBS data from 2021, the prevalence of HIV among MSM increased to 10.8% (Bishkek)[[21]](#footnote-22) from 6.6% in 2016. The estimated number remains within 16,900 people. The coverage of preventive services according to the GF/UNDP is 14,464 MSM. According to the RCCVHHIV, the estimated number of MSM/PLHIV is 1,727 people, 410 (24%) of them know their status, 327 MSM/PLHIV (80%) are on ART and 282 people (86%) have suppressed viral load.The increasing prevalence and insufficient detection of HIV requires strengthening and expanding prevention programs for this group. The work of 3 NGOs will be supported in the regions that already have access to MSM and ongoing programs in place: Bishkek and the Western part of the Chui region, Talas region (1 NGO), Bishkek, the Eastern part of the Chui region, Issyk-Kul region (1 NGO), Osh and Jalal-Abad regions (1 NGO).HIV prevention programs will continue to provide services through both traditional outreach and new digital approaches. Considering the changed channels of communication, the growing role of the internet and the use of social networks, online outreach will be expanded to access hard-to-reach MSM groups. It is planned that in the first year of the grant, 10%, in the second year 15%, and in the third year 20% of the planned coverage will be carried out through online outreach[[22]](#footnote-23) (some tools are already developed in EECA[[23]](#footnote-24)[[24]](#footnote-25)). For the traditional outreach approach, a minimum package of services will be provided, including counseling, provision of condoms, lubricants, and referral/accompaniment for specialized services. Online outreach involves providing online counseling, facilitating access to testing through vending machines or providing self-tests through pharmacies [[25]](#footnote-26) or courier services. A number of further services will be offered to encourage reporting of the test results by text message, e.g., rapid tests for viral hepatitis, as well as advisory services, including medical specialists on request, lawyers, psychologists, and to receive extra health products on a regular basis. Mechanisms for providing such services will be developed in the first year of the grant. Vending machines will be purchased and installed in attractive locations, where condoms, lubricants, and syringes will be available in addition to tests. Online outreach staff will continue to develop social behavior change communication material, including motivational and informational posts and publish these on popular social media communities to increase the appeal of services.This grant will expand activities to diagnose and treat STIs, as well as a set of activities aimed at raising awareness and creating positive changes in sexual practices. All sites will provide sexual and reproductive health services, including diagnostics and basic STI treatment. These services will be provided by trained peer specialists (dermatovenerologist, proctologist) in PHC facilities and NGOs. Support will be provided for a psychologist in all MSM/LGBT NGOs for people affected by abuse/violence/discrimination because of their LGBT/MSM background.In order to expand the coverage of the group and introduce the best practices of counseling (HIV, HBV and HCV, legal issues, SRH), video courses in the request for HIV consultants/outreach staff will be developed/adapted. Work will continue to attract new customers to the pre-exposure prevention program (PrEP). Drugs for PrEP are purchased from the state budget.1 shelter for MSM/TG will be supported as a safe space for communities in crisis from all regions. Documentation of rights violations and community support as well as development activities will continue.Tailored training sessions/modules will be developed for outreach workers and clients (materials in video and print formats on mental health, reduction of risks of new substance use, HIV and SRH). An ongoing training will be provided for outreach staff on chemical sex, SRH, including STIs, rectal disease prevention, motivational counseling, and rapid HIV testing.Under the components on overcoming legal barriers (module 12) and community mobilization (module 2), the promotion of MSMIT guidelines (with coverage of priority regions) on community mobilization, active involvement in decision-making processes will be supported.Regular MSM/LGBT forums will be held to track global trends, mechanisms and tools for active involvement and timely prevention of crisis situations, development of strategies for the LGBT movement and mechanisms for comprehensive implementation of best practices in HIV prevention at the state level.The "street lawyers" program and the use of REAct's electronic documentation system will continue to document cases of rights violations and provide legal assistance by paralegals to affected MSM. |
| Population, geographies and/or barriers addressed | Gay, bisexual and other men practicing sex with men.Kyrgyz Republic.HIV prevalence among MSM, was 6.6% in 2016, currently, there is no data on country prevalence, but according to IBBS 2021, in Bishkek, it’s as high as 10.8%, which is alarming and require expansion of prevention programs.Currently, prevention programs for MSM are implemented only by NGOs. Due to high levels of stigma and discrimination, many MSM remain out of reach of programs and continue to engage in risky behavior. A number of health and social services for MSM remain difficult to access due to low living standards, stigma, and discrimination. The services offered in the programs do not always meet the needs of MSM with the consequence of them not being motivated to participate (e.g., PrEP). Communication channels with communities are outdated. MSM/TG communities and organizations are periodically attacked by conservative sectors of society. In order to be safe, activists and organizations are often forced to change their places of residence, offices or shelters. |
| Amount requested | $800,827 |
| Expected outcome | At least 85% of the total MSM population will be covered by the minimum package of services by 2026;At least 95% of MSM coverage of the minimum package of services will be tested for HIV and know their result;At least 500 MSM will receive PrEP by 2026 |

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| Module #5 | Prevention Package for Sex Workers, their Clients and Other Sexual Partners |
| Intervention(s) | **Condom and lubricant programing for SW; Sexual and reproductive health services, including sexually transmitted infections (STIs), hepatitis, post-violence care for SW**According to preliminary BBS data from 2022, HIV prevalence among sex workers is 3.8% (1.6% in 2016), no updated PSE is available, the estimated number remaining at 7,103 (BBS 2016). The increasing prevalence of HIV requires the strengthening and expansion of prevention programs for this group.The work of NGOs in Bishkek, Osh, Jalal-Abad, Chui region, and as part of multidisciplinary NGOs providing services to all groups in Issyk-Kul and Talas regions will be supported to implement prevention programs among SWs.HIV prevention programs will continue to provide services through both traditional outreach and new approaches. Given the significant change in supply and demand channels for sex services using the internet and social media, there will be significant changes in approaches to ensure access to groups. To this end, online outreach will be expanded. In the first year of the grant, 10%, in the second year 15%, and in the third year 20% of the planned coverage will be carried out through online outreach. Within the traditional outreach approach, a minimum package of services will be provided, including counseling, provision of condoms, lubricants, and referral services. Online outreach includes providing online counseling, ensuring access to testing through vending machines or providing self-tests through pharmacies and courier services, and providing condoms through vending machines. A number of other services will be offered to encourage reporting of the test result by text message: including the opportunity to take a rapid test for viral hepatitis, to get advice on request from a medical specialist, a lawyer or a psychologist. Mechanisms for providing such services will be developed in the first year of the grant. Vending machines that provide condoms, lubricants in addition to tests will be purchased and installed in attractive locations. Online outreach workers will engage in Social Behavior Change Communication in various online groups and social networks to expand the involvement of sex workers in programs.The provision of condoms and lubricants for all SW groups will be done both traditionally through outreach workers as well as through vending machines. Access to health products will be accompanied by counseling on safer sex and SRH, HIV, TB, STI, and hepatitis prevention and information.Informational material will be developed or updated in the most appropriate format on topics demanded by SW (short videos and text accompanied by clear illustrations). The needs of young SW (18-24) will be explored further (research), including more in-demand ways to communicate and receive services.SRH services will be expanded for all SWs in need, including regular free STI diagnosis and treatment, pregnancy testing, cervical cancer screening, community-based counseling and psychological support on SRH, violence. Referral and individual support will be provided based on the basic needs and problems faced by SWs.The components on overcoming legal barriers (module 12) and community mobilization (module 2) will continue to work on registering violations of rights and violence, addressing problems with identity documents, overcoming barriers to access social and health services.The knowledge of peer field workers and consultants will be continually updated for effective implementation of the program.SW empowerment activities are an integral part of HIV prevention programs. These include meetings, events for important dates, and community capacity building. Regular surveys of community needs through national surveys and regular CLM are necessary for timely program adjustments and the introduction of new directions recommended to improve the effectiveness of HIV programs for SWs. |
| Population, geographies and/or barriers addressed | Sex Workers Group: women, men, and trans sex workers and their clients.Organizations will cover Bishkek, Chui region, Talas region, Jalal-Abad, Osh and Osh region, Issyk-Kul region, Naryn region.In 2019-2021, SW services coverage decreased by more than 40%, and according to the UNDP report (PUDR 2021) this situation was caused by police raids and the associated restriction of access to the group. The indicators declared in the previous country request were not achieved. At the same time, as noted above, supply and demand channels for sex services have changed significantly, with sex workers moving into the virtual space, which has significantly impacted on the access to the respective groups. Programs did not adapt sufficiently to the new conditions; online outreach began to develop only in the last period. The current indicators, which focused on providing a minimum package of services through physical contact with the client, limited the ability to expand online services. There are discussions about verification of online service data and package changes.Since 1998, sex work has been decriminalized in Kyrgyzstan. Despite this, attacks on SWs continue. SWs are often registered and traced in digital databases, resulting in blackmailing and other types of violence. At the same time, SWs tend not to seek protection due to fear of repeated violence, exhausting and lengthy investigations, humiliating treatment. They don’t trust in fairness of courts and investigations and are neglecting to disclose personal information during investigations.Trans sex workers are the most persecuted group, against whom the most severe violence is committed. Video recording is often practiced, which is later used for threats and blackmailing and is being disseminated in social networks.One of the main needs of SWs is SRH services. SWs, even if they have documents and residence registration, will not go to health care facilities because of stigma and discrimination. In smaller cities they also fear disclosure of personal information. In public healthcare facilities, many doctors, once they know the client is a SW, will have humiliating and abusive attitude or disclose personal information. As a result, SWs avoid using services at public healthcare facilities. Access to medical care is difficult due to the obligatory assignment of each citizen to a particular primary healthcare facility.Despite the formal absence of legal barriers, abusive practices by law enforcement officials limit SW' access to prevention, treatment and support programs. |
| Amount requested | $779,144 |
| Expected outcome | At least 75% of SWs of the total population will be covered by the minimum package of services by 2026;At least 95% of SWs covered by the minimum package of services will be tested for HIV and know their result; |

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| Module #6 | Prevention Package for Transgender People and their Sexual Partners |
| Intervention(s) | **Condom and lubricant programing for TG; HIV prevention communication, information and demand creation for TG**No IBBS has been conducted among TG and their partners in Kyrgyzstan, so one of the first tasks is to conduct such a study.At the same time, a pilot project has been underway for three years to increase TG involvement in prevention programs and build the capacity of the TG community. Given the progress in expanding the coverage of TG with prevention programs, the current request will support the work of one NGO in Bishkek with an established base of clients, as well as an expansion of coverage to Osh. The coverage according to UNDP/GF program data for 2022 is 250 trans people. More than 20% of the counseling coverage will extend to social networks and other platforms with a focus on consumers of new PAS from among TGs. Outreach workers will develop motivational and informational posts that will increase the attractiveness of project services among beneficiaries. Outreach workers will work to increase the attractiveness of project services, counseling and referral (80% coverage) for diagnosis and treatment of STIs, RDTs for HIV, endocrinology services (laboratory diagnosis and endocrinologist consultation). Condoms and lubricants will continue to be provided, as well as a range of activities aimed at raising awareness and fostering positive changes in sexual practices. Proactive efforts to attract new clients to the PrEP program will be continued (no separate indicator for TG, included under MSM component). Documentation of rights violations and community support and development activities will be continued as well.The component on overcoming legal barriers (module 12) and community mobilization (module 2) will support the promotion of the implementation of TRANSIT guidelines on community mobilization, active involvement in decision-making processes, institutional support for action groups. Once a year, a training camp will be organized to mobilize the community, enhance its capacity, and cultivate leadership skills.Efforts will continue to ensure that human rights-related barriers to TB prevention are eliminated. The Street Lawyers program and the use of REAct's electronic documentation system will continue to document cases of rights violations and provide legal assistance through paralegals and attorneys. Advocacy for the adoption of an anti-discrimination law with the inclusion of SOGI, strengthening the component of interaction with medical specialists on pseudo-disease promotion, and improving the service of HRT. |
| Population, geographies and/or barriers addressed | Transgender people and their sexual partnersKyrgyz Republic.The prevalence of HIV in the TG group is estimated to be 19% in 2021 (preliminary UNDP data). The estimated number of the group is 300 people, but these are estimated figures (the coverage of preventive services according to UNDP is 250 people). There is a high number of trans female SWs. At the moment, prevention programs for TG are implemented only by NGOs in Bishkek and Osh city. Due to the high levels of stigma and discrimination, some TGs remain inaccessible to programs and continue risky behavior. A number of health and social services are difficult to access for TG due to low living standards, stigma, and discrimination. Services offered in the programs do not always meet the needs of TGs and they are often not motivated to participate. MSM/TG communities and organizations are periodically attacked by conservative sectors of society, forcing activists and organization staff to change their places of residence, offices and shelters in order to be safe. |
| Amount requested | $83,093 |
| Expected outcome | At least 95% of TGs of the total population will be covered by the minimum package of services by 2026;At least 95% of TG's covered by the minimum package of services will be tested for HIV and will know their result |

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| Module #7 | Prevention Package for People Who Use Drugs (PUD) (injecting and non-injecting) and their Sexual Partners |
| Intervention(s) | **Needle and syringe programs for PWID; Opioid substitution therapy and other medically assisted drug dependence treatment for PWID; Sexual and reproductive health services, including STIs, hepatitis, post-violence care for PUD**According to IBBS data from 2021, HIV prevalence among PWUD is 16.5[[26]](#footnote-27)% (14.3% in 2016). It is estimated that the drug scene in the country is changing, with an increase in the proportion of NPAS users[[27]](#footnote-28). Due to the changing drug scene and the lack of reliable population data, earlier PWID counts (2012) don’t provide a correct baseline anymore. GF grant program data for 2022 shows coverage of 17,379 PWID. Extrapolations done for CDC-funded IBBS 2021, suggest PWID populations ranging from 11,217 to 17,809 (CDC data). However, the study did not include NPAS users and young drug users. Following significant changes in the drug scene, the exclusion of NPAS users does not allow a reliable PSE of all PWUD. In light of the above, discussions continue about a reliable PWUD PSE estimate and a reassessment of the population will be conducted in 2024 with PEPFAR support (co-financing) that will streamline the indicators in this grant. Prior to the study, the UNDP program data of 17,379 PWUD is taken as the basis.Routine data from RCCVHHIV shows that with an estimated number of 2,190 PWID/PLHIV, 1,971 (90%) were detected, 945 (48%) were on ART, and 892 (94%) had achieved viral suppression.Strengthening and expanding prevention programs involves recruiting new outreach workers with access to a group of PWUNPAS and young PWUD. For the same purpose, new approaches using social networks, online communication (outreach) will be introduced. Online outreach will complement traditional PWUD outreach, with an increase from 10% in 2024 to 20% in 2026 of the total planned PWUD coverage.Harm reduction programs are provided in all regions of the Kyrgyz Republic with coverage of 17,379 PWID (UNDP program data), including prisoners, SEP services. Minimum package of services will cover 90% of the estimated number of PWID, with 10-20% receiving a differentiated minimum package as part of the online outreach. Traditional package includes raising awareness; TB screening; provision of syringes or OST; and condoms. Expanded package of services includes HCV testing; screening and, if necessary, STI testing and treatment; social support/referral; support for victims of GBV; mental health services for PWUD; SRH; surgeon services; detox; etc. Naloxone and overdose prevention training will be given to at least 90% of PWID. Minimum package for online outreach consists of providing online counseling, providing access to testing through vending machines, or providing self-tests through pharmacies, courier services. A number of other services will be offered to encourage reporting of the test results by text message, including the opportunity to take a rapid test for viral hepatitis, to get advice on request from a medical specialist, a lawyer, a psychologist, and to receive health products on a regular basis. Mechanisms for providing such services will be developed in the first year of the grant, and vending machines will be purchased and installed in attractive locations, where condoms, lubricants, and syringes will be available in addition to tests. Online outreach staff will continue to develop motivational and informational posts and publish them on popular social media communities that will increase the appeal of services. Simultaneously, the program will develop printed and electronic informational materials, producing at least three each year. It will also provide individual and group counseling on safe injection and sexual practices, prevention of HIV, STIs, hepatitis, and human rights to reach up to 60% of PWUD. Services for providing a minimum and expanded package of harm reduction services will be offered by three NGOs providing services to PWUD and three NGOs providing comprehensive services to all groups, including community-based organizations for PWUD. OST services, coordinated by the RCPN, will be provided by health care organizations at the Republican and Osh Region levels, as well as at the PHC level. Services on verification of pre-positive HIV tests will be provided by RCCVHHIV, which will also coordinate services related to parenteral viral hepatitis. Other medical services will be provided by other healthcare facilities on the basis of cooperative agreements.The NGO's work will be targeted at different groups of PWUD, with a focus on organizing access and programming for PWUD, young PWUD, and women based on their needs assessment. On this basis, standards for PWUD services will be developed jointly with the MoH. At the same time, NGOs will develop a gender-sensitive methodological guide for working with PWUD.OST programs remain a priority for HIV prevention among PWID. As of January 1, 2023, there were 791 OST participants[[28]](#footnote-29), 59 of whom were women, and 208 were detained. In the Kyrgyz Republic, there are 24 OST stations, of which 15 are in healthcare facilities and 9 in the penitentiary system. According to the plan for transition to state funding, starting in 2023, payment for specialists providing OST services as well as payment for fuel and lubricants and safety-costs will be made through the MHIF[[29]](#footnote-30). Buprenorphine will be purchased for 50 clients, as well as a combination drug of buprenorphine and naloxone, to make the OST more appealing to clients. The 2025-2026 project, funded by UNITAID through the ICF “International Alliance for Public Health”, will introduce long-acting buprenorphine and make it available to 100 PWID.Access of PWUD and their sexual partners to PrEP will be increased from 40 to 100 PWUD in 2026 and from 3 to 50 sexual partners of HIV-positive PWUD with low adherence to ART (there is no separate indicator on PrEP for PWUD, included under MSM component).One NGO-based drop-in center for PWID/ex-prisoners will provide support for PWID/ex-prisoners in difficult life situations. The center is designed to house 10 people per month and provides temporary housing, domestic services, HIV testing, education, social support, and psychological support.Issues of PWUD community empowerment; HIV testing; and the removal of human rights barriers to prevention among PWUD representatives are presented in the relevant modules of this request. |
| Population, geographies and/or barriers addressed | PWUD, including users of NPAS, with a focus on women, young PWUD and PWUD in difficult situations, in all regions of the Kyrgyz Republic. Despite widely implemented harm reduction programs, HIV continues to grow in the PWID group. By 2022, it was 16.2%, an increase of 2% over previous estimates. Lack of reliable data on PWID populations, including NPAS users and young PWID, makes it difficult to plan programs. Global experience has insufficient recommendations for changing interventions for new drug users, which also affects the quality of programs. At the same time, the rapid expansion of new channels of communication between people, social media, the impact of the COVID epidemic on the transition to online approaches in the purchase of goods and services, has also affected the supply and demand markets for drugs. Preventive programs were not quick enough to change approaches and online outreach approaches were not developed, which led to difficulties in providing access to PWID groups. Many outreach workers in current programs have exceeded the average age of 45 and have begun to lose access to younger drug users.PWUD remain a stigmatized group, in which fear and barriers to participate in prevention programs persist.The requirement for PWID to be formally registered in the narcology registry at the start of treatment is a significant barrier to increasing PWID participation in OST.Low awareness and understanding of the benefits of OST among active PWID, among doctors of primary care (dermatologists, infectious disease specialists, TB specialists); small choice of drugs for substitution therapy; limited regulatory criteria for long-term medication; low access to psychosocial, legal and medical care and support.Prevention programs, including harm reduction and OST programs, have a high turnover rate and low motivation due to low pay and emotional burnout among staff. In recent years, informational and educational activities regarding PWUD have declined.The needs of PWUD are changing, with a growing demand for specialized medical services, treatment for hepatitis and STIs. Yet, programs are limited which reducing the motivation of PWUD to participate in the programs. |
| Amount requested | $2,576,251 |
| Expected outcome | At least 85% of PWID, including inmates/PWID, of the total population will be covered by the minimum package of services by 2026;At least 95% of PWID covered by the minimum package of services will be tested for HIV and will know their result;At least 5% of the estimated number of opioid users are on OST, including those in prisons. |

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| Module #8 | Prevention Package for People in Prisons and Other Closed Settings |
| Intervention(s) | **Condom and lubricant programing for prisoners; HIV prevention communication, information and demand creation for prisoners**Harm reduction programs will continue in 9 detention facilities (8 – SEPs and 9 – OSTs) with a total coverage of 662 by SEPs and 208 on OST by the end of 2022. HIV testing, syringes and methadone provision, TB diagnostics, and ART services for prisoners will be expanded to provide 90% of PWUD with harm reduction programs and 90% of PWUD with ART in prisons with an uninterrupted supply of medications. The quality of services will be improved, and the package of services provided will be expanded to include viral hepatitis testing for up to 100% of prisoners and PWUD on probation each year. 60% of new drug users among detainees will be provided with condoms and lubricants. SRH services will be provided for all PWUD/prisoners in need, including free STI diagnostics and treatment, HCV treatment, and provision of HBV vaccinations. Rapid HIV testing in pre-trial detention facilities will be introduced, as well as re-testing for HIV six months after admission to prison due to the window period. Naloxone and overdose prevention training will be given to at least 90% of PWID. Minimum package of services will include provision of information, syringes, OST, condoms; HCV and STI testing; STI treatment if needed. Individual and group counseling will be provided on safe injecting and sexual practices; HIV, STI, and hepatitis prevention as well as on human rights, reaching up to 90% of the target prisoners population. There will be training for 95% of prisoners living with HIV in 6 modules of the Patient School. Informational and educational materials will be developed and distributed.Continuity of services during and after imprisonment is ensured by preparing for release, accompanying prisoners on OST, ART, treatment for TB or hepatitis after release. Those in need will be provided with temporary accommodation after their release with the support of the civil society organizations. There will be activities to build the capacity of the ex-prisoner community, including the provision of services and advocacy as well as participation in country decision-making coordination mechanisms. Upon admission to the penitentiary system as well as after release, prisoners will be provided with legal support In line with the legislation of the Kyrgyz Republic, with assistance in restoring documents, and the possibility of vocational training.Awareness-raising of employees of detention facilities will be carried out on stigma and discrimination in order to ensure the rights of PLHIV and the various needs of different sub-groups among prisoners. Delivery of bio-materials of prisoners for the laboratory diagnosis of HIV and TB will be taken care of. |
| Population, geographies and/or barriers addressed | PLHIV, people with TB, exposed people, and people in prison. All organizations of the penitentiary system and probation system, colony settlements, pre-trial detention centersKyrgyz Republic.The penitentiary system doesn’t have estimates by the imprisoned KPs, at the same time, according to the sentence-implementation service (SIS), by the end of 2022, the total prison population was 6,800 people. According to the RCCVHHIV, 147 PLHIV were in the SIS, of whom 145 PLHIV (98,6%) received ART and 119 (82%) had viral suppression[[30]](#footnote-31). The number of applications for parenteral hepatitis does not decrease. Meanwhile, specific sub-culture among prisoners reduces motivation to participate in harm reduction programs, especially OST. The number of medical workers in prison facilities is limited, there is a high turnover of personnel. For a long time, prisoners themselves have not been involved in programs as volunteers and social workers, which significantly reduces the popularity of programs among prisoners. Healthcare services in the penitentiary system are not included in the general public healthcare system and are funded separately, which ultimately leads to the fact that healthcare in penitentiary system is funded last. Prisoners heavily rely on the support of their relatives in purchasing medicines, they face severe difficulties in accessing health and hygiene products.Released prisoners with HIV and TB are often off records as they do not reach healthcare facilities in the civil healthcare sector. The accompaniment system was resumed only under the current grant of the GF. Many of those released from prison do not have identity documents, restricting their access to HIV and TB services. Some do not have a place of residence and need to adapt to the social environment. There is a huge need in re-socializing services. |
| Amount requested | $126,542 |
| Expected outcome | At least 95% of the coverage of prisoners/PWID with a minimum package of services will be tested for HIV and will know their result |

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| Module #9 | Differentiated HIV Testing Services |
| Intervention(s) | **Facility-based testing for key population (KP) programs; Self-testing for KP programs**HIV testing will cover 90-95% of people from the KP covered by preventive programs. Testing programs based on NGOs using saliva and blood drop tests will be continued, to ensure access to new groups of KPs (young PWUD, SW, MSM, NPAS users), approaches of online counseling and obtaining tests through vending machines will be introduced with the development of mechanisms for reporting the result and subsequent support in case of a positive test.Testing will continue among groups at high risk of HIV infection and provided for by the national HIV testing protocol, including PLHIV partners, migrants, in places of detention. Neutral testing approach will be implemented.Late diagnosis of HIV infection remains one of the main problems in the country, more than 50% of new HIV cases are diagnosed with a CD4 level of less than 350. In 2022, measures were taken to expand the rapid testing program among STI patients who are in impatient care with AIDS-indicator, where the frequency of registration of new HIV cases reached more than 1%. Activities will be continued, including the integration of rapid capillary blood testing for integrated HIV and STI services at the PHC level. People who have not previously been covered by preventive programs will have access to testing. The integration of STI services in HIV prevention and testing programs across the country will be increased. Current national testing strategies will be reviewed.Since 2021, an HIV self-testing program is being implemented, which requires intensive development. Self-testing and assisted HIV self-testing services will become available to a wider range of vulnerable populations. Activities to be implemented on popularizing testing and self-testing services (information campaigns involving the media, targeting ads and use of social networks, testing campaigns in places where people have an increased risk of infection).To improve the alignment of the testing program with treatment, a mechanism for offline/online support of people with a positive HIV test result will be introduced in the treatment and care program and implemented throughout the country.Unfortunately, information on transmission routes as collected in routine epidemiological surveillance is not always accurate. Due to stigmatizing behavior, such as those associated with PWUD and MSM, an overreporting of heterosexual route of HIV transmission is being observed. Epidemiologists will be trained to improve on this and will be provided with revised forms for notifying HIV cases. This considers in particular the HIV risk assessment section.Without an effective system for quality control, it is impossible ensure that the research results comply with the established standards of analytical accuracy. External quality assessment (national and international) is a system of objective evaluation in order to ensure comparability of data conducted in different laboratories. To maintain testing services at a high quality level, an external quality assurance of laboratory tests by certified specialists and maintenance of laboratory equipment will be carried out. To ensure the quality of services as per international standards, the preparation and accreditation of HIV diagnostic laboratories (Osh, Issyk-Kul, Naryn, Jalal-Abad, Bishkek centers of CHVHIV and RCCVHHIV) will be carried out, In line with ISO15189, including repurposing/repairing premises and updating laboratory equipment. Laboratory staff will be trained on improving the quality management system of laboratory research.To use resources more efficiently, sharing use of Xpert platforms for HIV, TB, COVID-19 and viral hepatitis programs will be introduced. |
| Population, geographies and/or barriers addressed | Key groups (MSM, TG, SW, PWUD, prisoners), people living with HIV and their sexual partners.According to UNAIDS, about 83% (8,300) of the estimated number of PLHIV (10,000) are aware of their status. Despite the high level of HIV testing among the general population, it gives a low yield. Prevention programs mostly serve the same clients for many years and have limited access to new populations. There is a low awareness of HIV among the population, high level of stigma and discriminatory legal practices lead to the loss of clients during cascade of care, refusal to participate in prevention and testing programs.There is still a high mortality rate among people living with HIV, about 50% of the detected cases are in the advanced stages of HIV, while there are people in the terminal stage of AIDS who need palliative care. One of the reasons is low alertness of medical staff, especially at the PHC level, on HIV issues, insufficient involvement of healthcare facilities providing services for STIs and other AIDS-indicator diseases in HIV testing programs.Due to the limited state budget for the maintenance of laboratory equipment, including support for technicians, the equipment in all HIV diagnostics laboratories is heavily depreciated and frequently out of service. |
| Amount requested | $325,305 |
| Expected outcome | At least 95% of people living with HIV are aware of their status by 2026At least 95% of the key group covered by the minimum package of services will be tested for HIV.At least 5,300 self-tests will be distributed by 2026 |

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| Module #10 | Treatment, care and support |
| Intervention(s) | **HIV treatment and differentiated service delivery – adults (15 and above); HIV treatment and differentiated service delivery – children (under 15); Treatment monitoring – viral load and antiretroviral (ARV) toxicity; Diagnosis and management of advanced disease (adults and children).**ART will be provided to 95% of PLHIV, with the possibility of a multi-month release of ARV drugs in a wider range of institutions (PHC, in places of detention, through public health services). The main efforts to achieve this indicator will be aimed at eliminating existing gaps in the treatment cascade, namely, promoting a people-centered approach, improving adherence to ART and solving the problem of lost-to-follow-up patients.Medical services will be provided for all PLHIV in need as per national clinical protocols which follow WHO recommendations. Public services will be actively involved in the process of linking testing services with treatment and care services. Within the framework of cooperation between healthcare facilities, NGOs and donor/technical partners, PLHIV in need will have access to social support and treatment adherence programs. The activities of two multidisciplinary teams (MDT) consisting of a doctor and an equal consultant in the north and south of the country, where the largest number of PLHIV are registered, will be supported. The MDT's activities will include index testing, provision of ARV drugs, PrEP, care and support for patients with advance disease.Currently, up to 80% of ARV drugs are provided at the expense of the state budget. Partial purchase of medicines will be covered, as well as for the purchase of health products for monitoring the effectiveness of ART, which cannot be purchased on the local market due to the lack of registration. Mechanisms will be provided for monitoring and responding to long-term side effects of ARV drugs (85% of PLHIV receive tenofovir disoproxil fumarate). Transportation of samples from remote regions is supported. Work will continue on monitoring early warning indicators of DR to HIV in treatment programs.At least 90% of women/girls with HIV infection will have access to SRH services, including the provision of contraceptives; prevention, diagnosis and treatment of STIs; prevention of cervical cancer; gynecologist services and access to HPV vaccination (from 11 to 45 years).One of the key issues in achieving global targets on ART initiation (the second "95") is the patients lost to follow-up. To ensure the sustainability of quality of treatment and care for HIV infection, a mechanism for motivational payments to medical workers based on results will be developed, implemented and institutionalized. Results-based motivational payments to NGO employees for treatment-uptake and successful viral suppression will continue.The capacity of PLHIV community and their close associates on HIV and human rights issues will be further built on: trainings on various topics (including but not limited to adherence, treatment, reduction of stigma and discrimination, SRH), participation in international conferences, forums. To mobilize the PLHIV community, actions on accord days will be supported.To improve access of PLHIV to HIV medical services and improve their quality, information and digital technologies will be developed. Social and legal support for PLHIV, especially children with HIV, will continue in areas with no other source of funding (educational activities on social adaptation in a society with HIV, computer literacy and foreign languages courses, dealing with self-stigmatization). To improve access and quality of specific medical services for PLHIV with no other source of funding palliative care, laboratory diagnostics of STIs, etc. will be proposed. Under Module 1, activities are listed on revision of the Program on State-guaranteed benefit package to include expanded access to health services for KPs.In order to improve medical educational programs on HIV, thematic educational and methodological modules on HIV will be developed and incorporated into postgraduate education institutions. Medical specialists of HIV, TB, PHC services will regularly update their knowledge on the diagnosis, treatment of HIV and TB in line with updated training programs and clinical protocols.To improve the management system of pharmaceuticals and health products, the relevant instructions and SOPs for the distribution, storage and stock management will be updated to comply with international standards. Implementation of the information system "1C: Warehouse/Pharmacy" (or similar) and staff training to use it will systematize the variety of business processes in the supply chain management.The existing methodology of forecasting the need for drugs and health products will be revised, with maximum automation of the workflow. Supply planning will be carried out more frequently (once every 2-6 months), in line with the updating of quantitative indicators on the drug and health products flow. Specialists will be supported at the national level – HIV and TB program medical support manager and treatment and care consultants responsible for forecasting and planning within GF-funded programs.To improve the system of stock management of drugs and health products, reprofiling/repair of warehouses of seven regional HIV centers will be done in line with international standards of storage of drugs and health products, development of the state centralized system of transportation and storage of drugs and health products, as well as the purchase of two medium-sized trucks of 3 tons capacity allowing cold chain compliance for the prompt transportation of drugs and health products to the regions of the country. |
| Population, geographies and/or barriers addressed | KPs (MSM, TG, SW, PWUD, prisoners), PLHIV and their sexual partners. Kyrgyz RepublicAs of December 31, 2022, there is a significant gap between those on ART (8,253, or 83% of the estimated number of PLHIV) and those on ART (5,766, or 70% of those knowing their status). 90% achieved viral load suppression.Problems persist with patients interrupting their ART treatment. There is still a high mortality rate among PLHIV, about 50% of the detected cases are in the advanced stages of HIV, there are people in the terminal stage of AIDS who need palliative care.The volume of purchases at the expense of public funds increases annually, currently it amounts to 80% of medicines and tests for the diagnosis of HIV. However, there is a risk of interruption of prevention and care and support ART-related services (pediatric forms) and diagnostic test systems and reagents, which the state cannot cover due to funding shortage, problems with registration in the Kyrgyz Republic and logistics difficulties.The state provides HCV and HBV treatment for KPs and PLHIV, and HBV vaccination. At the same time, some types of diagnostics, including fibroscan, ultrasound, etc., envisaged by the national clinical protocol for the treatment of hepatatis and HIV, are missing, since these types of diagnostics are not included in the Program on State-guaranteed benefit package for the KPs and PLWH.There is a shortage of personnel at the level of PHC providing services for PLHIV. In some PHC institutions, PLHIV services are provided by doctors who do not have the necessary qualifications and specialization in the field of HIV infection. The absence or poor-quality counseling is one of the reasons to stop ART by PLHIV, low adherence and loss for follow-up, care and support.To create a sustainable system for supply and stock management of drugs and health products, proper supply chain must be developed. The quality warehouses and their quantity are important components of proper stock management of drugs and health products and their effective distribution. These factors affect the safety of products, the frequency of procurement, delivery schedule optimization, savings in transportation costs etc. Increasing number of patients, and subsequently, drugs and health products, creates tension as regional AIDS centers do not have enough premises for proper stock storage. Thus, ARV drugs purchased at the expense of the GF are stored separately in a warehouse rented by the UNDP, which is non-sustainable option and needs further investigation. Overall, the country does not have a centralized system for transporting drugs and health products.Under procurement with public funds, drugs and health products are delivered to the central level warehouse, then, according to the distribution plan, regional healthcare facilities deliver drugs and health products to the regions on their own, and transportation conditions not always comply with cold chain requirements. In some cases, RCCVHHIV turns to donors for the delivery of drugs and health products. |
| Amount requested | $4,143,974 |
| Expected outcome | At least 95% of the estimated number of people living with HIV (adults and children) receive ART by 2026At least 95% of new HIV cases are on ART by 2026At least 95% of PLHIV on ART have achieved viral suppression by 2026At least 85% of PLHIV and on ART receive drugs for a long period by 2026 |

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| Module #11 | TB/HIV |
| Intervention(s) | **TB/HIV – Screening, testing and diagnosis**Taking into account the high burden of TB in the country, the main efforts will be aimed at **detecting TB among PLHIV, increasing the coverage of preventive treatment of LTBI**. TB mortality remains the first cause of death among PLHIV. In 2022, it accounted for 20% of all deaths among PLHIV. Treatment coverage by ART and TB drugs of newly identified PLHIV with HIV/TB co-infection is more than 95%. Integration of HIV & TB services allows HIV detection after TB diagnosis. **Rapid HIV testing will be introduced in parallel with the diagnosis of TB** **for the early HIV diagnosis in patients with HIV and TB symptoms at the PHC level.**To simplify and speed up the procedure for the diagnosis of active TB,rapid tests and consumables for the detection of mycobacterium antigen in urine (**LF-LAM**) among PLHIV with advanced stages of HIV or with a low count of CD4 lymphocytes will be purchased. Currently, the country already has a positive experience of using such tests, including the availability of regulatory documents and trained personnel.To increase the proportion of PLHIV who have started and completed **TPT**, TB drugs will be purchased to reduce and simplify the course of treatment (**3HP**)**.****Employees of NGOs and healthcare facilities will be trained on** the standards of providing **treatment, care and support** services **for people with** HIV and TB **co-infection**, in line with updated clinical guidelines**.**Cooperation between government agencies and civil society will be strengthened to achieve the goals of eliminating HIV and TB. HIV and TB services have MIS systems that will be integrated into a public e-health system for the rapid exchange of information.Organizational improvements in the interaction between TB and HIV services will be advocated. Specialist consultations at the National TB Center will include specialists from HIV services, formats for TB case history management will be reviewed to include HIV-related appointments. To this end, a comprehensive analysis of interaction between services will be carried out and practical recommendations for strengthening interaction will be developed. |
| Population, geographies and/or barriers addressed | HIV/TB co-infected people, HIV-infected people, people with TB.Despite the undoubted success in detecting and treating HIV and TB co-infection, the latter is the main cause of death in HIV infection, accounting for 20% of HIV-related deaths in 2022. There are cases where HIV screening is not carried out at first contact in PHC facilities, which may indicate low alertness or insufficient capacity of PHC specialists.Isoniazid prophylaxis coverage among newly diagnosed PLHIV has dropped to 45%. This is related to the change in criteria needing TPT according to the updated clinical protocol, as stable patients are being treated for latent TB once in their lifetime and also, with the removal of indicators tracking this indicator.Using a six-month course of daily isoniazid does not ensure high adherence to treatment, and shorter WHO-recommended prophylaxis regimens should be used. |
| Amount requested | $50,937 |
| Expected outcome | 100% of TB patients will be tested for HIVAt least, 99% of HIV-positive new and relapse TB patients on ART during TB treatment90% of PLHIV with diagnosed latent TB will receive preventive treatment for TB |

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| Module #12 | Reducing Human Rights-related Barriers to HIV/TB Services |
| Intervention(s) | Despite significant efforts to strengthen human rights and community systems in the Kyrgyz Republic with a significant contribution from the GF grant, stigma and discrimination associated with HIV, TB and KP remain high. Other barriers in the field of human rights remain, and in some aspects, there has even been a further deterioration over the past few years, for example, legal barriers in preventive programs for SW. Although some progress has been made (the approval of a national plan for a comprehensive response to human rights barriers in the provision of HIV and TB services), in general, the legal environment is not completely favorable, as there is a widespread criminalization of drug possession for personal use, regular harassment of SWs and the LGBT community by the police. The ongoing assessment of progress under the Breaking Down Barriers (BDB) program provided important findings on medium-term progress, as well as recommendations for improving the scale and effectiveness of HIV-related human rights programs. BDB report and the analysis is used as a basis of this module.[[31]](#footnote-32) **Eliminating stigma and discrimination in all settings**Activities within the framework of the country's accession to the Global Partnership to Eliminate Stigma and Discrimination on HIV and TB will be developed and implemented in addition to the Intersectoral plan of the Kyrgyz Republic to overcome legal barriers[[32]](#footnote-33). An intersectoral working group consisting of representatives of key departments (MoH, MoJ, MoIA) with the participation of civil society and communities will ensure monitoring of the implementation of the plan, informing decision makers and achieving the goals[[33]](#footnote-34). The function of this group will also include monitoring the implementation of recommendations of international UN mechanisms (UN Committees, UPR, CEDAW). Communities of KPs will actively participate in the activities of this intersectoral working group both on the ground and at the national level.Mechanisms for annual monitoring of stigma/discrimination assessment and rapid assessment of rights violations at the level of institutions providing HIV and TB services, both among clients and service providers, will be developed and implemented. Monitoring will be carried out annually covering at least 2 regions. The rapid assessment will be carried out systematically during community monitoring visits and/or on-site training programs. 2 national Stigma Index studies will be conducted among PLHIV and KPs, as well as among people living with TB, in 2025.Public organizations will regularly (1-2 times a year) conduct rapid assessments among their clients and service providers. The use of a unified questionnaire will make it possible to measure changes in the attitude of authorities towards KPs. Leaders of law enforcement, health care and other government agencies at the national and local levels will be informed about changes in stigma and discrimination levels in all three sectors and receive recommendations on how to address them. Integrating stigma and discrimination measurement tools into health care settings, as well as pre- and post-training assessments with health professionals and law enforcement officials, will track the Global AIDS Monitoring indicators over time, as well as provide important data for triangulation.The involvement of the Ombudsman institution and the Council for the Protection of the Rights of KPs with the participation of communities will ensure prompt response to violations of rights, as well as the inclusion of legal barriers in annual and special reports to the Parliament and the Government of the Kyrgyz Republic. A visiting meeting of the Council will be held to develop mechanisms and a plan for interaction with the community of KPs. Then, two meetings a year will be organized to discuss the results of joint activities.The mechanisms provided by the Law of the Kyrgyz Republic "On Advertising" and the Law "On State Social Orders" will be used to conduct social advertising on issues of public interest to organize national campaigns to reduce HIV- and TB-related stigma among the general population. These campaigns will also help reduce the self-stigmatization of people living with HIV and TB. This will help expand access to diagnostics and prevent refusal/interruption of HIV and TB treatment. This approach will also ensure the sustainability and effectiveness of information activities. To improve the quality of materials and involve a wide range of journalists, annual competitions for journalists of electronic and print media will be organized.Advocacy of national campaigns on HIV and TB, with components for the prevention of stigma and discrimination, gender-based violence, the development of information materials, including electronic ones, will be carried out by the networks. Contests will be organized for journalists aimed at developing tolerance in society to increase access to HIV and TB prevention, diagnosis and treatment.Representatives of local authorities, religious leaders and journalists will be trained to reduce stigma. Short modules will be developed for the work of local authorities and religious leaders on the development of tolerance towards HIV and TB at the level of local communities. The modules will be regularly supplemented and updated In line with the results of the CLM. Three seminars will be held by NGOs and KPs on HIV infection and TB, the specifics of working with PLHIV, overcoming stigma and discrimination. **Improving laws, regulations and policies relating to HIV and HIV/TB**Participation and monitoring of newly developed draft laws, as well as other normative legal acts related to HIV and TB will be ensured. This process includes the development of Programs of the Cabinet of Ministers of the Kyrgyz Republic, departmental regulations, orders and instructions. Participation in the public discussion of the bylaws will ensure their gender sensitivity; advocacy for the exclusion of discriminating PLHIV, people living with TB, and KP provisions. Unified Monitoring Group under the Office of the Cabinet of Ministers of the Kyrgyz Republic together with the technical working group and communities will promote regulatory acts to ensure the rights / decriminalization of KPs. There will be promoted bill on exclusion of norms of mandatory registration in healthcare organizations PWUD and OST clients; abolition of compulsory treatment of drug addiction; expanding the number of drug addiction treatment options; access to sex correction services, anti-discrimination law, etc. An analysis of law enforcement practices will be carried out, taking into account the new criminal and administrative legislation and in the health care system due to illegal law enforcement practices.**Legal literacy ("Know Your Rights")**Trainers from PLHIV, TB and KP communities will train representatives of NGOs and government agencies on non-discriminatory approaches and human rights within the framework of HIV and TB programs. Representatives of NGOs and communities will also be trained on issues of planning, implementation, monitoring and evaluation of HIV and TB programs; advocacy and participation in decision-making at the level of country and regional coordination committees, public/board of trustees of relevant ministries and departments.Forums of PLHIV and TB, KPs, and national NGO forums (PWUD, SW, MSM and TG) will be organized to review progress on HIV programs, analyze opportunities and barriers to participation in country coordinating mechanisms in 2024 and 2026, analyze progress on implementation of the multisectoral plan to eliminate legal barriers.**Ensuring nondiscriminatory provision of health care**Medical school and postgraduate training programs will be reviewed for ethics content and counseling on the rights of people with HIV and TB. Health care workers will receive training on human rights in postgraduate education using a previously developed module, as well as in other HIV and TB training programs. At these events there will be a rapid assessment of knowledge and attitudes towards clients by medical professionals with a focus on primary health care professionals.Regular meetings will be held between health workers and community representatives to discuss the situation and develop mechanisms to reduce stigma and discrimination in HIV and TB care. Training will be provided to health care workers on medical ethics, human rights, overcoming stigma and discrimination in HIV and TB care. Local community organizations and paralegals will be involved in local activities.An analysis of the long-term impact of trainings on the knowledge and behavior of medical workers will be carried out using the stigma and discrimination M&E tools developed under this grant, as well as the study of the stigma index. At each event, a rapid assessment will be carried out, with an emphasis on primary health care professionals. Part of the training participants and randomly selected meeting participants will take part in a detailed survey on monitoring stigma and discrimination. This will make adjustments to existing programs and improve the effectiveness of training, identify strategies and programmatic steps to continue reducing stigma and discrimination in healthcare settings. To increase accountability, issues of stigma and discrimination will be included in the existing reporting procedures for medical professionals and leaders of healthcare organizations. **Increasing access to justice**There will be continued documentation of all cases of rights violations, stigma and discrimination, denial of services for PLHIV and TB, as well as KPs using electronic platforms REAct, pereboi.kg, OneImpact and others. This work will continue through the paralegal model. Previously involved professional organizations will transfer this model to the management of local community organizations. The powers of paralegals will be expanded to be based in service organizations and coordinated by NGO leaders. Mentors in the first year will transfer their functions to the heads of networks and service organizations. The professional assistance of a lawyer for representatives of KP communities will be provided by an engaged lawyer on the basis of the state guaranteed legal aid (SGLA). The capacity of SGLA attorneys will be built as they become involved in training and advocacy activities.Legal counseling and protection will be provided in law enforcement agencies, places of detention, courts to PLHIV, people living with TB and KPs, facing stigma and discrimination, as well as victims of gender-based and family violence. To this end, the instruments provided by the KR legislation will be used, including the services of lawyers; paralegals/rights specialists and mentors. Lawyers from the SGLA registry will provide assistance to KPs, including PLHIV in detention, people living with TB, and KPs who do not have physical access to a lawyer. In addition, paralegals will assist clients of HIV and TB programs in recovering documents for official documentation of identity (passport; birth certificate, etc.); provide information on rights; and provide support and accompaniment to clients as needed.Proposals will be developed for a draft bylaw/interdepartmental document to address documentation problems, as well as a mechanism for official certification/training of paralegals. Paralegals and professionals who work with PWUD will be trained on the NPAS users legal assistance social networks.The two community networks will provide comprehensive assistance to clients of HIV and TB programs, including community mobilization to create an enabling legal environment for HIV and TB programs. They will conduct advocacy activities, develop unified approaches for NGOs, and coordinate common NGO activities.Stakeholders from other HIV& TB Projects will participate in development of guidelines for law on legal aid implementation. They will work together with the GF Project on institutionalization of paralegals through state funding or conclusion of social contracts. Information about free legal aid and access to it will be shared among KPs through paralegals, peer consultants and outreach workers.**Ensuring rights-based law enforcement practices**Legal issues on HIV and TB will remain a part of the professional training system of law enforcement authorities including penitentiary system for training activities. Guidelines will be developed and specialists and psychologists of probation bodies involved in the preparation of probation reports on the special needs of key populations, PLHIV and TB patients will be trained. Prison staff, lawyers and SGLA lawyers will also be trained.Lawyers, including those involved in SGLA, will be trained in the field on HIV and TB legal issues in order to increase adherence to HIV and TB prevention programs. The SGLA mechanisms will be reviewed and amended to adapt them to the specificities and needs of KPs to overcome HIV and TB-related stigma and discrimination. Based on an approved special course related to HIV, TB and related issues, short courses will be developed at the MIA Academy for mid-level and junior law enforcement professionals. They will include legal aspects of HIV infection, issues of overcoming stigma and towards PLHIV, KPs and people with TB. The support of these courses will contribute to the effectiveness of the ongoing programs.**Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity**Existing facts of stigmatization and discrimination of PLHIV, TB, KPs, gender discrimination and violence will be included in shadow reports on implementation of the country's human rights obligations under the treaty bodies (CEDAW). Recommendations of international committees will be included in state plans and strategies and their implementation will be monitored. In 2025 there will be an assessment of the level of gender violence and gender inequality in relation to representatives of people living with HIV and with TB and KPs, as well as the impact of gender inequality on access to programs to prevent and treat HIV and TB.Gender expertise will be provided on HIV and TB normative legal acts developed in the country, as well as gender expertise on PWUD programs. Guidelines for gender planning/monitoring and gender sensitivity assessment of HIV and TB programs will be developed and community representatives will be trained to use them.A human rights and gender thematic group will be added to the PHCC HIV and TB Committee, with an expert in the field to provide gender expertise on developing normative legal acts; strategies, funding applications to the GF and other international institutions. The work of one crisis center will be supported for women from PLHIV and KPs, who are in a difficult life situation or are victims of violence. It is designed to accommodate 10 people per month. The center provides temporary accommodation, domestic services, HIV testing, training, social support and psychological support.Two NGO networks will be supported to conduct advocacy activities, develop unified approaches for NGOs, and coordinate common NGO activities. |
| Population, geographies and/or barriers addressed | PLHIV and TB; KPs, their close environment, including women, government officialsKyrgyz Republic.The continuing economic instability, accompanied by political disagreements, leads to political turbulence, pressure on civil sector organizations and independent media; political instability in the country (change of power, structural changes in the government, widespread protests, mass detentions of civil activists, etc.). The new composition of the parliament includes people previously not involved in political activities, who initiate draft laws that discriminate KPs and civil society as a whole. Thus, there is a promotion of discriminatory laws against NGOs (Foreign Agents Law, re-registration requirement, additional reporting by NGOs, etc.). This leads to the loss of previous gains in ensuring the rights of KPs (for example, the abolition of biological sex correction); requires the organization of work to inform decision-makers; the inclusion of the ombudsman institution in ensuring the rights of KPs to access to prevention and treatment programs. There is a deterioration of interaction between law enforcement agencies and NGOs. Thus, the continued pressure on KPs by law enforcement agencies does not allow to achieve the indicators of the GF project, for example, to work with SWs.Stigmatization in the community, family and health care facilities leads to the loss to follow-up, as well as the refusal to participate in OST. Limited access to beneficiaries (e.g., NPAS users or SWs providing services through online channels), reduces the effectiveness of prevention programs.Issues of rights violations presented by clients of programs and documented by the civil sector, including those included in reports to international committees, do not receive proper attention from the state structures, are not implemented in practice. The actions of the ombudsman institution remain insufficient, not systematic, which has almost no effect on the protection of KPs against stigmatization and discrimination. There are limited resources to support documentation systems, such as REAct platforms and others.The adoption of new laws on health care requires updating all bylaws, which involves significant efforts by concerned government organizations and NGOs to ensure and expand universal access to health care, social protection; removing legal barriers.The EEU agreement adopted in 2021 on the unification of legislation on the procurement of medicines of the participating countries, of which Kyrgyzstan is a member, poses a threat of violating the existing procurement mechanisms [[34]](#footnote-35)existed in the country. The institutions of probation, SGLA, and paralegals are new to the Kyrgyz Republic and require the development of mechanisms for their successful functioning. So, it is important to legalize (certify) paralegals, which will ensure their real access to aid points (law enforcement agencies, prisons).The assessment of progress in overcoming legal barriers in the Kyrgyz Republic in 2022 showed the presence of a number of backlogs and prepared recommendations for their elimination. |
| Amount requested | $1,088,566 |
| Expected outcome | Reduction of stigma index to less that 10% on both TB and HIV by 2026 |

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| Module #13 | Drug-resistant (DR)-TB Diagnosis, Treatment and Care |
| Intervention(s) | **DR-TB diagnosis/ drug susceptibility testing (DST)**Poverty, recession of economic development, labor migration, poor awareness of the population, etc. was the reason for: (a) low motivation of patients to undergo examination, (b) low adherence to treatment and (c) a high level of treatment interruptions. In 2021, an analysis of the TB situation for 2019-2020 was carried out (a small WHO scientific grant) and revealed a significant decrease of approx. 40% in detection in the Issyk-Kul region, approx. 26-28% in the Osh and Chui regions. In the latter areas, there is also a shortage of personnel at the PHC level (there is no TB specialist in 2 districts) and predominant localization of migrants, who often do not have definite places of residence. This was the basis for the selection of 3 regions with an unfavorable TB situation to actively identify TB and involve case management for exposed people, as well as people in crisis centers, shelters, PLHIV, homeless and migrants, and NGOs in three regions (Osh, Issyk-Kul and the eastern part of the Chui region).Given the insufficient participation of NGOs in outreach and TB screening, it is necessary to conduct trainings for screening for NGOs/case managers, as well as HIV service providers involved in TB services, support case managers/NGOs to investigate TB contacts, with the detection of the TB indicators among the examined.Correctly and qualitatively collected pathological samples is the basis for obtaining a reliable result. Trainings on this issue have not been held at the PHC level for a long time. Given the significant expansion of active TB detection activities, conducting cascade trainings on sample collection for PHC laboratory specialists, including SISs, will improve the skills of medical personnel.TPT in the country is not carried out properly, as health facilities do not keep records of people who have received and completed TPT and effective short-term regimens of TPT have not yet been introduced. Due to the weak involvement of other ministries, departments and local authorities in fulfilling the obligations stipulated by the Law of the Kyrgyz Republic "On Public Health" (No. 248, dated 07/24/2009), work on prevention, detection, diagnosis, treatment and social support of people TB is not carried out at the proper level. NTP developed new clinical protocol / clinical guidelines for TBI (2023), which introduce new short-term TPT regimes. The Ministry of Health will introduce new TPT regimes for certain categories of the population. There are also measures to ensure support and accompaniment during the intake of TPT drugs and its successful completion, effective interaction between different structures of the health care system to record people taken for preventive treatment, and monitoring. There is a registration of the necessary drugs for preventive treatment (HR), mechanisms have been developed for their purchase at the expense of the republican budget, except for rifapentine, which is planned to be registered in 2023 in a combined form (300 /300mg). It is planned to provide TPT for people from tuberculosis contact centers. At the expense of the GF funds, rifapentine will be purchased for the treatment of 150, 300 and 400 contact cases at the rate of 900, 1,200 and 1,500 (including children) in 2024-2026, respectively.An important feature in the Kyrgyz Republic is the low motivation of people to receive TPT. Until 2023, in the Kyrgyz Republic, the management of TB cases concerned only the child population. According to the NCP reporting data for 2020-2021, out of 14,000 exposed people, only 301-307 children received preventive treatment. Therefore, in the 1st year of the project implementation, a **KAP study is planned to identify the main behavioral barriers preventing the expansion** of the use of TPT.Expanding access to modern laboratory and instrumental research and ensuring the quality of diagnostics is an important priority of the National TB-VI Program. First 11 Xpert platforms were purchased in the country in 2008-2011, then several more were purchased. In general, there are 25 platforms in the country with 84 modules in total. In 2023, USAID-funded project Cure TB will purchase 5 additional platforms equipped with 10-color modules, which allows testing with Xpert XDR cartridges. Some of the old modules are out of order, others need to be replaced/updated. To improve the coverage **of tuberculosis diagnosis using Rapid Molecular Diagnostics** (GeneXpert) tools, the following are necessary:- Expansion of the use of Xpert Ultra as an initial test for all people with TB symptoms and an increase in the number of tests performed in absolute terms.- Upgrade of GeneXpert devices with 6-color modules to 10-color ones in order to decentralize DST to fluoroquinolones and isoniazid in all Xpert testing centers: upgrade of 18 devices with 4 modules for regional centers (72 modules) and 7 devices with 2 modules (14 modules) with simultaneous updating of computers with WIN7 to WIN10, as well as an extended 3-year warranty, replacement of modules based on calibration results (28 modules in the second and third year).Providing the population **with the use of rapid molecular diagnostics (Xpert XDR**, **LPA for TB drugs of the 1st and 2nd lines, culture tests and DST, including for new drugs) in decentralized conditions will** ensure the quality of diagnosis and adequate treatment based on the results of DST**. Procurement and distribution of equipment, reagents and kits for DST will** ensure the continuity of diagnostic work**.**Taking into account the gradual expansion of state funding for TB programs, the state budget will cover the costs of procurement of reagents and consumables for microscopic studies (with the exception of auramine), as well as PPE and other consumables that are present on the local market, including repair and professional maintenance of TB laboratory equipment.Planning by the number of laboratory tests by type.

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| **Type of test** | **2024** | **2025** | **2026** | **Total** |
| Xpert Ultra | 25,000 | 30,000 | 35,000 | 90,000 |
| Xpert XDR | 2,000 | 2,750 | 2,750 | 7,500 |
| FL-LPA | 4,000 | 3,800 | 3,500 | 11,300 |
| SL-LPA | 800 | 600 | 400 | 1,800 |
| DST (MGIT) FLD | 2,500 | 2,500 | 2,500 | 7,500 |
| DST (MGIT) SLD | 1,200 | 1,100 | 1,000 | 3,300 |
| DST for new TB drugs | 800 | 800 | 800 | 2,400 |

Calculations were made based on the planned indicators for coverage and detection in 2024-2026.Due to the introduction of new diagnostic methods, it is planned to **train TB laboratory staff in each region in new diagnostic methods (Xpert XDR)** (in 2025 as the devices are updated).**Treatment, care and support**In the country, the program implementation of 6-month BPaL and BPaLM regimen has been launched in 2022. An updated CG/CP for DR-TB with the inclusion of the short-term regimens recommended by WHO in December 2022 **(including 6-month BPaL and BpaLM regimens and 9-month all-oral regimens on program conditions)**, was submitted for the approval by the Ministry of Health in February 2023, after discussions among stakeholders. The coverage of short-term regimens will be increased during the grant implementation from 45% to 60%.**The procurement and provision of treatment with SLD for patients with DR-TB in the framework of outpatient, decentralized models focused on the patient** will be partially covered within the grant**.** Expenditures on the procurement of drugs from the state budget (except Bdq, Dlm and Pa) will gradually increase in the ratio from 22% to 26% in 2024-2026, respectively. All drugs will be purchased through international platforms to ensure the best value for money and guaranteed quality. **Additional quality control** of TB drugs will also support their quality. In order to reduce the adverse events of Cs, Lzd, the use of pyridoxine is recommended in the CG/CP for the management of adverse events of TB drugs in the Kyrgyz Republic (2022)..Since the monodrug **pyridoxine** (vitamin B6) is not available on the KR market, it is necessary to provide patients with MDR-TB with Vit B6 within the grant. **Social support for patients** in the form of monthly incentive payments will be maintained. According to the approved strategy of the mechanism of incentive payments, every month all RTBC (Regional/Oblast TB Centres) make a list of people who will receive small incentive for good adherence to treatment, i.e., with continuous treatment and monthly examination and demonstration of good results.**To increase patients' adherence to treatment using digital technologies** is planned**:** * **Video support of treatment** (VST) is recommended by the WHO and the country has already accumulated positive experience of its use, especially in conditions of limited mobility. VST includes tariff plans to provide patients with mobile communications (with coverage of 40%, 50%, 60% of MDR-TB patients on treatment in 2024-2026, respectively). at the same time, patients’ personal mobile communication devices available on the hands are used. People with TB may receive TB drugs for 1 week, and the case manager will monitor the reception of TB drugs by VST.

The role of community-based support services needs to be strengthened to reach KPs at increased risk of TB and to address the specific challenges and obstacles they face that may prevent them from accessing TB treatment. To this end, the GF grant will assist in the **social support of people with MDR-TB for the successful completion of treatment.** It is to be conducted among KPs with the involvement of NGOs in 3 regions. In other areas, this component will be covered by the state social contracting (in 2023 – the western part of the Chui region, then in the regions with the highest DR-TB burden) and other partner projects (USAID). This activity will be combined together with active TB detection services and will be included in a single standardized package of assistance provided by NGOs (the same NGO will provide services in this geographical area throughout the cascade of TB care).A separate set of measures is provided for the category of people released from prison, among whom the risk of loss for follow-up is especially high. This includes the following: 1. Support for temporary centers for people in difficult life situations and TB treatment in Bishkek and Osh (capacity is 8 people monthly) will improve adherence to treatment for people with TB.2. Social support to people with TB released from prisons, and active case finding among prisons in colonies-settlements, including probation service.Training of personnel involved in the treatment of MDR-TB (TB specialists, PHC doctors involved in outpatient treatment of MDR-TB). The training is conducted for doctors from all regions, including the SIS. It should be noted that all trainings for medical staff will include a module on legal and gender aspects of providing TB care to the population in the Kyrgyz Republic, as well as issues of stigma and discrimination with the development of practical skills and the involvement of experts representing civil society. It also includes training of clinicians at international trainings.Clinical guidelines/protocols on tuberculosis (2013) did not previously provide for a section on active screening. In this regard, it is necessary to **update the CG/CP on TB, including CG/CP at the PHC level**, with the introduction of the section "Active TB screening, new diagnostic methods and treatment regimens". Updating the CG/CP is planned for 2024 and 2026**.** It is planned to train medical workers of primary health care and vocational training in order to implement the updated CG/CP on TB screening for medical workers of each region, as well as in Bishkek and Osh cities.Provide support for the transport system in case of disruptions in pathological material delivery. Further expand the use of genomic sequencing as part of the national multipathogen laboratory surveillance system, as well as DST, if approved by WHO.The MoH of the Kyrgyz Republic has taken measures to ensure the sustainable functioning of the sputum transportation system from Family Doctors Groups (FDG) and feldsher and midwife stations (FMS) to the appropriate laboratories. Conducting an expert assessment of the results of the transition to domestic funding of sputum transportation mechanisms with the presentation of the results is a very important aspect.**Implementation of incentive/motivation payments to medical workers** responsible for target indicators (republican coordinators, regional coordinators, laboratory assistants, civilian employees of SIS). Payments to medical staff are carried out In line with national legislation for a successfully treated MDR-TB case and are included in the budget of the MHIF in the amount of 24,000 KGS ($270). The payment of 500 KGS ($6) previously practiced in the country for an identified case of TB has not justified itself. In this regard, in order to increase the motivation of PHC employees when TB is detected, it is necessary to **develop a mechanism for incentive payments for each identified case** of TB for PHC, followed **by incentive payments to PHC medical workers for each identified case of TB.****Routine monitoring activities include: (a) an annual review of the national program** with the publication of the results; (b) conducting a mid–term evaluation of the "Tuberculosis 6" Program of the Kyrgyz Republic in 2025; (c) **equipping PHC and TB organizations for TB MIS** - in 2024, the purchase of necessary equipment for TB healthcare organizations (barcode scanners, barcode printer, router and digitizers and other components of a set of computers; (d) **management of TB MIS.** Also planned: (a) support of WHO missions through the Regional Green Light Committee (rGLC) – an annual comprehensive review of the National TB Program; (b) WHO technical assistance to conduct an operational study on the introduction of modified short completely injection-free treatment regimens for MDR-TB, data analysis; (c) external quality assessment in two reference laboratories (performed on the basis of the NRL with the involvement of specialists from the SNRL Gauting). Monitoring of the response to treatment by clinical and laboratory services for patients undergoing treatment is fully covered by the state budget. |
| Population, geographies and/or barriers addressed | People with symptoms similar to TB, TB contact cases, including MDR-TB, especially children; KPs (PLHIV, people in prison, homeless, migrants, people with diabetes, health workers), people with TB and MDR-TB.*Screening at the PHC level*: Kyrgyz Republic, including the penitentiary system. *Screening at the community level*: 3 regions (Issyk-Kul, Osh and Chui).*Diagnostics and DST*: Kyrgyz Republic. Key gaps and barriers:*Screening:* The passive TB detection strategy, mainly used in the Kyrgyz Republic, leads to the fact that a significant proportion of people with TB are not covered by the Kyrgyz healthcare system (treatment coverage in 2021 was 54%). The coverage of contacts investigation, as well as KPs who are at risk of TB, but do not seek medical help, is carried out at suboptimal level. Algorithms for targeted TB screening for various KPs are not clearly defined. Limited possibilities of PHC in detecting TB cases (according to the TB Patient Pathway Analysis (PPA)[[35]](#footnote-36), the availability of screening and diagnostic services for TB at the PHC level is no more than 17%, with the exception of the cities of Osh (14-22%) and Bishkek (37-43%)). Mechanisms (incentives) aimed at early detection of TB for providers of TB care are not sufficiently developed. NGOs capacity is underused in TB screening. Lack of digital tools to support screening and referral, limited and unreliable data. Gender and human rights barriers have not been completely eliminated, especially among women and returning migrant workers. Lack of support for people with suspected TB to complete the tuberculosis diagnosis algorithm.*Diagnostics:* Insufficient coverage of mWRD testing among people with suspected TB; delays in reporting TB test results to clinicians. The conduct of DST is highly centralized, which leads to delays in processing time for test results. Inadequate internal funding for procurement of laboratory equipment, consumables and maintenance (mWRD, DST).*Treatment:* People with DR tuberculosis, including children, vulnerable groups of the population.

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| **Category of patients** | **2024** | **2025** | **2026** | **2027** |
| **Total number of patients** | **1,200** | **1,200** | **1,200** | **1,200** |
| - short regimens | 540 | 600 | 660 | 720 |
|   | **45%** | **50%** | **55%** | **60%** |
| - individual regimens | 660 | 600 | 540 | 480 |
|   | **55%** | **50%** | **45%** | **40%** |
| **MDR/RR-TB sensitivity FH** | **1,030** | **1,020** | **1,020** | **1,020** |
| - BPaLM | 270 | 330 | 390 | 420 |
| -Short-term treatment regimen (STR) (9 months) | 5 | 5 | 5 | 5 |
| - children under 25 kg | 5 | 5 | 5 | 5 |
| - mSTR\* | 140 | 140 | 140 | 170 |
| - mSTR\* up to 25 kg | 10 | 10 | 10 | 10 |
| - individual regimens | 600 | 530 | 470 | 410 |
| **Pre-XDR/XDR-TB** | **170** | **180** | **180** | **180** |
| - of them BPaL | 110 | 110 | 110 | 110 |

\* mSTR are used under the conditions of operational researchEffectiveness of MDR-TB treatment in the Kyrgyz Republic is 71.7% (goal: 80% by 2025). Main problems are the slow expansion of the model of care focused on the needs of people – the transition to outpatient treatment (8.1% in 2021), the low capacity at the PHC level. Insufficient support for patients at the outpatient stage (currently, MDR-TB patients receive 1,000 KGS, or about $13). The government does not include incentives for MDR-TB patients in the SGBP. The case management system is implemented only with the support of international organizations. The state budget covers only small proportion of SLD. |
| Amount requested | $10,211,009 |
| Expected outcome | Expanded screening programs with increased TB detection among KPs; expanded contact investigations, including with NGOs (in three regions); introduction of new AI-guided X-ray technology. All people screened positive for TB are tested with Xpert; 98% people with TB have test results for rifampicin, 85% people with MDR-TB have test results for fluoroquinolone by 2026. All MDR-TB patients have test results for all drugs used in the treatment regimen. 98% MDR-TB patients receive effective treatment with quality-assured SLD (including in prison), including gradual transition to new shorter MDR-TB treatment regimens recommended by WHO. Children are provided with paediatric doses of TB drugs The use of the MDR-TB people-centered care model is being expanded: VST for 40-60% of patients.MDR-TB treatment efficacy reaches 80%, in line with the goals of the WHO Regional TB Plan for Europe.The share of state funding for the procurement of SLD increases to 26%. |

1. If you are using a Payment for Results modality to receive funding from the Global Fund, provide information on the performance indicators / milestones, targets and amounts that are proposed. Specify how the accuracy and reliability of the reported results will be ensured.

| Performance indicator or milestone | Target | Rationale for selectionof the indicator/milestone | Amount requested  | Expected outcome |
| --- | --- | --- | --- | --- |
| Baseline | Y1 | Y2 | Y3 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| *Add rows as relevant* |  |  |  |  |  |  |  |

*Countries should discuss with their country teams if they are considering the use of a Payment for Results modality as the basis of the funding request.*

Kyrgyzstan does not use Payment for Results modality to receive funding from the Global Fund, but use Payment for Results approach to achieve better program results.

In the current grant cycle, Kyrgyz Republic will continue to increase the share of remuneration of employees involved in the implementation of results-based activities. In the current allocation, the percentage of such payments is 10%, in the first year of the proposed FR (2024) this share will be more than 15%. Payments to staff of government medical and non-governmental organizations directly involved in the provision of care, treatment and support services for PLHIV and people with TB, as well as representatives of KPs, will be tied to their achievement of personal targets, as well as organizational goals, which eventually will ensure the performance of the declared country indicators.

* 1. **Rationale:** Provide a short summary of the relevant epidemiological context and trends, health systems, and community needs that justifies the above request.

**HIV**

Eastern Europe & Central Asia, where the Kyrgyz Republic is situated, has the fastest growing HIV epidemic in the world with an estimated 160,000 (130,000-180,000) new HIV infections in 2021 coupled with an increase in the number of AIDS-related deaths since 2010.[[36]](#footnote-37)

In the Kyrgyz Republic, new HIV infections have remained steady or slightly decreased over the decade with the number of PLHIV increasing from 5,300 (4,900-5,900) in 2010 to 10,000 (9,300-11,000) in 2021. While progress has been made in program coverage and performance, key ‘epidemic transition metrics’ (2021)[[37]](#footnote-38) indicate stagnation:



Diagnosis of HIV infection is carried out on the basis of orders, instructions, and clinical protocols approved by the MoH. The country has a simplified algorithm for HIV testing (without the use of the immune blotting method), In line with WHO recommendations.

In 2020, due to the COVID-19 pandemic, HIV testing levels dropped down by 12% compared to 2019. However, in 2021 and 2022, the country was able to increase testing levels, resulting in an increase in detected cases (2020 – 665, 2021 – 835, 2022 – 1,098 cases). In 2022, over 663,000 ELISA tests and over rapid 60,000 tests were conducted (mainly among KPs, clients of mobile sites, and patients with clinical indications). Self-testing services have been implemented since 2021, with more than 1,700 individuals examined in 2022.

HIV testing services are available at all levels of care, as well as in the penitentiary system, community-based organizations, and mobile outlets. There are 34 laboratories that provide HIV diagnosis by enzyme immunoassay (ELISA) and more than 230 sites that conduct rapid HIV testing, including 23 NGO-based sites.

The number of officially reported cases of HIV infection in the country has increased 1.5 times in the last 5 years, from 7,948 at the beginning of 2018 to 1,231 at the end of 2022, of which 3,089 died of various causes.[[38]](#footnote-39) The estimated number of PLHIV is 10,000[[39]](#footnote-40) and the prevalence of HIV was 1.7 per 1,000 people as of December 31, 2022[[40]](#footnote-41).

Out of 10,000 of PLHIV, 83% (76% in 2019) were diagnosed, 69% of those diagnosed were on ART (63% in 2019), and 90% of PLHIV on treatment had viral suppression (80% in 2019). [[41]](#footnote-42)This progress, while insufficient, was made possible by a set of measures to improve treatment coverage and adherence to HIV treatment.



The Kyrgyz Republic is classified as a concentrated HIV/AIDS epidemic with a disproportionate burden of the epidemic in key populations, including people who inject drugs (PWID) and men who have sex with men (MSM). A recent population-based bio-behavioral survey (BBS) estimated that HIV prevalence among PWID ranged, by location to be 13.3-25.9% and 10.7% (5.3-16.2%) among MSM in Bishkek, the largest city in the country.[[42]](#footnote-43) These surveys also identified key area of programmatic need within the ’95 95 95’ global HIV treatment cascades targets (see Graphic B and Graphic C below) that highlight key differences in service availability and uptake for these populations that are at increased risk for HIV. Viral hepatitis C (HCV) is a key co-infection with an estimated 67% of PWID previously infected (as determined by the presence of anti-HCV) and 39% currently infected with HCV (as determined by the presence of HCV RNA).[[43]](#footnote-44)

HIV cascade of care among PWID in various regions of the Kyrgyz Republic (2021):



HIV continuum of care among MSM in Bishkek, Kyrgyz Republic (2021)



In the Kyrgyz Republic, there are approximately 16,900 MSM with varying geographic distributions. Estimates of the SW population were made a long time ago (2013 and 2016), due to absence of more actual data, 7,100 is taken as basis. Based on the program data of the UNDP, the coverage of preventive programs among KP is as follows: 85% - MSM, 70% - PWID, 65% - SWs. Over the past 5 years, the coverage of prevention programs among the PWID amounted to 17,379 (UNDP data) clients. Most likely, this coverage is as close as possible to the number of PWID living in the country. The average annual number of prisoners in the penitentiary system of Kyrgyzstan is about 6,000 people. There is no official data on TG people (programmatic coverage is 250 people).

In order to clarify the number of PWID, the RCCVHHIV, together with the CDC and UNDP, have scheduled a repeat population estimate in 2024 with program indicators to be actualized accordingly.

BBS among sex workers and migrants is also being completed in the country, which will also allow the program indicators to be adjusted during grant-making stage.

The proportion of HIV infections among women exceeds 40% in 2022. There is a steady trend in changing the ratio of the main HIV transmission routes, with the share of the sexual route increasing from 81% in 2018 to 90% in 2022, and the share of the injectable transmission route decreased from 19% in 2018 to 4% in 2022[[44]](#footnote-45). There is also an increase in HIV cases among MSM, which accounts for up to 10% of the total number detected annually. However, more and more cases are registered among the population that does not belong to the KPs, which may indicate that the behavior of the KP has changed and the groups are becoming more closed, which means that new approaches are needed to work with KP.

**HIV cases among KP, 2018-2022**

Although injecting opioid use is recognized as a major factor in the HIV epidemic in the Kyrgyz Republic, data indicate that synthetic substances, including synthetic cathinone, cannabinoids, and possibly amphetamine-type substances, are detected more in the landscape of drug use in the country (although data on the latter remain limited), especially among young drug users[[45]](#footnote-46). It is not yet clear what impact these changes will have on the HIV/AIDS epidemic and programs.

In addition, the decrease in the number of cases of injection infection may be due to the fact that programs using traditional approaches do not reach users of new drugs. There is no official data confirming the latter assumption, however, according to the RCPN, the number of registered PWID and the number of OST clients has decreased in recent years.

The number of PWID on the official register, the data of the RCPN, 2017-2021:

Data on HIV testing under the Global Fund project also reflect the low detection of new cases among PWID.

Insufficient alertness of the population towards HIV leads to risky behaviors that increase the risk of HIV infection. Stigma and discrimination in healthcare facilities, coercion to HIV testing, poor quality or lack of HIV consultations lead to rejection of ART, late initiation of ART, treatment interruptions and termination of ART, as well as low adherence and low effectiveness of treatment[[46]](#footnote-47).

High levels of external and internal migration limit patients' access to HIV services. In the countries where the main flows of external migrants go (for example, to Russia), there are significant restrictions in obtaining medical care for PLHIV. In Bishkek city and the Chui region, there is a higher number of HIV cases, which is largely due to internal migration. In 2018-2022, the proportion of detected HIV cases was 43% in Bishkek, 20% in the Chui region, and 17% in Osh and Osh region of the total number of cases in the country (4,329).

The implementation of measures to combat HIV infection is carried out In line with the HIV Government's Program for 2017-2021.[[47]](#footnote-48) The next Cabinet of Ministers HIV/Hep Government Programme on overcoming HIV infection for 2023-2027, which is combined with the program on blood-borne viral hepatitis, is currently being prepared for approval.

The Programme's activities are aimed, first of all, at ensuring universal access to prevention, treatment, care, and support for PLHIV and key groups (PWUD, SW, MSM, TG, prisoners, migrants) In line with 95-95-95 goals. In order to achieve the goals and objectives set for the period up to 2027, the following targeted actions will be taken in four strategic directions:

* Providing a comprehensive package of HIV diagnostic, treatment, care and support services for PLHIV or population in need and those at greatest risk of HIV infection;
* Strengthening the health system to ensure effective measures to end the HIV epidemic;
* Creating favorable legal and social conditions for overcoming HIV infection;
* Ensuring the coordination and sustainability of HIV-related programmes.

This approach will ensure maximum effect at all levels of comprehensive medical services, coordinate the activities of the health sector with other government agencies and services, with the non-governmental sector and communities of people affected by the HIV epidemic, as well as increase the effectiveness of international technical and financial assistance.

In addition, in 2018, the Government of the Kyrgyz Republic approved a new Healthcare Development Program for the period 2019-2030, including a five-year plan of activities for the period 2019-2023. This program assumes activities in several areas, including reducing morbidity and disability (primary and secondary) with a focus on socially significant diseases, including reducing the incidence of HIV[[48]](#footnote-49).

National treatment protocols have been revised to be in line with WHO recommendations, and in 2022 more than 82% of PLHIV switched to dolutegravir regimens (25% in 2019), a wide range of ARV drugs has been registered in the country, which allows for achieving optimal prices for public procurement. Built-up inventory management system of ARV drugs made possible to provide HIV patients with drugs for 3 and 6 months, and for patients in external migration – for 12 months. A mechanism has been introduced for the remote provision of HIV treatment services among citizens identified outside the country, including the delivery of ARV drugs through courier services.

The infrastructure for laboratory research has been improved, and in 2022 all basic studies (viral load, CD4 lymphocyte count, viral DNA detection in early HIV diagnosis) are available at the regional level.

State budget covered treatment of HCV to 500 PLHIV with combined HIV and HCV infection, and a campaign is being implemented to cover all PLHIV with HBV vaccination.

Prevention programs for KPs, including harm reduction programs, remain one of the important components in comprehensive measures to fight the HIV epidemic in Kyrgyzstan. In 2022, 24 OST points operated in the country, there were SEP at NGOs and in the penitentiary system, 15 NGOs provided services for PWID, SW, MSM, PLHIV, 2 centers for PLHIV and KPs operated. Testing, harm reduction services, treatment, care, and support programs have covered more than 30,000 representatives of KP and PLHIV. This activity was carried out with the GF funding, at the same time, since 2019, the state social contracting mechanism for HIV-related services is being actively introduced.

In 2022, the clinical protocol for the PrEP was updated, which provides for daily and situational modes. The coverage of PrEP by the end of 2022 has increased to 280 people.

An online (cloud) version of the HIV MIS is being developed, and the process of developing a unified information system for HIV prevention programs has been initiated, which will integrate disparate databases and improve the accounting system and, accordingly, the ability to monitor the quantity and quality of services for PLHIV, reduce duplication of medical services and improve data quality.

**TB**

The detection of cases of TB is mainly carried out in state TB facilities and PHC points-of-care (Family Medicine Centers (FMC) and General Medical Practice Centres (GMPC)). PHC staff fill out data on people with suspected TB (cough for more than 2 weeks). In 2021, 12,413 people were examined using microscopy, 13,594 people were examined using Xpert. The diagnosis of TB (all forms) was notified in 5,199 people.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Geography** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021\*** |
| Bishkek | 2,078/1,286 | 2,262/1,249 | 1,879/1,219 | 1,795/1,119 | 1,308/716 | 1,159/799 |
| Chui region | 3,005/1,702 | 3,930/1,690 | 3,924/1,615 | 3,454/1,478 | 2,777/1,064 | 2,871/1,118 |
| Naryn region | 700/303 | 577/233 | 818/265 | 858/211 | 905/141 | 475/176 |
| Talas region | 387/339 | 390/299 | 419/244 | 258/214 | 76/160 | 573/174 |
| Issyk-Kul region | 645/351 | 765/300 | 784/308 | 1,164/321 | 818/192 | 1,446/226 |
| Osh city | 422/317 | 363/313 | 444/331 | 1,548/325 | 1,158/216 | 698/192 |
| Osh region | 3,310/1,484 | 3,611/1,512 | 3,849/1,486 | 3,709/1,504 | 2,468/1,059 | 2,156/1,097 |
| Jalal-Abad region | 2,265/1,452 | 2,945/1,365 | 3,988/1,392 | 2,223/1,264 | 1,731/916 | 1,351/1,010 |
| Batken region | 507/506 | 368/498 | 614/459 | 487/429 | 569/359 | 892/322 |
| **Civil sector, total** | **13,319/7,740** | **15,211/7,459** | **16,719/7,319** | **15,496/6,865** | **11,810/4,823** | **11,711/5,114** |
| Penitentiary sector | 4,688/255 | 1,377/236 | 1,684/266 | 897/192 | 639/62 | 702/85 |
| **Total by country** | **18,007/7,995** | **16,588/7,695** | **18,403/7,585** | **16,393/7,057** | **12,449/4,885** | **12,413/5,199** |

Source: Report of the GLC ERB WHO mission, Kyrgyzstan, 2021

\*NCP reporting data

Historically, cooperation with the private health sector has been limited, and its role in the general diagnosis and treatment of TB is insignificant. The "Finding, Actively, Separating, Treating" (FAST) approach has been implemented since 2022 in separate project sites (Chui, Bishkek, Naryn region and Karasuu district of Osh region) with an emphasis on inpatient facilities.

The Ministry of Health Order No. 429 (2018) approved guidelines for investigating TB cases in Kyrgyzstan. The overall process is managed jointly by the Department of Disease Prevention and State Sanitary and Epidemiological Surveillance (SES), PHC, and the TB service. PHC is responsible for examining exposed people via X-rays and skin testing (among children). In case of symptoms, abnormalities on an X-ray or a positive TST, TB contact cases are additionally examined using laboratory tests (microscopy, X-ray). The test results are discussed jointly by PHC and TB specialist. In 2019-2021, the average number of people who had contact with patients with bacteriologically confirmed pulmonary TB and were screened for TB was 3.2–3.5 people. for one index case. According to estimates, the average household size in Kyrgyzstan is 4.2 people. In 2020, The instruction on the investigation of contact cases has been updated and is currently being implemented in 3 regions, including Naryn, Batken, and Chui regions. The instruction changed the criteria for the index case, the mechanism of epidemiological investigation, created and implemented the recording and reporting forms, as well as the examination period changed: contact should be examined every 6 months, regardless of the form of TB

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **2019** | **2020** | **2021** |
| Number of people with bacteriologically confirmed pulmonary TB (new and relapse) | 3,042 | 2,252 | 2,381 |
| The number of household contacts of people with bacteriologically confirmed pulmonary TB (new and relapse) who were examined for TB | 9,888 | 7,827\* | 7,715 |
| Average number of exposed people screened per 1 index patient with bacteriologically confirmed pulmonary TB (new and recurrent) | 3.3 | 3.5 | 3.2 |

\* It is assumed that all identified contacts with patients were examined for tuberculosis this year.

*Source*: WHO Global Tuberculosis Report 2022

Of the total 13,461 TB contacts under observation in 2021, 113 people (839.5 per 100,000 population) were diagnosed with the disease, including 76 children (including 27 children under age 5) and 51 people (including 35 children) who were in contact with patients with MDR/RU-TB (Table 3).

|  |  |
| --- | --- |
| **Exposed people who have been screened for tuberculosis** | **Age** |
| **Result** | **0-14** | **15 years old and over** |
| **0-4** | **5-14** | **15-17** | **> 18** |
| All verified exposed people, including: | 13,461 | 1,422 | 3,656 | 829 | 7,554 |
| *- diagnosed with tuberculosis*  | *113* | *27* | *49* | *9* | *28* |
| *- % of detection*  | *0,8%* | *1,9%* | *1,3%* | *1,1%* | *0,4%* |

*Source*: NTP.

The coverage of TPT remains low in all priority groups and particularly low in those over 5 years of age. Current guidelines prescribe TPT to children under the age of 14 and PLHIV, however, usually, only children under the age of 5 and PLHIV receive it. Monitoring of the TPT is done at suboptimal level. The total coverage of the TPT in the country decreased from 479 in 2019 to 307 in 2021 (including 126 children under the age of 5). The TST is used exclusively for the diagnosis of LTBI. IGRA testing was introduced in pilot research projects in 2018 but is currently unavailable. The results of the study indicate a 40% level of LTBI among close and household contacts [[[49]](#footnote-50)]. To achieve this coverage, the country is developing a new LTBI management manual that will include new diagnostic tools such as IGRA and shorter TPT schemes along with revised target groups.

People who started tuberculosis preventive treatment, Kyrgyzstan, 2015-2021



*Source*: WHO Global Tuberculosis Database, 2022

Laboratory diagnostics of TB is carried out in 104 GMPCs across the country using microscopy and rapid diagnostic test (Xpert). There are 25 GeneXpert platforms in the country, located at the central, regional, and district levels. Five new GeneXpert platforms will be delivered to the country in 2023. The nationwide network of TB laboratories also includes 6 laboratories performing culture tests and the National Reference Laboratory (NRL) in Bishkek, which conducts all DST, and since 2017 has also introduced the method of genome sequencing.

|  |  |  |
| --- | --- | --- |
| **Geography** | **Number of Xpert platforms (modules)** | **Distribution by region (number of modules)** |
| **TB service** | **PHC system** | **Penitentiary system** |
| Bishkek | 2 (8) | City TB Center (4);NRL (4) |  |  |
| Chui region | 4 (14) |  | Ysyk-Ata GMPC (4); Sokuluk GMPC (4);Zhaiyl GMPC (4);Tokmok GMPC (2) |  |
| Naryn region  | 1 (4) | Regional TB Center (4) |  |  |
| Talas region  | 1 (4) | Regional TB Center (4) |  |  |
| Issyk-Kul region | 2 (6) | Regional TB Center (4) | Balykchy GMPC (2) |  |
| Osh region | 5 (16) | Regional TB Center (4)СТС (4) | Kara-Suu GMPC (4); Nookat GMPC (2); Uzgen GMPC (2) |  |
| Jalal-Abad region | 4 (12) | Regional TB Center (4) | Suzak GMPC (4);Toktogul GMPC (2);Aksy GMPC (2) |  |
| Batken region | 3 (8) | Regional TB Center (4) | Leilek GMPC (2);Kyzyl-Kyia GMPC (2) |  |
| Penitentiary system | 3 (12) |  |  | Pre-trial detention center No. 1: 2 units. (4+4);Colony No. 31 (4) |
| **Country, total** | **25 (84)** | **9 (36)** | **13 (36)** | **3 (12)** |

*Source*: NTP.

In line with the Roadmap for the reorganization of the laboratory and diagnostic network of the tuberculosis service, the number of microscopic laboratories is expected to be reduced to match the number of laboratories conducting diagnostics by Xpert. The total number of Xpert studies decreased in 2020-2021, although unevenly across regions

Xpert tests were conducted by regions, Kyrgyzstan, 2019-2021.

*Source*: Report of the GLC ERB WHO mission, Kyrgyzstan, 2021

Coverage of DST at least to rifampicin among people with bacteriologically confirmed new and recurrent tuberculosis.

|  |  |  |
| --- | --- | --- |
| **Location** | **2021** | **Q1 2022** |
| Talas RTC | 95% | 100% |
| Naryn RTC | 97% | 97% |
| Issyk-Kul RTC | 92% | 100% |
| Jalal-Abad RTC | 93% | 98% |
| Osh RTC | 94% | 95% |
| Osh СТС | 87% | 84% |
| Batken СТС | 87% | 98% |
| Chui GMPC | 95% | 98% |
| Bishkek СТС | 95% | 87% |
| Penitentiary system | 88% | 86% |
| NRL | 94% | 96% |

*Source*: UNDP, 2022

Percentage of bacteriological confirmation among all patients with pulmonary tuberculosis, Kyrgyzstan, 2021

*Source*: UNDP, 2022

DSTs to new TB drugs (Bdq, Dlm, Cfz and Lzd) were introduced in 2019 with the technical assistance of the SRL in Gauting. Since January 2022, NRL has been automatically uploaded DST results to new drugs to the Laboratory Information Management System (LIMS). In 2022, NRL was successfully accredited with ISO 15189 certification.

LIMS is currently implemented in all TB laboratories in the country. The synchronization of the LIMS with the National Tuberculosis Registry is aimed at providing integrated management of patient data, covering both clinical and laboratory components. It is planned to further expand the implementation of LIMS throughout the country, with special attention to the PHC network.

A critical problem with TB diagnosis and DST in Kyrgyzstan is a large network of microscopic laboratories and only one centralized site (NRL), which covers the country's general needs for guaranteed quality of DST. Sputum (and cultures from some regions) are sent to the NRL, which is considered one of the best accredited laboratories in the region. Although the transportation of samples from the southern regions (Osh, Jalal-Abad, Batken) through Osh is currently functioning, its sustainability has not been proven so far – there are risks of interruptions related to climatic conditions, finding and hiring a transport agent, non-compliance of the conditions of transportation of biomaterial by the transport agent, etc. On the other hand, potential risks of unforeseen problems in the NRL itself may also hamper national efforts to eliminate TB. The current GF C19RM grant to improve access to rapid and high quality TB diagnostics for the population in the southern regions of the country includes the procurement of an additional laboratory module for the Osh Inter-Oblast TB Reference Laboratory at the premises of the Osh TB Center, with savings from the C19RM grant to procure equipment, train staff and do some preparatory and repair work to install the lab module with technical support from GIZ through specialists from SRL Gauting. The procurement of tests and reagents for Osh TB Centre will be done from GF grant funds within the country need. The relevance of the development of laboratory services in the south of the country becomes even higher in light of the need to strengthen the active detection of new TB cases and return to the positive trends of the previous pre-pandemic years.

Currently, the laboratory diagnosis of TB is supported by two levels of the sputum transportation system. Level 1 covers PHCs and Family Practice Centers for the transportation of samples for Xpert MTB/RIF and microscopy from remote FMCs. Level 2 is carried out from the GMPC laboratories to the NRL. The model was tested in the Chui and Talas regions in 2017 as part of the USAID Defeat-TB project and then deployed throughout the country. Sputum transportation at level 1 is carried out by medical personnel, and at level 2 – by a transport company with which a contract was signed to ensure sampling at least two or three times a week in all regions. Previously, all transportation costs were covered by the GF, with the exception of the Talas and Chui regions, where they were covered from the state budget. According to the order of the Ministry of Health of the Kyrgyz Republic, the transportation of samples throughout the whole country will be covered by the state budget starting in 2023.

**Resilient and Sustainable Systems for Health**

Kyrgyzstan’s current State health programme, the Program of the Kyrgyz Republic Government on Public Health Protection and Health Care System Development for 2019–2030 “Healthy Person – Prosperous Country”[[50]](#footnote-51) (hereinafter, Health 2030), was approved in 2018, and it is a continuation and acceleration of Kyrgyzstan’s ambitious health reform agenda from 1996.[[51]](#footnote-52) The country has been recognized for its efforts to undertake sweeping reforms of its public health system. One of the most important early reforms was the introduction of a purchaser–provider split and the establishment of a single payer system for health services alongside a State-guaranteed benefit package (SGBP).[[52]](#footnote-53) The SGBP sought to provide essential PHC services for all and free or reduced cost hospital services for certain groups of people while defining citizens’ rights to free care. The responsibility for purchasing health services was consolidated under the Mandatory Health Insurance Fund (MHIF), while the authority for health policy development and oversight was granted to Kyrgyzstan’s Ministry of Health (MoH). Since 2006, the pooling of funds has been carried out at the national level (instead of the oblast level), which has allowed a more equitable distribution of the SGBP and the accompanying Additional Drug Package (ADP). As a result of the reform of the healthcare system, the Mandatory Health Insurance Fund (MHIF) became the single payer for services; its responsibilities include the accumulation of healthcare funds and the procurement of medical services; in addition, the MHIF administers the SGBP and the program of additional drug provision for the population; and is responsible for managing the quality of medical services and developing health care information systems. The powers to develop health policy and supervision were transferred to the Ministry of Health of Kyrgyzstan (MoH), whose powers also include the administration of high-tech programs, direct management of tertiary-level organizations, as well as services (HIV, psychiatry) that are not included in the single-payer system.

These early efforts also aimed to reorient the health-care system from providing costly, disease-oriented health care to providing less-expensive, prevention-oriented care within PHC. The family medicine model was introduced through the creation of the Family Medicine Institute and the establishment of a nationwide network of family doctors and group practices. Today, these service points and structures serve as the backbone of the PHC system.

The implementation of measures to combat HIV and TB is carried out on regularly updated 5-year programs of the Government of the country. For the period 2023-2027, the Government's Program on 2 diseases, including HIV and hemocontact viral hepatitis, has been developed for the first time and is being prepared for approval. In December 2022, the Republican AIDS Center was transformed into the Republican Center for the Control of Hemocontact Viral Hepatitis and HIV (RCCHVHHIV).

**Funding**

Total healthcare expenditures in Kyrgyzstan have been steadily increasing for a long period and increased sevenfold between 2000 and 2012. The level of government spending on healthcare in Kyrgyzstan varied between 10 and 15% of total government spending during the period 1995-2012. Since 2016, there has been a decrease in health care costs.

A significant part of the funding for HIV programs and funds for the fight against TB is provided by international partners. At the same time, starting in 2018, implementing programs for the transition to public funding, funding from the state budget began to expand. By 2022, more than 80% of the total need for ARV drugs and HIV diagnostics is carried out from public funds, since 2023 about $300,000 is allocated for OST, and the purchase of TB drugs is increasing. At the same time, the funding gap for government programs in the field of HIV and TB remains high.

**Human resources**

In 2022, the Government strengthened its support for healthcare, and significantly revised wages in the healthcare system, increasing by 50-70% from the level of 2021, which affected the motivation of medical workers and, against the background of a decrease in the attractiveness of migration to the Russian Federation, affected staff retention.

In the field of HIV, decentralization and transfer of services to the primary healthcare level have already been implemented in most regions In line with the order of the Ministry of Health of the Kyrgyz Republic dated December 31, 2012, No. 717 "On the implementation of measures to improve the quality of services for people living with HIV"; the order of the Ministry of Health of the Kyrgyz Republic dated December 23, 2016, No. 923 "On piloting the decentralization of services for HIV infection and institutionalization of methadone maintenance therapy at the level of primary medical and social care". Currently, mechanisms for the decentralization of PLHIV services at the country level have been approved by Order of the Ministry of Health of the Kyrgyz Republic No. 542 dated 22.04.2019. "On the approval of mechanisms for the decentralization of medical services to people living with the human immunodeficiency virus in the Kyrgyz Republic."[[53]](#footnote-54) HIV infection services are provided in 53 PHC facilities, except for the city of Bishkek and the Talas region. In Bishkek, given the status of the capital, there is a HIV/AIDS city center, and in the Talas region, the HIV prevalence remains low, mainly concentrated in the regional center of Talas.

In the TB service of the Kyrgyz Republic, according to the National Statistical Committee, there are 256 TB specialists, most of whom are based in PHC facilities and provide services for the detection and outpatient treatment of TB at the PHC level. The National TB Service is represented by a network of medical facilities at all healthcare levels. The National TB Center is the umbrella organization for TB. There are specialized hospitals in the country to provide inpatient care for TB patients. At the primary level, TB services are provided in 65 TB treatment rooms to manage patients at the outpatient stage. The action plan for optimizing the system of providing TB care to the population of the Kyrgyz Republic for 2017-2026[[54]](#footnote-55) accounts for the reduction of beds in TB hospitals. In 2021, according to this document, 400 beds were reduced across the country: hospitals were completely closed in 5 regions and beds in some hospitals were reduced due to non-fulfillment of the bed day. In 2022, the NTBC together with UNDP developed and adopted a "Plan to Improve Achievement of Program Indicators for TB Component 2022-2023" and a "Plan to Expand TB Outpatient Treatment in the Kyrgyz Republic 2022-2023".

**Penitentiary system**

The State Penitentiary Service has an independent medical service in its structure that serves the entire population of correctional facilities. Funding of the medical service of the State Penitentiary Service is carried out as part of the general State Penitentiary Service budget from the national budget. The HIV and TB Government Programmes include activities for prisoners, HIV and TB drugs, and diagnostic tools provided through the TB service and AIDS services. If necessary, all prisoners can receive medical care in civil healthcare facilities as needed for qualified and specialized medical care related to TB. At the same time, specialists of the AIDS and TB centers coordinate the treatment of PLHIV and TB patients in places of detention and advise PLHIV and TB prisoners.

**Data collection systems**

Data on the HIV situation is regularly updated on the website of the RCCHVHHIV and is provided at the request of interested parties. With the support of international organizations, an assessment of the implementation of state programs is being carried out. HIV expenditure data is provided in the GAM national report and national HIV accounts. Since 2019, data on HIV expenditures is reflected in the program budget of the Ministry of Health in three lines - total expenses for the AIDS service, expenses for the purchase of medicines, medical products, and preventive programs for key groups.

The country uses HIV case MIS to collect, store, process, and transmit epidemiological, laboratory, and clinical data on all reported HIV infections in order to make informed decisions about prevention and treatment.

This MIS provides complete and timely information on all registered cases of HIV infection, including ART and its effectiveness, TB/HIV co-infection, PMTCT, indicators of PLHIV health status, and HIV infection stages in the context of institutions, region, and the entire country. RCCHVHHIV administers an electronic database for the country, In line with the data provided by PLHIV points-of-care through regional AIDS centers. The system is installed and actively used in 31 institutions (9 AIDS centers, 21 FMC and State Penitentiary Services). As part of the decentralization of services, the MIS should be extended to all facilities that provide services for PLHIV. This in turn necessitates the development of infrastructure (computers) and capacity of health workers on using the MIS. The HIV case MIS needs to be integrated into the overall e-health system, as well as a countrywide module for recording and forecasting ARVs stock in the country. An electronic registry of OST is used in all health facilities in the country that provide OST services, including the State Penitentiary System. The registry allows for monitoring the effectiveness of therapy, including controlling prescriptions/changes in methadone dosages; controlling the use of illegal substances; monitoring skips in taking the drug; timely information on patients' health status (co-morbidities, including HIV, TB, HBV, HCV); the RCPN administers OST and performs data quality control and monitoring of the work of health facilities. OST also needs to be integrated into the overall e-health system, and existing capacities can be used to predict methadone spending.

The TB service has developed an electronic database similar to the HIV MIS in TB service, but it has not been universally implemented and is not integrated with the National Statistical Committee's reporting system. In addition, it is necessary to ensure the possibility of information exchange and analysis between HIV and TB information systems in order to make timely decisions and provide effective integrated services.

**Preventive program services**

The HIV and TB treatment component is largely integrated at the primary level, but prevention programs are mainly implemented through NGOs, which until recently were not part of integrated services at the level of primary health care to the population. Mechanisms for the provision of services through the state social contracting in the healthcare system have been introduced in the field of HIV since 2018 and will begin to be introduced in the field of TB services in 2023. At the same time, despite the allocation of funds from the state budget for social contracting for HIV programs, the attractiveness of projects within the state social contracting remains low, since wages in these projects are low, there are no approved standards of services in this area, mechanisms have not been developed to ensure the confidentiality of program clients, NGOs do not have practice working with government agencies. At the same time, the structure of the budget cycle creates high risks for interrupting services due to the fact that funding is allocated on an annual basis, which means that tenders can be held in April-May and projects should be completed in December.

**Provision of personal medicine and medical products**

Since 2019, the state procurement of ARV drugs, tests and reagents in the field of HIV is expanding. More than 80% of the demand is covered by the state budget. In 2022, additional funds were allocated and the state procurement of the 2nd-line TB drugs was expanded. In order to create favorable conditions, plans for the transition to state funding of HIV and TB programs were approved. In 2018, the list of essential medicines was revised and clinical treatment protocols are regularly updated. The circulation of medicines and medical devices in the Kyrgyz Republic is regulated by the law "On circulation of medicines" and "On circulation of medical procurement". These laws were revised and adopted by the country's parliament in 2018. They envisage a number of opportunities to expand market access for drugs, including accelerated registration of drugs from countries with strong regulatory practices, exemption from payment of fees for drugs to treat socially significant diseases, admission to the market of drugs without registration by the decision of the commission and determined by the Government. The use of these opportunities for registration of ARV drugs has significantly expanded the list of high-quality ARV drugs available on the local market, which, in turn, has allowed to achieve a significant reduction in the cost of public procurement of ARV drugs. At the same time, in 2021 the Unified Drug Policy of the EEU countries came into force, which significantly reduced the possibility of registering new drugs and created high risks of reregistration of existing drugs. To overcome these risks, the law "On Circulation of Medicines" is being revised and the Government has issued a decree allowing the return of national registration procedures for strategic and vital medicines.

In 2022, the law "On public procurement" was revised again, allowing the procurement of life-saving drugs through international platforms. Currently, preparations are underway for the adoption of subordinate regulations that will determine the mechanism for the procurement of medicines through UN agencies.

**Laboratory systems.**

In the Kyrgyz Republic, there are national, regional and district levels of laboratories for the diagnosis of HIV and TB. In the context of the tasks set, modern laboratory methods for determining HIV status and monitoring the course of HIV infection (RDT, ELISA, PCR, etc.) are used. The joint use of GeneXpert platforms for HIV and TB diagnostics has been introduced everywhere as part of the decentralization of services to the PHC level. HIV drug resistance and tropism are determined by genotyping.

Standardization of all stages of the laboratory process (pre-analytical, analytical, and post-analytical) and measures to manage the main elements of the quality system are implemented in all laboratories In line with the standard "Collection of standard operating procedures for laboratory diagnosis of HIV infection" (Order of the Ministry of Health No. 637 of 26.11.14).

RCCHVHHIV annually evaluates the implementation of the HIV diagnosis algorithm in 34 HIV Diagnostic Laboratories of the country, in the RDT sites of NGOs, mobile sites and maternity wards. The assessment reports are communicated to the management of regional and city AIDS prevention and control centers, laboratory staff, and other stakeholders, which serve as the basis for taking measures to improve HIV diagnosis. Every year, the RCCHVHHIV laboratory participates in international external quality assessment programs.

A number of regulatory documents have been developed and approved in the framework of quality control and quality assurance for HIV diagnosis in the country. Order of the Ministry of Health of the Kyrgyz Republic No. 530 dated 17.04.2019 "On approval of the program for rapid HIV testing in the Kyrgyz Republic", Order of the Ministry of Health of the Kyrgyz Republic № 728 from 28.06.2019. "On approval of the "Methodological Guide for rapid testing for HIV in the Kyrgyz Republic", "Guidelines for certification of specialists and organizations that perform rapid testing for HIV in the Kyrgyz Republic" and "Collection of standard operating procedures for rapid testing for HIV in the Kyrgyz Republic". The existing national external quality assessment program for 2018-2019 is conducted under a cooperative agreement between RCCHVHHIV (at the time of the agreement, Republican AIDS Center of the MoH) and CDC (USA) and covers 25% of all existing ET sites/stations. For the full implementation of ET programs, additional funding is required under the GF grant.

Digitalization and integration of the laboratory information system on HIV and TB into national health information systems has not been completed.

Laboratory equipment was installed in 2009-2011 through the KfW project. Maintenance of greatly depreciated laboratory equipment is not provided from the state budget, moreover, the number of laboratory equipment maintenance engineers is limited in the country. Support is required for the maintenance of laboratory equipment with the development of funding mechanisms from the state budget and the training of a pool of engineers for the maintenance of laboratory equipment for healthcare organizations on HIV and TB issues.

**Strengthening community systems**

NGOs and CBO that carry out their activities in the field of HIV and TB play a meaningful role in the system of providing services in the field of HIV and TB. More than 20 NGOs are implementing HIV and TB prevention, care, and support programs. Representatives of the community and the NGO sector are members of CCMs, and public councils under ministries, and participate in almost all working groups to develop strategies, policies, and regulations related to HIV and TB. For several years, they have been monitoring programs using electronic systems for documenting rights violations REAct, OneImpact, pereboi.kg, and conducting regular monitoring of public procurement in the area of HIV and TB. With the support of the civil sector, a number of key measures have been initiated and implemented to ensure the sustainability of programs, including revisions of legislation in the field of drug circulation, public procurement, the introduction of a state social order, etc.

The country's legislation offers a number of mechanisms to increase community participation in country processes, including the laws "On non-profit organizations", "On public councils" and "On boards of trustees". Unfortunately, over the past 2 years, a number of legislative initiatives have been taken that may narrow the space for NGOs to work and pose a risk to the provision of HIV and TB services. Changes were initiated in the law "On non-profit organizations," which could lead to the closure of a number of organizations, and it was also proposed to repeal the law "On public councils," which would preclude the involvement of the civil sector in the management of health systems. In this context, it is necessary to provide measures to improve the organizational development of NGOs, which will reduce the risk of their closure and expand the participation and role of CCMs in the implementation of health programs in general, and not only in connection with HIV and TB.

At the same time, the potential of civil sector organizations and communities to ensure changes in the identified problems remains insufficient, advocacy potential is limited by the lack of skills to work with state bodies, lack of knowledge of the mechanisms of work of state bodies. There is often no or insufficient motivation for advocacy. Some community organizations, for example, communities of transgender people, are young and need institutional support. The need to ensure access to young representatives of key groups requires the involvement of young employees in organizations, which requires subsequent training and skills formation.

At the same time, the need to effectively use state and donor funds, to improve the quality of services, requires a more in-depth approach to research and monitoring of procurement, and the quality-of-service delivery. The results of these studies can be the basis for government agencies to implement changes.

* 1. **Focus of Application Requirement:** Describe how the funding request complies with the focus of application requirements specified in the Allocation Letter.

The funding request is based on the recommendations of the GF's Allocation Letter and Portfolio Analysis.

More than 50% of the funding request is directed to HIV and TB activities for KPs. The RSSH modules are aimed at improving the overall results of the program for KPs with activities on eliminating barriers, inequalities, and vulnerabilities in access to services related to human rights and gender issues.

Activities in the field of TB are primarily aimed at expanding the detection of TB cases with an emphasis on the detection of DR-TB, with the broad involvement of NGOs in these activities. The country plans to accelerate the transition to new treatment regimens, including 6-month BPaL and BPaLM regimens and 9-month fully oral regimens, and by the end of the project, 60% of patients will receive such treatment. At the same time, the state funding of TB programs will expand, and more than 26% of the SLD will be purchased from the state budget. The request pays attention to the further strengthening of the regional laboratory service (especially in the south of the country, in Osh city), and updating modules for Xpert XDR.

In HIV component, all preventive efforts are aimed at KPs in line with the recommendations of UNAIDS, the GF, with an emphasis on PWUD with expanded access to NPAS users, the use of innovative outreach approaches, while activities for MSM groups will continue and expand. New drug for the country – buprenorphine – will be offered to OST clients, and efforts will continue in the future to offer buprenorphine of prolonged action, which will be supplied by partners. Work with prisoners and transgender people is scaling-up and under current FR, these groups are presented as separate KPs, which will expand coverage and improve the quality of services provided.

New approaches to testing among KPs – installation of vending machines for automated dispersing of tests, condoms, syringes; self-testing, with tests to be disseminated in places where there is greater detection of HIV (PHC, hospitals, STI services) – will improve performance under the first goal 95.

The emphasis on programs on HIV cases detection, treatment adherence, expansion of motivation mechanisms for achieving the goals of the treatment cascade will improve the indicators for the goals of the first two 95-95.

The Kyrgyz Republic continues to make efforts to expand state funding, despite economic difficulties. Already in 2023, 70% of OST funding started in the amount of $300,000 annually, purchases of SLD have increased (in 2022, an additional $350,000 have been allocated), and HIV treatment and diagnosis is covered by 80% from the country's budget. In 2022, salaries of medical workers have been significantly increased, which also has a positive effect on strengthening the human resources of HIV and TB service. In the current funding cycle, in compliance with the letter from the Ministry of Finance of the Kyrgyz Republic, Kyrgyz Republic will continue to expand state funding and create conditions for the effective use of funds, including improving legislation in the field of procurement and drug circulation, the adoption of laws expanding the list of guaranteed services in connection with HIV and TB, assistance in the registration of medicines and the revision of list of essential medicines, reduction of the cost of purchased medicines and medical products as a result of procurement monitoring.

The development of the request was carried out with broad involvement of all stakeholders, especially KPs, extensive discussions were held within the framework of the country dialogue with all communities, state institutions and international partners both at the national and sub-national levels.

* 1. **Matching Funds**: If Matching Funds were designated for the 2023-2025 allocation period:
		1. Describe how integrating the Matching Funds will increase the impact and improve the outcome of the allocation for the Matching Funds area.
		2. Describe how programmatic and access conditions have been met.

The Kyrgyz Republic is one of the GF recipients for the "Breaking Down Barriers" component of the GF initiative. In the current grant cycle, the country implements activities in the amount of more than $1.7 million in total, of which more than $700,000 has been allocated from the main allocation and $1 million has been allocated as part of matching funds. In the new grant cycle, $500,000 are allocated to the country subject to the main allocation matching portion is $700,000 or more. The total amount of activities budgeted under current FR is almost $1.5 million.

During 2 funding cycles of support for this initiative in the country, the GF assessed progress in overcoming legal barriers related to HIV and TB. Preliminary results of the latest assessment show that there is some progress in achieving the goals. Kyrgyzstan joined the Global Partnership's initiative to eliminate stigma and discrimination related to HIV and TB, and an interagency plan to overcome legal barriers to HIV and TB was approved. The Stigma Index 2022 report notes that the study "clearly shows a significant decrease in (recent experience of) stigma and discrimination" compared to a similar study conducted in 2015. The report notes a significant decrease in many indicators in the number of cases of stigmatization and discrimination against PLHIV. Separate studies have shown a decrease in the negative experience of communicating with police officers among people using harm reduction services, and in one of the studies, the percentage of participants who had such experience decreased from 26% in 2019 to 11.3% in 2020.

Despite this progress, the assessment identified a number of critical issues that need to be addressed to improve the quality, scale, and impact of human rights-related barrier removal programs. The insufficient role of grassroots community organizations in the conceptualization, implementation and oversight of programs to remove human rights barriers, and insufficient pay for frontline community workers were noted. Coordination between human rights program implementers remains insufficient. There is no funding from the state for programs related to human rights. Key communities need continued legal protection, now with the use of the adopted new law on State-guaranteed legal aid (SGLA). The legislation related to drug use continues to contain norms restricting access to services, in particular, the norms of narcological registry or compulsory treatment of narcological disorders have not been abolished. Monitoring by civil society is ad hoc and needs a more systematic approach.

The assessment offers a number of recommendations for strengthening activities in overcoming legal barriers. Based on these recommendations, as a result of the country dialogue, measures have been developed that will be aimed at reducing legal barriers and eliminating stigma and discrimination related to HIV and TB. These events, first of all, will allow involvement of public organizations and local communities in all implemented activities as well as continue efforts to improve legislation and significantly increase the capacities of communities, while a number of activities will be integrated into the state system of legal aid. Communities at all levels will participate in decision-making mechanisms. A number of measures will be taken to ensure the protection of both communities and organizations in the context of a changing political system.

Section 2. Maximizing impact

* 1. **To meet national and global goals and objectives**: Describe how the prioritized funding request contributes to the following areas: (1) ending AIDS, TB and malaria; and (2) strengthening the integration of health and/or community systems; and/or (3) advancing health equity, gender equality, and human rights; and/or (4) pandemic preparedness. Limit this response to the focus areas indicated in the Allocation Letter or otherwise agreed upon with the Global Fund.

**HIV.** The draft Government Program to Overcome the HIV epidemic and Parenteral viral hepatitis for 2023-2027 (attached as part of the FR, document FR1405-KGZ-C\_09A\_NSP\_HIV\_2023-2027\_DRAFT\_RUS) for the HIV component defines a number of objectives, including the achievement of 95-95-95 targets. In particular, the Program aims to achieve the 95% coverage of HIV-positive pregnant women and their newborns with ART to suppress the viral load, provide all children with HIV with the necessary medical and social support, 95% coverage of people at high risk of HIV infection with effective prevention programs, including harm reduction programs, rapid testing and sexual and reproductive health services, elimination of stigma and discrimination against PLHIV and key population groups in three priority areas, including health, justice and household systems. Program also includes the activities to ensure effective coordination and sustainability of HIV-related programs, including the transition to full coverage by state funding of all HIV-related services. In general, the Program is aligned with the UNAIDS goals. Moreover, in 2021, the Kyrgyz Republic joined the Global Partnership initiated by UNAIDS and other partners to eliminate stigma and discrimination.[[55]](#footnote-56)

In order to achieve the HIV Program goals, within the framework of this FR, it is planned to expand the HIV detection in key population groups through expanding access to previously not covered key groups through online outreach, introducing the use of vending machines, providing tests, syringes and condoms. In the first year 10%, and then 15% and 20% of key groups will be covered by testing and prevention programs using the online outreach approach. Self-testing will be scaled up and mechanisms to confirm the testing results and for assisted referral of the HIV positive individuals for enrollment to treatment will be established. The mechanisms of incentives for achieving the treatment cascade targets (detection, enrollment to treatment, viral suppression) for out-reach workers and medical specialists will be scaled up as well. The AIDS service's testing interventions at hospitals and STI treatment facilities have resulted in significant detection of new HIV cases, and these efforts will continue, as well as expand to include the rapid testing based on clinical indications at the PHC level. These measures should significantly improve the HIV detection and ensure achievement of the treatment cascade targets. Traditional prevention services, including the provision of the minimum package of services, will be continued, while access to diagnostic and treatment services for TB, STIs, Hepatitis B, SRH will be scaled up in line with the changing needs of the key groups. OST program plans for scaling up the use of buprenorphine with prolonged effect in order to make the program more attractive and to increase the enrollment of the new PWID clients. The FR also plans for separate prevention activities among transgender persons and prisoners as separate target groups. As a precondition for the proper planning, a PWID size estimation, supported by CDC, will be carried out in the first year of the Project with the consequent revision of the project activities In line with the new data. Special attention will be paid to ensuring proper coordination between the activities of various donors in the field of HIV.

The whole set of activities is aimed at support to enrollment and adherence to HIV treatment, a number of care and support services are planned to be provided by NGOs, including those led and run by PLHIV community, and support of multidisciplinary teams. Given the increased role of the PHC institutions in the HIV diagnostics and treatment, the capacity of the of PHC medical specialists should be strengthened. PLHIV will be offered a wide range of services, including STI diagnostics and treatment, prevention and diagnostics of cervical cancer, consultations of different medical specialists. Children with HIV will continue to receive motivational payments in support of treatment adherence, while HIV positive adolescents will be provided by vocational training courses on demand. In order to further increase the effectiveness of the AIDS service and strengthen the diagnostics and treatment capacity, medical specialists providing HIV services will be incentivized using "payment for results" mechanisms, PLHIV and KP friendly offices will be offered within the state STI clinics, palliative care for PLHIV in the terminal stage will be provided on demand. The introduction of the motivational payments’ mechanism is aimed to enhance the effectiveness of the treatment cascade.

**TB.** In March 2023, the Program "Tuberculosis-VI" for 2023-2026 (attached as part of the FR, document FR1405-KGZ-C\_09B\_NSP\_TB\_2023-2026\_RUS) was approved by the Cabinet of Ministers of the Kyrgyz Republic on March 03, 2023. Program goals are planned to be achieved by creating an integrated, person-oriented system of providing TB care, improving emergency response capacities, developing of active state policies on tuberculosis control, social support, reducing stigma and discrimination with participation of all interested ministries and entities, civil society, non-governmental organizations and medical service providers, regardless of type of ownership, active participation of individuals, patients and their close environment and civil society in prevention, detection and treatment of tuberculosis infection, improving adherence to treatment, behavior and attitudes changing aimed at increasing responsibility for personal health and health of those in close environment. By 2026, TB program aims to reduce the TB incidence to 74.7 per 100,000 population and TB mortality to less than 3.5 per 100,000 population.

To support reaching TB Program goals, this FR concentrates on two major areas – expanding the TB (mainly DR-TB) detection, ensuring full treatment coverage of all DR-TB cases and further improvement the treatment success rate. Engagement of NGOs in identification of new TB cases in the most epidemiologically affected areas will be significantly expanded and their activities will be further supported with the support of social contracting mechanisms. In parallel, the FR plans for activities aimed at active TB case finding and support to people with TB among key population groups, especially among PWID and prisoners, within NGOs working on HIV programs which would further strengthen the HIV/TB component. Strengthening capacity of TB services and PHC facilities to perform radiography using the artificial intelligence will also increase the detection of new TB cases, especially at early stages. This FR plans for significant scale up of the BPaL and BPaL(M) regimens in the treatment of DR-TB with planned 60% coverage countrywide. This should significantly increase treatment adherence as well as treatment success rate. Transition to state funding will continue with further increase of state participation in TB program financing, support to registration of the SLD and scale up of the social contracting implementation.

The improvement of legislation, within the revision of the entire package of healthcare related laws, should ensure increased access to HIV, TB and narcology related services. In parallel, timely revision of clinical guidelines, scale up of social contracting, improvement of the regulatory framework for the treatment of HIV-related diseases, increase of state funding for HIV and TB programs, establishment of mechanisms for the procurement of medicines and health products through international procurement platforms should ensure the sustainability of HIV and TB services.

**Community systems strengthening.** In 2021, the Kyrgyz Republic, along with the majority countries of the world, committed to the UNAIDS Political Declaration. The draft Government Program to Overcome the HIV epidemic and Parenteral viral hepatitis for 2023-2027, mentioned above, includes a separate strategic direction to eliminate stigma and discrimination against PLHIV and key population groups. The Program's activities under this strategic direction include strengthening of community systems, expanding participation of communities in country decision-making mechanisms and development of national HIV strategies, elimination of stigma and discrimination against key population groups and related legal protection, as well as community led monitoring. The activities within the FR cover the large part of the Program, including 2 modules related to justice, gender equality and human rights. A set of activities related to scale up of the community led monitoring (monitoring the quality of HIV services, conducting various surveys in this area, strengthening response platforms to overcome barriers to access to services) was envisaged. One of the modules, due to the availability of additionally allocated matching funds, is entirely focused to eliminating legal barriers related to HIV and TB and its activities are based on the recommendations of the report on the implementation of the current set of measures aimed at improving the legal environment[[56]](#footnote-57). Activities envisaged should ensure the legal protection and decriminalization of key population groups, capacity building of the relevant communities, ensure networks’ and communities’ participation in country decision-making mechanisms. Different activities will be implemented in support to eliminating HIV and TB related stigma and discrimination.

* 1. **Sustainability, Domestic Financing, and Resource Mobilization**:
1. Briefly highlight major achievements and challenges to the sustainability of the national response. Describe efforts to address the challenges through this funding request, efforts to strengthen health financing, or other initiatives planned by the country.

Since 2018, Kyrgyz Republic has taken a number of steps to ensure the sustainability of HIV and TB programs. As part of the Government's Program to Overcome the HIV epidemic for 2017-2021, a plan for transition to public funding was approved, while the draft HIV and TB programs for 2023-2027 (both mentioned above) also provide for separate activities and directions for increasing public funding. During the recent years, state funding for HIV programs has been significantly increased with more than 80% of the ARV drugs and tests covered by state funds as well as with already started implementation of the social contracting. In 2022, additional $700,000 from the state budget were allocated for the procurement of anti-tuberculosis drugs, programs and standards of the social contracting in the field of TB. The state budget for 2023, in addition to funds for HIV and TB, provides approximately $300,000 for the OST program. In parallel, in the recent years, different measures have been taken to expand the range of ARV drugs at the local market, resulting in the cost of state procured ARV drugs (TLD) being among the lowest in the region and below $100 per treatment course per year. Amendments have been made to the “Law on Public Procurement", providing the possibility for procuring medicines through international procurement platforms. However, a number of challenges to ensure the full sustainability of the programs remain to be addressed. The amount of allocated state funding for both programs remains insufficient and the existing funding gap remains significant (e.g. SLD and DR-TB diagnostic tests are almost entirely purchased from the GF grants). Local market still does not provide with enough high-quality SLD, while reagents and tests are not registered in the country. The situation is aggravated by the unified Eurasian Economic Union (EEU) drug policy effective as of 2021 and since that time there are practically no opportunities to register any medicines and health products at the local market. To address these issues, the Ministry of Health and the Cabinet of Ministers initiated a revision of laws and regulations that will allow the registration of drugs according to national procedures, while also working with the international partners on introducing a mechanism for procurement of medicines through international procurement platforms.

Kyrgyz Republic has been gradually increasing the state funding for health care programs resulting in 50-70% salary increase in the public health in 2022. Number of measures to optimize public procurement of medicines have also been taken, including the centralized procurement from manufacturing plants, which should reduce the cost of drugs and make the use of public funds more effective.

It should be noted that the country developed and submitted for approval a package of laws in the health sector, which will expand the scope of health guaranteed services for the population, including HIV and TB, harm reduction and OST programs. Lists of essential medicines, medical and social guarantees program for the population and other normative legal acts related to the provision of medical services to the population will be revised. As part of this FR, the country commits to expanding government funding for HIV and TB programs.

1. Describe how co-financing commitments for the 2020-2022 allocation period have been realized. Highlight additional domestic investments in the national responses and specific programmatic areas supported by domestic co-financing. If co-financing commitments have not been fully met, provide a justification as to why.

In line with the GF allocation letter dated December 13, 2019, Kyrgyz Republic was offered access to full funding subject to additional state budget allocation in the amount of $3,965,459. These funds should have been used to finance HIV and TB programs, including the procurement of ARV drugs and increased investments in human resources for healthcare in order to maximize the impact of HIV and TB programs. It should be noted that, according to the laws on the republican budget for 2021, 2022, and 2023, the Kyrgyz Republic had even exceeded its commitment to increase the state funding for HIV and TB programs. For HIV program, additional 63 million[[57]](#footnote-58) KGS (appr., $736,000 at EXR 85.68 on December 31, 2022) were allocated in 2021, 80 million KGS[[58]](#footnote-59) (appr., $945,800 at EXR 84.7586 on December 31, 2021[[59]](#footnote-60)) in 2022 for procurement of ARV drugs, tests and reagents, which allowed to cover more than 80% of the needs. In parallel, the implementation of the NGO social contracting has been continued. In 2022, the Government increased state funding for the procurement of medicines and health products for TB services by 30 million KGS ($350,000)[[60]](#footnote-61) compared to previous years, which was continued in 2023 and should cover the implementation of the social contracting in TB area. A significant step in increasing the state participation was allocation of 25 million KGS ($290,000)[[61]](#footnote-62) for OST programs in 2023. In addition, wages in the healthcare system, including HIV and TB programs, significantly increased by the Order #182[[62]](#footnote-63)of the Cabinet of Ministers of the Kyrgyz Republic dated March 30, 2022 with 3.4 billion KGS ($39.5 million)[[63]](#footnote-64) added to wages in 2022. This level of increase in the healthcare wage fund is maintained in 2023 as well. It should also be added, that the law on State Guaranteed Legal Aid[[64]](#footnote-65) has been adopted on August 10, 2022, and currently the development of regulatory and legal documents for the implementation of the state social contracting in probation facilities is underway, which will also make it possible to cover key groups of the population with services.

1. Describe how co-financing will increase over the 2023-2025 allocation period. Indicate the focus of additional domestic investments in specific programmatic areas. Describe the planned actions to address the remaining funding gaps from domestic or other resources. Describe how co-financing commitments will be tracked and reported.

As per the GF allocation letter of December 20, 2022, the Kyrgyz Republic is requested to increase domestic investment by $4,110,114 in order to access the full amount of funding.

In order to increase domestic investments, the draft Program of the Cabinet of Ministers in the field of HIV for 2023-2027 defines the 4th strategic direction to ensure the coordination and sustainability of HIV-related programs. This direction aims at continuing to improve the regulatory framework in order to ensure a full transition to state funding of HIV-related programs, including ensuring the necessary procurement of medicines and health products through international platforms, facilitating the registration of ARV drugs and tests, revising the list of essential medicines, expanding social contracting of NGOs for the implementation of prevention programs, care and support related to HIV, including via local authorities. The SGBP will be expanded to include the provision of OST and all ARV medicines and medicines for opportunistic infections defined in the national clinical protocols. In that regard, ambitious goal has been set that by 2026, 80% of diagnostics and treatment of PLHIV, as well as prevention programs for key population groups through social contracting mechanism, including in the penitentiary system, will be covered by state funds. Recently approved program of the Cabinet of Ministers of the Kyrgyz Republic "Tuberculosis-6" for 2023-2026 plans for a gradual transition of the system of transportation of biomaterials and TB drugs to state financing, expansion of the basic package of health services for TB in the SGBP and ensuring full financing of the provision of TB care and support according to the updated SGBP. As noted in the previous sub-section, the Cabinet of Ministers of the Kyrgyz Republic during 2021-2023 significantly increased investments in HIV and TB programs, including financing increased salaries in the healthcare system. This activity will continue despite the global economic crisis, rising inflation, and the impact of sanctions on the country's trade. It is planned to further increase the public procurement of SLDs and tests, reagents for the diagnostics and monitoring of TB treatment – at least $2 million will be additionally allocated from the state budget for these purposes. Besides, at least 4 NGOs will be supported through social contracting to support active TB case finding and adherence to treatment with, at least, $100,000 per year. In order to increase RCCVHHIV capacity for diagnostics and treatment of HIV, HBV, at least KGS 200 million ($ 2.3 million) will be allocated annually in the state budget, starting from 2023.

It was mentioned earlier that in 2023 there will be a revision of laws in the sphere of healthcare, which expand the package of guaranteed HIV and TB services. During 2023-2024, after the adoption of new laws, the SGBP will be revised, in which HIV and TB services will be expanded at the PHC level.

It should be also noted that significant number of activities under PEPFAR programs in the field of HIV, and USAID programs in the field of TB are being implemented on the territory of the Kyrgyz Republic. Under the PEPFAR program, CDC and FHI 360 are implementing activities related to scaling up of PrEP, improving the indicators of the treatment cascade in a number of regions of the country with the total annual funding of, approximately, $4 million. In addition, the USAID "Cure TB" project is in the final stages of completion and will finish its activities in 2024. Significant support to strengthening of health care system related to HIV and TB is provided by GIZ, but its programs will be completed in 2023. In collaboration with international partners, agreements have been reached that a regular mapping and synchronization of activities during the implementation will be conducted, based on government HIV and TB strategies, in order to avoid the duplication of activities and achieve the maximum efficiency of the external funding as well as to properly fill the gaps within the public funding.

In line with the GF allocation letter, the Ministry of Finance together with the CCM and the GF country team will discuss possible forms of reporting on the fulfillment of commitments to increase public funding in the coming months.

Section 3. Implementation

* 1. **Implementation Arrangements**: Describe changes to implementation arrangements which will maximize implementation effectiveness and optimize efficiency.

For a number of reasons (the full involvement of the MoH of the Kyrgyz Republic in the response to the COVID19 pandemic in the country and the associated delay in transferring the implementation of HIV and TB treatment, care and support activities by public health organizations to the MoH, as well as the planned reorganization of the structure of the Ministry itself), the planned gradual transition of the PR roles did not happen. Only at the end of 2022, the CHMTD (which was initially planned to manage the GF funds as the Principal Sub-Recipient), signed the SR Agreement with UNDP and began implementing activities to increase its capacity in managing the GF funds and addressing a number of issues that hinder the full transfer of the management of grant activities to the state (the issue of VAT, budget cycle, etc.).

At the CCM meeting held January 20, 2023[[65]](#footnote-66), the CCM, after receiving the GF allocation letter, decided to further extend the role of UNDP as the Principal Recipient for the grant cycle 2024-2026. During the same CCM meeting, it was decided that the CHMTD would act as the Principal Sub-Recipient, managing the activities of the state institutions implementing activities under the GF grant (RCCVHHIV, NTBC, RCPN). The transfer of these organizations under the management of CHMTD will be carried out gradually, one per year, thus, by the end of the grant, all three state institutions directly involved in prevention and treatment will be managed by the CHMTD. In parallel, the CHMTD should address a number of issues which remain the preconditions for transition of PR role, including exemption from taxation of goods and services purchased at the expense of GF, ensuring the continuity of NGO funding within the framework of social contracting, introducing a mechanism for procurement of medicines and health products through international platforms, etc.

The proposed management arrangement should optimize the grant management costs as well as build the capacity of the MoH of the Kyrgyz Republic for the subsequent full transition to the MoH management of the GF funds.

* 1. **Community-Based and -Led Organizations:** Describe the role that community-based and community-led organizations will have in implementing programs supported by the Global Fund.

Currently, 15 NGOs, including community-based organizations, have been directly involved in the provision of HIV and TB services within the framework of the GF funding. 5 networks have been engaged in the implementation of the component on overcoming legal barriers and creating a supportive environment for the programs. All prevention programs for SW, MSM, TG and most of the activities for PWID, PLHIV related to care and support have been implemented by NGOs. Motivational payments for achievement of treatment cascade results and motivational payments for DR-TB patients are implemented through networks. Majority of the advocacy activities related to increasing the state funding, revision of legislation, introduction of the social contracting are implemented by NGO networks as well. In the current grant cycle, the participation of NGOs in activities related to TB-related activities and primarily aimed at TB detection, ensuring adherence to treatment is significantly increased. At the same time, communities and NGOs will continue to actively participate in the implementation of HIV prevention, treatment, care and support activities. Separate NGOs will provide HIV and TB services for prisoners and for transgender people.

Given that the implementation of the social contracting is still at an early stage, the majority of prevention programs among key groups will continue to be implemented with GF funding through NGOs. Communities and networks will be the main implementers of community monitoring, protection of the human rights of the key population groups and will actively participate in ensuring the supportive environment for improved access to services. This FR significantly expands the role of community-based organizations in facilitating communication with the local authorities.

Community representatives are and will continue to be involved in country decision-making mechanisms, including CCM, interagency working groups for implementing the plan to overcome legal barriers related to HIV and TB, platforms for developing national HIV and TB strategies.

# Annex 1. Documents Checklist

Use the list below to verify the completeness of your application package. This checklist only applies to applicants requested to apply using the Tailored for Focused Portfolios application approach. Refer to the [Tailored for Focused Portfolios Instructions](https://www.theglobalfund.org/media/8598/fundingrequest_focusedportfolio_instructions_en.pdf)[[66]](#footnote-67) for details, applicability and resources.

#### Documents Reviewed by the Technical Review Panel

|  |  |
| --- | --- |
| [x]  | Funding Request Form |
| [x]  | Performance Framework |
| [x]  | Detailed Budget |
| [x]  | Programmatic Gap Table(s) |
| [x]  | Funding Landscape Table(s) |
| [x]  | Prioritized Above Allocation Request (PAAR) |
| [x]  | Implementation Arrangements Map(s) |
| ☐ | Assessment of Human Rights-Related Barriers to Services (if available)  |
| [ ] ☐ | Gender Assessment (if available) |
| [x]  | Essential Data Table(s) |
| [x]  | National Strategic Plans |
| [ ]  | Innovative Financing Documentation (if applicable) |
| [ ]  | Supporting Documentation Related to Sustainability and Transition (***if available*** for Tailored for Focused Portfolios funding requests and ***required*** for Tailored for Transition funding requests) |
| [x]  | List of Abbreviations and Annexes |

#### Documents Assessed by the Global Fund Secretariat

|  |  |
| --- | --- |
| [x]  | Funding Priorities from Civil Society and Communities Annex |
| [x]  | Country Dialogue Narrative |
| [x]  | CCM Endorsement of Funding Request |
| [x]  | CCM Statement of Compliance |
| [x]  | Co-financing requirement documentation |
| [ ]  | Sexual Exploitation, Abuse and Harassment (SEAH) Risk Assessment (optional) |

1. http://koomtalkuu.gov.kg/ru/view-npa/1814 [↑](#footnote-ref-2)
2. http://koomtalkuu.gov.kg/ru/view-npa/1813 [↑](#footnote-ref-3)
3. http://koomtalkuu.gov.kg/ru/view-npa/1812 [↑](#footnote-ref-4)
4. https://pereboi.kg/2022/07/13/otchet-po-zakupkam-preparatov-dlya-lecheniya-vich-i-gepatita-s-v-kyrgyzstane-v-2021-godu/ [↑](#footnote-ref-5)
5. https://www.minfin.kg/pages/utverzhdennyy-byudzhet# [↑](#footnote-ref-6)
6. https://www.minfin.kg/pages/utverzhdennyy-byudzhet# [↑](#footnote-ref-7)
7. http://cbd.minjust.gov.kg/act/view/ru-ru/215621 [↑](#footnote-ref-8)
8. The Programme of the Cabinet of Ministers for overcoming the epidemics of Viral Hepatitis and HIV for 2023-2027, draft – please refer to the document “FR1405-KGZ-C\_09A\_NSP\_HIV\_2023-2027\_DRAFT\_RUS” [↑](#footnote-ref-9)
9. Annex 01. Order of the Ministry of Health of the Kyrgyz Republic № 1354 from 21.11.2022 "On the re-registration of the Institution "Republican Center "AIDS" Ministry of Health and Social Development of the Kyrgyz Republic". [↑](#footnote-ref-10)
10. https://www.minfin.kg/pages/utverzhdennyy-byudzhet# [↑](#footnote-ref-11)
11. Annex 02. Order of the Ministry of Health of the Kyrgyz Republic № 191 of 27.02.2023 "On the activities of health care organizations in the provision of medical services related to viral hepatitis B and C for the population of the Kyrgyz Republic” [↑](#footnote-ref-12)
12. http://cbd.minjust.gov.kg/act/view/ru-ru/98211?cl=ru-ru [↑](#footnote-ref-13)
13. http://www.pharm.kg/ru/live\_important/ [↑](#footnote-ref-14)
14. http://cbd.minjust.gov.kg/act/view/ru-ru/112361 [↑](#footnote-ref-15)
15. http://cbd.minjust.gov.kg/act/view/ru-ru/215621TB Service Optimization Plan 2017-2026 adopted by the Government of the KR Order from 17 Jan. 2017, # 9-p. (RU) [↑](#footnote-ref-16)
16. http://hivtbcc.kg/proekti/72-mezhvedomstvennyi-plan-po-preodoleniyu-pravovyh-barerov-svjazannyh-s-vich-i-tb.html [↑](#footnote-ref-17)
17. https://hac.health/wp-content/uploads/2023/03/Mapping-report-1.pdf [↑](#footnote-ref-18)
18. Annex 03. KYRGYZSTAN Program Progress Assessment Global Fund Breaking Down Barriers Initiative. Preliminary findings and recommendations. [↑](#footnote-ref-19)
19. https://www.icnl.org/wp-content/uploads/Analysis-of-the-KR-Draft-Law-on-Foreign-Representatives-Rus.pdf [↑](#footnote-ref-20)
20. <http://cbd.minjust.gov.kg/act/view/ru-ru/74> , article 36, paragraph 3 [↑](#footnote-ref-21)
21. https://aidscenter.kg/wp-content/uploads/2022/07/BBS-MSM-2021-OnePager-2-1.pdf [↑](#footnote-ref-22)
22. Annex 04. Online Outreach Algorithm [↑](#footnote-ref-23)
23. Online outreach in the context of harm reduction among NPAS users <https://ehra-uploads.s3.eu-central-1.amazonaws.com/c46fb468-30a1-4e9d-9d7b-006184134c4a.pdf> [↑](#footnote-ref-24)
24. Recommendations for creating online harm reduction services <https://ehra-uploads.s3.eu-central-1.amazonaws.com/5c08f4fc-6521-4130-a559-7837cef982bc.pdf> [↑](#footnote-ref-25)
25. FHI360, as part of the EpiC project, is currently piloting a project to distribute self-tests through 2 vending machines (locker type) in a social pharmacy in Osh and in Asia Mall in Bishkek. ICF “International Alliance for Public Health” within Regional grant SoS2.0 (financed by the GF) will supply 4 vending machines (2 for Bishkek and 2 for Osh city, all to be installed at the PHC facilities). [↑](#footnote-ref-26)
26. https://aidscenter.kg/wp-content/uploads/2022/07/BBS-PWID-2021-2-1.pdf [↑](#footnote-ref-27)
27. Annex 05. Anti-Drug Program of the Cabinet of Ministers of the KR, approved by the Decree of the Cabinet of Ministers of the KR from 10.08.2022, № 445 "On approval of the Anti-Drug Program of the Cabinet of Ministers of the Kyrgyz Republic and the Action Plan for its Implementation for 2022-2026", page 2, paragraph 1.3.1. [↑](#footnote-ref-28)
28. PUDR GF/UNDP [↑](#footnote-ref-29)
29. https://www.minfin.kg/pages/utverzhdennyy-byudzhet# [↑](#footnote-ref-30)
30. Annex 06. Analysis of HIV activities of PS sites of the Ministry of Justice of the Kyrgyz Republic. RCCVHHIV, Jan. 2023 [↑](#footnote-ref-31)
31. Annex 03. KYRGYZSTAN Program Progress Assessment Global Fund Breaking Down Barriers Initiative. Preliminary findings and recommendations. [↑](#footnote-ref-32)
32. Annex 07. Interdepartmental action plan to overcome legal barriers to HIV and TB services in the Kyrgyz Republic for 2022-2025. Approved by the joint order of the Ministry of Health of 14.03.2022 No. 311; the Ministry of Internal Affairs of 14.03.22 No. 219; the Ministry of Justice of 14.03.2022 No. 34. [↑](#footnote-ref-33)
33. Annex 08. Order of the MoH # 131, from 14.02.2023 г. «On the establishment of a working group to monitor the implementation of the Action Plan to overcome legal barriers to HIV and TB services in the Kyrgyz Republic for year 2023-2025”. [↑](#footnote-ref-34)
34. <https://itpc-eeca.org/2021/06/10/obzor-zakonodatelstva-reguliruyushhego-obrashhenie-lekarstv-v-evrazijskom-ekonomicheskom-soyuze/> [↑](#footnote-ref-35)
35. Annex 09. Hayrapetyan A., Khachatryan N., Volik M. Tuberculosis patient pathway analysis. Country Report: Analysis of the Patient Pathway, Kyrgyz Republic. Center for Health Policy and Research, 2021. [↑](#footnote-ref-36)
36. UNAIDS Data 2022 [↑](#footnote-ref-37)
37. UNAIDS Data 2022 [↑](#footnote-ref-38)
38. https://aidscenter.kg/statistika/?lang=ru [↑](#footnote-ref-39)
39. https://aidsinfo.unaids.org/ [↑](#footnote-ref-40)
40. https://aidscenter.kg/?lang=ru [↑](#footnote-ref-41)
41. https://aidscenter.kg/?lang=ru [↑](#footnote-ref-42)
42. Annex 10. Republican AIDS Center (RAC) of the Kyrgyz Republic. Bio-behavioral Survey. 2021 [↑](#footnote-ref-43)
43. Annex 10. Republican AIDS Center (RAC) of the Kyrgyz Republic. Bio-behavioral Survey. 2021 [↑](#footnote-ref-44)
44. https://aidscenter.kg/statistika/?lang=ru [↑](#footnote-ref-45)
45. UNODC. Central Asia Synthetic Drug Situation Assessment 2017. Available online at: https://www.unodc.org/unodc/en/scientists/Central-Asia-synthetic-drugs-situation-assessment.html [↑](#footnote-ref-46)
46. https://www.stigmaindex.org/country-reports/#/m/KG [↑](#footnote-ref-47)
47. The program of the Government of the Kyrgyz Republic on overcoming HIV infection in the Kyrgyz Republic for 2017-2021 http://cbd.minjust.gov.kg/act/view/ru-ru/11589 [↑](#footnote-ref-48)
48. http://cbd.minjust.gov.kg/act/view/ru-ru/12976 [↑](#footnote-ref-49)
49. Corbett C et al., 2020. [↑](#footnote-ref-50)
50. The Program of the Kyrgyz Republic Government on Public Health Protection and Health Care System Development for 2019-2030 “Healthy Person – Prosperous Country”. Bishkek: Kyrgyz Republic Government; 2018 (http://zdrav2030.med. kg/index.php/en/2-uncategorised/23-the-program-of-thekyrgyz-republic-government-on-public-health-protectionand-health-care-system-development-for-2019-2030- healthy-person-prosperous-country). [↑](#footnote-ref-51)
51. Compendium of the Roadmap for Health and Well-being in Central Asia (2022–2025). Copenhagen: WHO Regional Office for Europe; 2022. Licence: CC BY-NC-SA 3.0 IGO., pp. 25-42 (https://apps.who.int/iris/bitstream/handle/10665/364327/WHO-EURO-2022-5904-45669-65599-eng.pdf?sequence=1&isAllowed=y) [↑](#footnote-ref-52)
52. Biennial Collaborative Agreement between the Ministry of Health of the Kyrgyz Republic and the Regional Office for Europe of the World Health Organization 2022/2023 [DRAFT]. Copenhagen: WHO Regional Office for Europe; 2022. [↑](#footnote-ref-53)
53. https://aidscenter.kg/wp-content/uploads/2021/02/Prikaz\_-542\_ot\_22\_04\_2019\_detsentralizatsiya\_uslug\_dlya\_LZHV.pdf [↑](#footnote-ref-54)
54. http://cbd.minjust.gov.kg/act/view/ru-ru/215621 [↑](#footnote-ref-55)
55. The Global Partnership for Action to Eliminate all Forms of HIV-related Stigma and Discrimination | UNAIDS [↑](#footnote-ref-56)
56. Annex 03\_KGZ BDB Progress Assessment Preliminary Recommendations\_2023\_ENG [↑](#footnote-ref-57)
57. Annex 11\_HIV State Financing\_2021 [↑](#footnote-ref-58)
58. Annex 12\_HIV State Financing\_2022 [↑](#footnote-ref-59)
59. https://www.nbkr.kg/index1.jsp?item=1562&lang=ENG [↑](#footnote-ref-60)
60. https://www.minfin.kg/pages/utverzhdennyy-byudzhet# [↑](#footnote-ref-61)
61. https://www.minfin.kg/pages/utverzhdennyy-byudzhet# [↑](#footnote-ref-62)
62. https://www.minfin.kg/pages/utverzhdennyy-byudzhet# [↑](#footnote-ref-63)
63. https://www.minfin.kg/pages/utverzhdennyy-byudzhet# [↑](#footnote-ref-64)
64. http://cbd.minjust.gov.kg/act/view/ru-ru/112412?cl=ru-ru [↑](#footnote-ref-65)
65. Annex 12\_CCM Minutes\_2023-01-20\_PR selection [↑](#footnote-ref-66)
66. Tailored for Focused Portfolios Instructions - <https://www.theglobalfund.org/media/8598/fundingrequest_focusedportfolio_instructions_en.pdf> [↑](#footnote-ref-67)