

REPORT

Assessment of readiness of HIV and TB programs for transition to state financing in the Kyrgyz Republic

[...]

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The epidemiological situation in the field of TB

The Kyrgyz Republic is one of the 18 countries in the WHO European Region, where tuberculosis is a high priority, and one of the 27 countries with a high burden of multi-drug resistant tuberculosis (MDR-TB). According to the WHO European Bureau, the incidence of tuberculosis in Kyrgyzstan is estimated at 131, prevalence is 132.7 and mortality is 8.2 per 100 000 people; the prevalence of MDR TB among new cases of tuberculosis is 26%, and among the previously treated cases of TB, 68%.

In 2013, there were 5710 newly diagnosed tuberculosis patients in the Kyrgyz Republic, compared with 5,434 in 2009. The incidence rate in the republic slightly decreased from 100.9 to 99.8 per 100 thousand of the population in 2013 compared with 2009.

Over the past 5 years, the highest incidence rate in Bishkek and Chui oblast is 121.6 and 132.3 per 100,000 people, respectively, which is associated with a large migration of population from other regions of the country.

Despite a significant reduction in the incidence of tuberculosis among children (from 82.2 in 2002 to 34.7 per 100 000 people in 2013 or 2.4 times), the incidence remains high and has a growth trend in the last 2 years from 30, 1 per 100 000 people in 2011 to 38.2 in 2012 and 34.7 in 2013.

There is a tendency towards an increase in the number of cases of tuberculosis with drug-resistant tuberculosis (MDR, broad drug resistance -TB). So for the last 5 years, the detection of MDR-TB cases has increased almost 1.5-fold from 835 cases in 2009 to 1223 in 2013. The trend of resistant forms of tuberculosis spread among newly diagnosed patients is especially alarming. The share of MDR patients among new TB cases and previously treated patients with tuberculosis in 2011 was 26% and 54.3%, respectively.

In 2013, the death rate was 7.7 per 100 thousand of the population compared to 8.7 per 100 thousand of the population in 2009. The death rate in Batken oblast has increased 2 times from 4.2 in 2009 to 8.4 per 100 000 people in 2013. Excess of the national index, although without growth of this indicator, was noted in Chui (13.6 for 100,000 people), in Naryn (10.4 per 100,000 people) and Talas oblasts (9.5 per 100,000 people), as well as in the cities Bishkek and Osh (10.4 and 8.8 per 100 thousand people respectively).

External financing

Over a long period, the total expenditure on healthcare in Kyrgyzstan has steadily increased and between 2000 and 2012, have grown seven times. The level of state expenditure on health in Kyrgyzstan varied between 10 and 15% of total public expenditure during the period 1995-2012. After reaching a peak level in 2006, the state's health expenditures accounted for about 12% of total public expenditure, starting in 2010 onwards.

At the same time, most of the financing of HIV programs and a significant part of the funds for TB control is provided by international partners. So, 71% of all HIV / AIDS spending in 2012 was covered by the funds of international partners. And although, since 2015, the state has begun to provide all the needs for first-line anti-tuberculosis drugs, they constitute an insignificant share of the overall drug demand for TB treatment, given the significant increase in MDR and broad drug resistance -TB. The entire volume of second-line anti-tuberculosis drugs is purchased at the expense of the Global Fund. This means that compared with the overall funding of health programs in Kyrgyzstan, which are 60% funded by the state, a relatively large proportion of HIV and TB costs are financed from outside. The Global Fund is the main partner of external financing for Kyrgyzstan in response to HIV and TB, which accounts for over 80% of external support. In 2012, 83.7% were provided by the Global Fund, another 4.6% were provided by the US government and 11.7% by other partners.

III. Evaluation results

4.1. External conditions

4.1.1. Political conditions

The level of public expenditure on healthcare in Kyrgyzstan varied between 10 and 15% of total state expenditures during the period 1995-2012. After reaching a peak level in 2006, the state's healthcare expenditures accounted for about 12% of total public expenditure, starting in 2010 onwards. At the same time, 60.1% of health expenditures in 2012 were incurred by the state. 34.8% of expenses were private out-of-pocket expenses. The contribution of non-profit organizations has increased since the early 2000s and reached 5.1% of total health expenditure in 2012. Expenditure on healthcare increased significantly in absolute terms from \$ 89 to \$ 462 million between 1995-2012. In addition, there was a moderate increase in percentage of GDP from 6.0% in 1995 to 7.1% in 2012.

External aid to Kyrgyzstan has increased since the early 2000s and peaked in 2011, to \$ 477 million. Healthcare, population policy and HIV / AIDS together accounted for about one-tenth of all external assistance over the past decade, which reached 8.7% in 2012.

Legislation of the Kyrgyz Republic in the field of HIV infection and TB generally conforms to the norms of international law and creates conditions for the implementation of prevention, treatment and care programs. However, initiatives to review legislation concerning key population groups have been recorded. A number of studies on compliance with national legislation and regular documentation of human rights violations

of key groups indicate a significant level of unlawful law enforcement practices by internal affairs bodies, including illegal detention, threats, degrading treatment and violence. In recent years, Kyrgyzstan has received a number of recommendations of the UN Charter and Treaty Bodies on Human Rights aimed at improving the legal status of key groups. At the same time, a high level of stigma and discrimination is one of the main obstacles to access to prevention, treatment and support services for people living with HIV, TB patients and key population groups. Refusal of representatives of key groups from testing for HIV and TB; from participation in prevention and treatment programs leads to late treatment seeking, increased mortality from AIDS and tuberculosis. So, in 2015, 22.8% of PLHIV were registered in the advanced (3-4) clinical stage of HIV infection; there are difficulties with retention on antiretroviral therapy, there is a high level of interruption of treatment for TB, especially MDR-TB, and low adherence to therapy. According to the Republican Center "AIDS", only 42% of the people who inject drugs / PLHIV, of those registered, were monitored in 2015, 76% of whom received antiretroviral therapy, of which less than half had undetectable viral load.

Significant participation in the implementation of prevention, treatment and care programs, and primarily in connection with HIV infections, is taken by non-governmental organizations and community organizations. Thus, on the basis of 20 NGOs, rapid HIV testing services are provided for key groups, NGOs cover with needle exchange programs and condom distribution more than 10,000 representatives of the people who inject drugs, sex workers, men who have sex with men groups. At the same time, their activities are fully funded from donor funds, including the GF and the PEPFAR programs. Although NGOs are involved in government programs on HIV and TB, there are no mechanisms to integrate NGO services into the overall healthcare system, including funding mechanisms from government sources. At the same time, the law "On State Social Order" is in effect in the country and these mechanisms have been applied in the Ministry of Social Protection since 2011.

4.1.2. Economic conditions

Between 2012 and 2014, the Kyrgyz Republic registered a steady GDP growth, reaching 10.9% in 2013, but since 2014, due to the global crisis, the changed political situation, the devaluation of the national currency and a number of other factors, GDP growth has slowed down to 3.5% by the end of 2015, and in the first half of 2016, GDP growth fell by 2.3%. Simultaneously, the share of the Government's expenditures grew, on the one hand due to borrowing funds in investment projects, on the other hand due to an increase in the budget deficit. Given the parallel decrease in revenues, reflecting the general weakness of the economy, as well as a reduction in non-tax revenues, as of July 2016, the budget deficit was 8.6 percent of GDP. Nevertheless, as of the end of June, the ratio of public debt to GDP declined to 64.1 percent (from 68.3 percent at the end of 2015), thanks to the appreciation of the national currency, the Kyrgyz som. At the same time, the World Bank predicts that the overall budget balance in 2016 will worsen with respect to 2015, while the budget deficit will reach 7.4 percent of GDP. According to forecasts, an increase in the deficit will occur as a result of a reduction in non-tax revenues and an increase in investment costs. The ratio of current expenditures and GDP will remain stable, remaining at just over 30 percent. In support of the WB forecasts, the increased

budget deficit following the results of 2016 led to the fact that the Government was forced to make significant cuts in spending in preparing the budget for 2017. As a result, in the approved budget for 2017, the volume of funding for healthcare programs was reduced by 370 million som (\$ 5 million) compared to the budget for 2016.

3.2. Internal conditions

4.2.1 Contributions

4.2.1.1. Financial resources

HIV

The total estimated cost of the State Program on prevention of HIV epidemic in 2012-2016 is 96.5 million US dollars. At the same time, most of the funding for HIV programs is provided by international partners. Based on the NASA assessment, international financial assistance to HIV programs accounted for 66% of the total funding in 2013-2014. The Global Fund to Fight AIDS, Tuberculosis and Malaria, being the main donor in the field of HIV and TB, covered more than half of external financing (66.8%) or 43.8% of the total funding for AIDS programs in the country. The state contribution was 33% of financial resources and, accordingly, the contribution of other donors to HIV programs was 23.2% in 2013. At the same time, the peak of investments in HIV from the GF was high in 2013-2014 and already in 2016 they decreased from \$ 7.6 million in 2015 to \$ 5.5 million in 2016. The proposed amount from the GF for the period 2018-2020 is 3.7 million dollars a year, which is almost 2 times less than in 2014-2015. At the same time, the state funding of programs has been increased, starting from 2015, only by 300 thousand dollars annually. The funds are spent for the purchase of tests, reagents and partly for the treatment of opportunistic infections. Funds for prevention programs for key groups and purchase of antiretroviral drugs are fully provided by the GF.

The budget of AIDS services is provided in the general budget of the Ministry of Health and is not allocated in separate lines when planning the state budget, and it is therefore difficult to determine the healthcare costs specifically allocated for fighting HIV infection. According to the estimates made by non-governmental organizations and according to the budget forecast of the new state program, due to a decrease in donor funding, the deficit of necessary costs is about \$ 5 million per year. Efforts to increase funding from the state budget have not yet yielded results and the republican budget for 2017 does not provide for additional funds.

At the same time, the results of the investments in HIV evaluation, conducted with the support of UNAIDS in 2015, show that of the actual distribution of funds, less than 10% of expenditures from total HIV costs go to antiretroviral therapy, which casts doubt on the effectiveness of treatment programs. The share of costs, classified as management costs, and other expenses is 56%, which is high against a background of limited resources.

TB

According to the Mandatory Health Insurance Fund, responsible for financing TB services, financing of TB from the state budget is about \$ 10 million annually, while donor

funding amounted about \$ 12 million in 2013, 2014 - \$ 8 million, 2015 - about 14 million dollars. On average, the state finances 49% of TB costs and donors are responsible for 51% of costs. At the same time, if public expenditures cover mainly salaries of specialists, hospital maintenance, partial diagnostics and purchase of anti-tuberculosis drugs of the 1st line, donors support in full the purchase of second-line drugs, reagents, motivational support for patients with TB and increased capacity specialists of TB services. At the same time, as early as 2016, funds from the GF began to decline, and for the period 2018-2020 the GF will provide \$ 4 million annually, which is almost two times less than the level of 2014.

Since 2015, the financing of anti-tuberculosis activities is carried out through the Mandatory Health Insurance Fund and tuberculosis costs are not reflected as a separate line in the state budget. And although there was a separate budget line for the purchase of anti-tuberculosis drugs worth \$ 1.5 million during discussion of the budget for 2017 and the medium-term budget forecast for 2018-2019, the discussion resulted in a reduction of this amount.

4.2.1.2 Human resources

According to the WHO report, the total number of specialists working in AIDS service structures was 73 (including technical staff, administration). This report estimates that the total number of specialists even exceeds the required number. At the same time, the number of specialists directly involved in the provision of services remains insufficient. A number of studies noted a shortage of laboratory specialists, infection doctors and epidemiologists, the system shows a high turnover of staff associated with low wages, lack of work motivation. For example, it is difficult to find and retain doctors of the dispensary departments of Chui, Jalal-Abad, and Batken regional centers for the prevention and control of AIDS. These trends lead to a limited number of fully trained specialists in the structure of the national AIDS service. There are cases when, due to the care or illness of a laboratory specialist, the whole laboratory was paralyzed. At the same time, according to UNDP and PSI, 24 NGOs provide services for key groups of PLHIV, men who have sex with men, sex workers, people who inject drugs, prisoners. At the same time, in case of termination of financing, this potential can be lost in a short time. In the service of tuberculosis there is an insufficient number of medical workers, and the bulk of them (accounting for about 45% of the total number of employees) - pre-retirement and retirement age. In 2012 there were 245 phthisiatricians working in the country, including 109 specialists of retirement age. At the same time, due to low wages, no prestige of the specialty and no additional income, high risk for one's own health, young specialists do not go to the TB system, which leads to the aging of the staff, the outflow of personnel from the service and the service is in short supply personnel, especially in the regions.

Kyrgyz State Medical Academy, Kyrgyz State Medical Institute for Retraining and Advanced Studies in the framework of their activities, conduct training and retraining of specialists; they have developed relevant programs and dedicated hours on the topic of diagnosis, treatment of HIV. At the same time, a significant part of the training of

specialists is conducted at the expense of donors and when donors stop their funding the amount of training will be significantly reduced.

4.2.1.3. Information systems

Since 2012, the country has introduced a working electronic tracking system for HIV cases in all AIDS centers, pilot district center FMCs. Socio-demographic, epidemiological, laboratory data, as well as data on treatment and monitoring are included in the system. Since 2016, the reception of annual statistical reports will be conducted through electronic tracking system. Since the end of 2015, the database for all tested people for HIV infection has been introduced, the database is not perfect, it needs further development, the data is accumulated in the Republican center "AIDS".

By analogy with the electronic HIV tracking system, an electronic database has been developed in the TB service system, but it is not implemented everywhere and is not integrated with the reporting system of the National Statistical Committee.

The sentinel epidemiological studies methodology is developed with the support of the ICAP and is coordinated with the experts of UNAIDS and the Ministry of Health. For people who inject drugs and men who have sex with men the sentinel epidemiological studies use a sampling technique built by the respondents themselves, that is, the RDS method. To create a sample among the inclination to risk in 2013, a cluster sampling method was used with a fixed number of respondents interviewed at one point. This method is based on the inclusion in the study of a certain number of inclination to risk people on all selected clusters. A systematic sample was used in the population of convicts in 2013.

There is no financing of epidemiological studies from state funds and they are supported from the funds of the GF grant. In the medium-term forecast of the budget for 2017-2019 state funds are not provided. At the same time, the events are included in the current state program and the draft of the new state program for 2017-2021.

4.2.2. Management

4.2.2.1. Management

Measures to combat HIV and TB are included in the priorities of the national health reform program "Den Sooluk" for 2012-2016 and the country is implementing a government program to stabilize the HIV epidemic for 2012-2016 and the program of the Government of the Kyrgyz Republic "Tuberculosis-4" for 2012-2017. In addition, in connection with the completion of the programs, a new state program on combating the HIV epidemic for 2017-2021 has been developed, which is being considered in the Ministry of Health of the KR and will soon be submitted for approval to the Government of the Kyrgyz Republic. At the same time, a working group was formed to prepare the next TB program.

In the structure of the Ministry of Health, the responsibility for HIV / AIDS and TB is on one of the deputy ministers and the Ministry of Health has a consolidated responsibility for the implementation of HIV activities. In addition, the coordination of activities of state, non-governmental and international organizations is carried out by the country

coordinating committee, which is a public body and is not legally responsible. Simultaneously, the authorized body for combating HIV / AIDS is the Republican center 'AIDS'. This situation reflects the fragmentation of management. In accordance with the state program, the country coordinating committee is defined as the coordinating body, which at the same time is a public body and mainly engaged with grants of the GF. The leading role is of the Ministry of Health experts and civil society.

In the structure of the health care system, the management of the TB control program has been delegated to the National Center for Phthisiology.

4.2.2.2 Accountability

Data on the HIV situation are regularly updated on the website of the Republican center "AIDS", presented at various meetings and provided at the request of interested parties. At the same time, the data does not contain a breakdown by key groups, their number, regions, the number of people on treatment. At the same time, with the support of international organizations, an evaluation of the implementation of state programs is conducted and in 2015 an assessment of investments in HIV was conducted. Data on HIV costs are provided in the national GARP report and national HIV accounts and in 2013 amounted to 12.59 million US dollars. At the same time, data on expenditures are not reflected in a separate line in the expenditures of the state budget.

Data on the situation in the sphere of TB is unavailable, the National Center for Phthisiology does not have its own website, and although data on the epidemiological situation is presented at various meetings and included in the reports on the implementation of national programs, it is difficult to verify the data. Data on expenditures in the field of TB is not available in open sources and available only upon request.

Non-governmental organizations are actively involved in HIV programs and, in particular, in monitoring programs. So, in 2016, studies were conducted to assess stigma and discrimination, the results of which were included in the draft of the new state program, the site pereboi.kg was launched, where PLHIV and TB patients can submit information about medicines provision, the civil sector is represented by 44% in the Country coordination committee and is a member of the public supervisory board of the Ministry of Health. In 2016, a detailed analysis of purchases in TB and HIV services was conducted, based on which public results were presented.

4.2.3 Program

4.2.3.1. Provision of services

HIV and TB treatment is provided through the structures of AIDS services, the national phthisiology center and their regional units, and also at the primary level in Family medicine center and Group of family doctors. Preventive HIV programs are implemented through state and non-governmental organizations. So opioid substitution therapy programs and part of syringe exchange programs are carried out through the republican center of narcology on the basis of Family medicine center. More than 50% of the

coverage by syringe exchange programs and all programs among sex workers, MSM are carried out by non-governmental organizations in 7 regions of the republic.

According to the Republican center "AIDS" the number of PLHIV on antiretroviral therapy increased from 691 to 2,548 people for the period from 2012 to September 2016. Of these, 891 PLHIV started treatment in 2014, 615 in 2015, 514 in 2016. At the same time, the percentage of coverage of people living with HIV for antiretroviral therapy is declining from 85 to 75, which is most likely due to a change in the denominator. In 2012, the denominator indicated the number of registered PLHIV, and in 2015, the estimated number of PLHIV began to indicate. In addition, the increase in coverage is due to the fact that a new clinical protocol was approved in 2015 and PLHIV with CD with more than 500 cells were included in the treatment of the disease.

The HIV and TB treatment component can be defined as fully integrated into the primary level, but prevention programs are mostly carried out separately through NGOs that are not part of the integrated services at the level of primary health care for the population. Mechanisms for providing services through the state social order in the healthcare system have not yet been introduced.

In 2013, the coverage of the syringe exchange points was more than 13,000 people who inject drugs, and in 2014 the coverage was reduced to 10,000 people who inject drugs. Since 2015, coverage has grown and reached 13,000 people who inject drugs. The coverage is 60% of the estimated amount of people who inject drugs. According to the UNDP report, coverage of opioid substitution therapy programs increased from 1200 in 2013 to 1500 in 2016. At the same time, the coverage from the estimated amount of people who inject drugs varies in the region of 5% from (25,000 people who inject drugs), which shows a consistently low amount of people who inject drugs on opioid substitution therapy.

4.2.3.2. Organizational Capacity

Assessment of management capacity in HIV and TB systems has not been carried out, but the results of evaluations of the national program on healthcare reform and government programs indicate that there are significant problems in the management and coordination of programs. In 2010, in connection with the report of the General Inspectorate of the GF, two main recipients of the Republican center "AIDS" and the National Center for Phthiology were replaced and the management of the grants was transferred to UNDP. One of the factors was overestimated procurement costs, financial irregularities in managing the GF grants.

Simultaneously, since 2010, all purchases are carried out according to UNDP mechanisms on the international market and these mechanisms do not correspond to national mechanisms. At the same time, the system of supply and supply of medicines and medical products is implemented by UNDP independently down to the regional level. In 2016, a team was formed, which in the future should take over the management of the GF grants, but a number of problems have not yet been resolved. Many antiretroviral drugs and anti-tuberculosis drugs are not registered, are not included in the list of vital medicines, and, accordingly, are absent in the local market and their purchases are

physically impossible. There are no procurement mechanisms through GDF and UNICEF. In 2016, the fact of a write-off due to the term expiration of the anti-tuberculosis drug cycloserine for the amount of 300 thousand dollars was revealed.

The development of national strategies, country applications and protocols for sentinel epidemiological studies, as well as other system documents are developed most often with involvement of international and local experts. High workload of routine activities, lack of motivation reduces the ability of health system staff to perform analytical work.

4.2.3.3 Planning the transition process

A working group on the transition to state financing was established and a draft transition plan was developed in 2015. At the time of assessment, this transition plan was under discussion and was not approved. Based on results of this assessment, the plan will be amended and will become an integral part of the new government programs on HIV and TB.

5. Conclusions and recommendations

Conclusions were drawn and recommendations were made as a result of the assessment and the completion of the Transition Phase Preparedness Assessment tool. A draft plan for the transition to state funding was developed based on the recommendations (see below). This plan, once agreed, will be included in the draft of the new state HIV program and, further, when developing TB activities plan, will also be adapted and included in the TB program.

№	Problems	General recommendations	Recommendations based on Transition Phase Preparedness Assessment	Activities	Responsible	Execution term	Notes
Political and economic conditions							
	Access to HIV and TB-related services is limited by barriers to legislation and regulatory framework	Ensuring a favorable legislative environment through improvement of regulatory framework	Excluding clients with opioid substitution therapy (OST) from the general system of narcological registration with transfer to disease accounting.	It is necessary to exclude clause 7.4 with the participation of the patient in substitution treatment programs in the “Regulations on the procedure for identification and registration of persons with mental and behavioral disorders, associated with the use of psychoactive substances in public health institutions of the Kyrgyz Republic” in section 3., item 7. “Anonymity of accounting is terminated in the following cases:”	Ministry of Health of the Kyrgyz Republic, The Republican Center of Narcology, Ministry of internal affairs of the Kyrgyz Republic	2017	Not stipulated by state program
			Providing a possibility to give methadone to susceptible clients for 5 days.	Make amendments to the clinical guidelines, the Regulation “On the conditions and procedure for substitution therapy ...” to allow opioid substitution therapy drugs to be provided for up to 5 days for people who inject drugs, with their confirmed adherence to therapy.	Ministry of Health of the Kyrgyz Republic, The Republican Center of Narcology	2017	Not stipulated by state program
			Providing opioid substitution therapy (OST) as one of the types of narcological treatment on the	When reviewing the program of state guarantees to ensure health care for citizens of the Kyrgyz Republic, the following should be included: 1. Include a provision of opioid substitution therapy (OST) for people who inject drugs	Compulsory Medical Insurance Fund, Ministry of Health of the	2017	Not stipulated by state program

			principle of co-payment	<p>in the section 2, paragraph 1. Primary health care, the provision of free-of-charge care to citizens, assigned to a group of family doctors</p> <p>2. Include dependence on injecting drugs to categories, entitled to free methadone, in section 3. Free and concessional drug provision for citizens of Kyrgyz Republic at the outpatient level for certain diseases.</p> <p>1. Keep methadone and buprinorphine in the list of vital medicines whenever it is updated</p>	Kyrgyz Republic, Republican Center for Narcology		
			It is necessary to exclude activities, connected with acquisition and storage of narcotic drugs and psychotropic substances without selling purposes in amounts that really reflect the needs of persons suffering from drug dependence, from administrative and criminal law	Exclude article 246 of the Criminal Code of the Kyrgyz Republic, which provides criminal liability for the possession of drugs, from the Criminal Code.	Ministry of Health of the Kyrgyz Republic, Ministry of Justice of the Kyrgyz Republic, Parliament of the Kyrgyz Republic (Jogorku Kenesh)	2017	Stipulated in the new draft of the Criminal code of the Kyrgyz Republic
			Make amendments to regulatory framework on saving workplaces and wages for persons,	1. Conduct analysis of the legislation, related to treatment of TB, in order to find possibilities for providing social support to TB patients and saving their adherence to treatment.	Ministry of Health of the Kyrgyz Republic, Ministry of	2018	

			having tuberculosis treatment	2. Based on these recommendations make amendments to the following laws: "On protection of the population from TB", "Labor Code", with an aim to support TB patients	Justice of the Kyrgyz Republic		
		Providing an enabling legislative environment for HIV and TB programs through improving law enforcement practices:	Elimination of discriminatory law enforcement practices against key population groups. Bring the existing practices in line with the legislation of the Kyrgyz Republic	Activities are foreseen in the state program (section 3.2)		Regular	
		Reducing stigma and discrimination against people living with HIV	Raising awareness of the population, health workers, education and preschool institutions	Activities are foreseen in the state program (section 3.2)		Regular	
			Involvement of communities in the social support of people living with HIV when receiving services.	Activities are foreseen in the state program (section 3.2)		Regular	
			Increase the capacity of people living with HIV communities to reduce stigma and	Activities are foreseen in the state program (section 3.4)		Annually	

			discrimination by the population.				
Financial resources							
	State expenditures for HIV and TB funding are limited	Expansion and increase of efficiency of HIV and TB programs' public financing	Consider increased spending on HIV and TB in the medium-term budget forecast for 2018-2020.	<ol style="list-style-type: none"> 1. Calculate the deficit of needs for financing HIV and TB programs, taking into account the amounts allocated in the Guarantee Fund 1. Ministry of Health and Ministry of Finance of the Kyrgyz Republic to include additional funding in the draft budget for 2018 and a medium-term budget forecast for 2019-2020. 	Ministry of Finance of the Kyrgyz Republic, Ministry of Health of the Kyrgyz Republic	April 2017	
			Increase the share of financing for HIV and TB in the structure of health care expenditures, taking into account epidemiological situation and country priorities.	<ol style="list-style-type: none"> 1. Conduct an analysis of the real costs of HIV and TB in the structure of health care expenditure. 2. Carry out a calculation of resource requirements for effective responses to HIV and TB epidemics 3. Optimize health care expenditures and redistribute freed up funds for HIV and TB based on the needs analysis and the share of resources from external sources 	Ministry of Health of the Kyrgyz Republic, Compulsory Medical Insurance Fund	2017	
			Allocate separate lines in the state budget for HIV and TB programs.	<ol style="list-style-type: none"> 1. Allocate funding for activities in the program budget on the basis of state programs on HIV and TB for 2017-2021 2. Allocate funds for HIV and TB in separate program budgets in the state budget for 2018 	Ministry of Health of the Kyrgyz Republic, Compulsory Medical Insurance Fund,	April – May 2017	

					Ministry of Finance of the Kyrgyz Republic		
			Ensure using funds on the basis of the effective funds allocation analysis and the cost-effectiveness of activities	<ol style="list-style-type: none"> 1. Conduct an analysis of the fund distribution effectiveness in the field of HIV and TB 2. Conduct an analysis of the cost-effectiveness of HIV and TB activities 3. The rationale for including funds for HIV and TB in the state budget for 2019 should be based on the above analysis 	Ministry of Health of the Kyrgyz Republic, Compulsory Medical Insurance Fund, UNAIDS, WHO	2017	
			Ensure allocation of sufficient funds for prevention programs, including state procurement, among the key groups	<ol style="list-style-type: none"> 1. Conduct an analysis of the cost-effectiveness of financial costs for HIV and TB activities 2. Calculate the need for financial resources for HIV and TB prevention programs 3. Provide sufficient funds for the execution of state social orders in the draft budget for 2018 and medium-term budget forecast for 2019-2020. 	Ministry of Health of the Kyrgyz Republic, Compulsory Medical Insurance Fund, NGO (by agreement)		
			Develop and implement a mechanism for financing the provision of services for people living with HIV, patients with TB and vulnerable groups through	<ol style="list-style-type: none"> 1. Definition of the scope and types of medical services at the level of Primary care in the field of HIV diagnosis, diagnostics and treatment; 2. Definition of the need for opioid substitution therapy and the mechanism for its coverage by state financing within the State guarantees program; 	Compulsory Medical Insurance Fund	2017 r.	

			Compulsory Medical Insurance Fund	<ol style="list-style-type: none"> 3. Identification of key family medicine centers, functions of which will be expanded. 4. Consideration of the issue to transfer AIDS Centers to the Single payer system as well as their restructuring. 5. Determining the need for financial support for the expanded functions of the Family medicine centers and specialized health organizations within the State guarantees program financing framework. 6. Amend the current program of state social guarantees, ensuring guaranteed 100% treatment of HIV, TB, opportunistic infections in HIV and provision of substitution treatment for drug users 			
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			<p>Introduce state social order mechanisms in the Ministry of Health of the Kyrgyz Republic</p>	<ol style="list-style-type: none"> 1. Approve the Regulations on holding competition procedure (Government Decree) 2. Approve the Regulation on the procedure for assessing the needs for medical and social services (Government Decree) 3. Approve the Regulation on the conditions and procedure for providing grants 4. Approve the Ministerial orders - on holding a tender, on approving a contract, on terms of reference, instructions for assessing quality, forms, etc. 5. Revise service standards for vulnerable groups, with emphasis on measurability and improved accountability for funds used 6. Define an amount of funds necessary for prevention programs activities among vulnerable groups 7. Provide funds in the state budget for implementation of the state social order, including the launch of 4 pilot programs in 2018 8. Include positions of peer educators, outreach workers in the list of positions financed from state funds 	<p>Ministry of Health of the Kyrgyz Republic, NGO (by agreement)</p>	<p>May 2017</p>	
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			Introduction of mechanisms for co-funding of programs through local budgets	<ol style="list-style-type: none"> 1. Conduct an analysis of opportunities in key regions with high HIV prevalence to increase participation of local authorities in financing of programs. 2. Provide a mechanism to finance activities in the field of HIV and TB 3. Develop a detailed plan on contribution of local authorities to financing of programs with participation of representatives of key regions 4. Adopt a Government Decree on contribution of local authorities to the fight against HIV, including expansion of the ability to finance health programs from local budgets 	State Agency for Local Government and Interethnic Relations under the Government of the Kyrgyz Republic	2017-2018	
Human resources							
	Shortage and inappropriate distribution of staff.		Ensure adequate availability and appropriate distribution of medical personnel in the field of HIV and TB	Activities are foreseen in the state program (section 2.3, p.61-65, p.76-80)			
			Ensure adequate availability and appropriate distribution of non-medical personnel in the field of HIV and TB	Activities are foreseen in the state program (section 2.3, p.61-65, p.76-80)			
Information systems (TB and HIV)							
	E-system support, SS,		Ensure allocation of budgetary funds for	1. Calculate costs for the content of E-Systems, Sentinel epidemiological	AIDS Republican	2019	Not included in

	and other studies depend on donor funding, the data collection system needs to be detailed (breakdown on key groups),		the operation of E-Systems, Sentinel epidemiological surveillance, assessing the size of the population of the key groups and cost estimation.	surveillance and estimates of the number of populations of vulnerable groups 1. Include these costs in the HIV program budget	Center, National Center for Phthisiology, Ministry of Health of the Kyrgyz Republic		the state program
	including accounting for key groups costs and types of services, the HIV and TB information system is not integrated into the electronic national Statistics system.		Improve E-Systems base taking into account indicators' detailing	1. Make proposals for the expanded disaggregation of data in the E-Systems, including the breakdown by types of vulnerable groups (people who inject drugs, PC, men who have sex with men) and others 2. Introduce E-Systems in all TB cases with detailed disaggregation of data (prescribed schedules, duration of treatment, completeness of the course, etc.) 3. Make changes in the E-Systems taking into account the developed recommendations	AIDS Republican Center, National Center for Phthisiology	2017-2018	Not included in the state program
			Improve regular collection and analysis of HIV and TB costs with breakdown of costs by key groups and types of services	1. Introduce the TB and HIV sub-accounts in the system of national accounts, including health care. 2. AIDS Republican Center and the National Center for Phthisiology provide an annual report on detailed expenditures of national programs, including expenditures for procurement, treatment and prevention programs	Ministry of Health of the Kyrgyz Republic, AIDS Republican Center, National Center for Phthisiology	2017-2019	

			Capacity building for data analysis in the health system on central and local levels	<ol style="list-style-type: none"> 1. Train Monitoring and evaluation specialists in AIDS Republican Center, National Center for Phthiology and 7 oblasts (regions) on data analysis 2. Train 7 specialists of the central apparatus of the Ministry of Health and Compulsory Medical Insurance Fund on data analysis 	WHO, UNAIDS	Annually	
Management							
	Weak coordination of national programs on HIV and TB by the state and lack of sustainability of existing country coordination mechanisms.	Consider opportunities for creation or develop sustainability models for coordination functions in the country	Reform the Coordination Council on Public Health and the Country Coordinating Committee of the Kyrgyz Republic on combating HIV, TB	<ol style="list-style-type: none"> 1. Amend the regulations on the Coordination Council on Public Health under the Government of the Kyrgyz Republic in accordance with recommendations of experts, Global Fund and decisions of the Country Coordinating Committee. 2. Create a new composition of the Coordination Council on Public Health and Country Coordinating Committee of the Kyrgyz Republic on combating HIV, TB in accordance with the new Regulations on the Coordination Council on Public Health under the Government of the Kyrgyz Republic 	Office of the Government of the Kyrgyz Republic	May 2017	
			Ensure the sustainability of the Secretariat through a clear definition of functional responsibilities, reporting and funding mechanisms.	<ol style="list-style-type: none"> 1. Develop and approve the Provisions on the secretariat of the Coordination Council on Public Health with functions on interaction and support of the work of the committee on HIV and TB. 2. Provide 2 staff units to the secretariat of the Coordination Council on Public Health 	Office of the Government of the Kyrgyz Republic	May 2017	

			Ensure effective cross-sectoral coordination of HIV and TB programs	1. Unite the coordinating mechanisms for implementation of the “Den Sooluk” programs, state programs on HIV and TB and programs of international organizations	Government of the Kyrgyz Republic	2017	
Procurement and supply							
The procurement and supply system is not integrated into the national system	Formation of mechanisms for determining the needs and purchases of drugs and medical products on the basis of the state budget and the supply system	Timely revision of the clinical protocol for HIV and TB treatment	Based, It is necessary to update the current clinical protocol on HIV in 2017 based on the WHO recommendations of 2016	Ministry of Health of the Kyrgyz Republic	April 2017		
		Increase the capacity of drug demand services.	Train specialists of HIV and TB services, including the procurement department of the Ministry of Health, the National AIDS Center, the National Center for Phthiology and the regional levels on calculation of drug needs, taking into account the anticipated growth in treatment coverage, the variety of prescribing patterns and the formation of drug stocks, providing continuous treatment	Ministry of Health of the Kyrgyz Republic	2017-2018		
		Admission to the market (registration) of antiretroviral-drugs and medical products, including rapid tests, at least 2 titles	Include all the names of antiretroviral-drugs and antituberculous drugs, provided by national clinical protocols, in the List of medicines on the basis of the Regulation on the list of medicines	Ministry of Health of the Kyrgyz Republic, Department of Medicines and medical equipment under	February 2017		

					Ministry of Health of the Kyrgyz Republic, Public Council of the Ministry of Health of the Kyrgyz Republic		
			Expansion of the Vital medicines list in accordance with clinical protocols	Revise the Vital medicines list with inclusion of all medicines, mentioned in good clinical practice in relation to HIV, TB, treatment of drug dependence, including intranasal naloxone	Ministry of Health of the Kyrgyz Republic, Compulsory Medical Insurance Fund, Public Council of the Ministry of Health of the Kyrgyz Republic	March 2017	
			Organization of purchases of medicine for HIV, TB treatment	<ol style="list-style-type: none"> 1. Amendments to the Law “On public procurement” to expand the procurement opportunities on international platforms, including the use of UNICEF, GDF, tested mechanisms. 2. Introduction of the most optimal procurement mechanisms, allowing effective use of funds 3. Development of tender document packages, in accordance with the law 	Ministry of Health of the Kyrgyz Republic, State Purchases Department under the Ministry of Finance of	2017	

				“On public procurement”, including composing of commissions, technical specifications of drugs	the Kyrgyz Republic		
			Organization of distribution of drugs and medical products	<ol style="list-style-type: none"> 1. Conduct an analysis of the logistics chain of storage and distribution of medicines, and prepare recommendations for improvement. 2. Based on the recommendations, ensure compliance with the storage and distribution of medicines, including the availability of sufficient storage areas, timely transportation, stock formation, compliance with quality and safety requirements 3. Develop a mechanism for the transfer and reporting on medical products (syringes, condoms, alcohol napkins, rapid HIV tests for saliva, etc.) to non-governmental organizations. 	AIDS Republican Center, National Center for Phthiology, international partners	2017	
Treatment							
	Insufficient coverage of preventive programs, treatment of HIV and low effectiveness of treatment for HIV and MDR-TB. Weak intersectoral interaction in organization of	Ensure development of a system of providing medical and medico-social assistance in the sphere of prevention, treatment, care and support in relation to HIV and TB.	Update and ensure the implementation of mechanisms for interaction between different levels of the health care system, between different structures in the health care system, between agencies, involved in HIV and TB services, between medical	<ol style="list-style-type: none"> 1. Ensure the effective work of the Coordination Committee on HIV and Tuberculosis under the Government of the Kyrgyz Republic, aimed at effective and continuous provision of services (State program, section 2.1, p.40) 2. Develop Provisions on interaction of health organizations with NGOs and other ministries and agencies on HIV and TB. (State program, section 2.1, p. 43) 3. Develop normative legal acts, to form a social contract, to integrate NGOs 	Government of the Kyrgyz Republic	2017	

a cascade of services.		institutions and NGOs, involved in provision of services.	services into public health organizations that provide services in connection with HIV and TB (State program, section 2.1, p. 43)			
		Increase the effectiveness of laboratory services system, including shortening the time for confirmation of results, outsourcing part of the laboratory services.	<ol style="list-style-type: none"> 1. Update the effect of the order of the Ministry of Health No. 87 on transition to reduced algorithms for diagnosing HIV 2. Train specialists, involved in providing HIV-related services with new algorithms for diagnosing HIV (infectious disease doctors, laboratory specialists, AIDS specialists) 3. Introduce rapid testing mechanisms in the field 4. Develop mechanisms for outsourcing, using public-private partnerships, part of the diagnostic services in relation to HIV 	Ministry of Health of the Kyrgyz Republic, AIDS Republican Center	2017	
		Create favorable conditions for the early detection of people who inject drugs and expand coverage of harm reduction programs, including opioid substitution therapy	<ol style="list-style-type: none"> 1. Introduce progressive approaches to increase the effectiveness of harm reduction programs, including financial motivation of organizations, oriented at results in early detection of people who inject drugs and accompanying them along the cascade of services. 	Ministry of Health of the Kyrgyz Republic, international organizations , NGO	2018	
		Screening for TB of all representatives of the vulnerable groups	<ol style="list-style-type: none"> 1. Ensure funding and access to screening for TB for all representatives of vulnerable groups. 1. 2. Include indicators on TB screening of all vulnerable groups in national programs 	Ministry of Health of the Kyrgyz Republic, National Center for	2017-2018	

					Phthisiology, AIDS Republican Center		
			Execution of the current legislation in terms of providing social support for people living with HIV and TB patients.	<ol style="list-style-type: none"> 1. Calculate financial needs for social support for PLHIV and TB patients 2. Provide funding in the state and local budgets for social support for PLHIV and TB patients 3. Include issues of social support for PLHIV and patients with TB in reporting of the Ministry of Health of the Kyrgyz Republic, local authorities 	Ministry of Health of the Kyrgyz Republic, Ministry of Finance of the Kyrgyz Republic, local governments	2018	
			Create a sustainable system of social support for people living with HIV, TB patients for timely diagnosis, treatment and support of adherence to treatment with significant community participation.	<ol style="list-style-type: none"> 1. Develop and approve mechanisms (regulations) for the social support of PLHIV and TB patients aimed at result. 2. Develop mechanisms for monitoring the provision of social support services and payment based on the results of providing quality social support services. 	Ministry of Health of the Kyrgyz Republic, Compulsory Medical Insurance Fund, international organizations	2018	
Management of the national program							
	Fragmented management of the national program, the lack of a single	Ensure effective coordination and management	Identify a single structure and responsible entity for the management of the	1. To carry out the reform of the Coordination Council on Public Health and Country Coordinating Committee of the Kyrgyz Republic on HIV, TB	Government of the Kyrgyz Republic	2017 and regularly	

	structure responsible for implementation of the national program, the lack of integration between the main recipient of the GF and Ministry of Health funds	of national HIV and TB programs	implementation of the national program	2. Conduct a comprehensive regular assessment of the implementation of national programs (once in 2 years) and take measures to reduce barriers on their implementation			
			Assess the capacity of the authority, responsible for managing the national program, and develop and introduce a capacity-building plan involving the implementation department	1. Conduct capacity assessment of the Ministry of Health of the Kyrgyz Republic in the context of national programs management and develop recommendations on capacity building	Government of the Kyrgyz Republic, international development partners	2017	

