

The transitional plan for phase-out of the top-ups under Global Fund grant implementation for 2021-2023

In recent years, the Kyrgyz Republic is progressively introducing performance-based motivation strategies for health personnel as part of both HIV and TB programs.

For example, a pilot TB case management project is being piloted in the Kyrgyz Republic, based on a patient-oriented approach, according to the Order of the Ministry of Health of the Kyrgyz Republic No. 717 dated 22 October 2018 (attached). A pilot project is being implemented in accordance with the joint order of the Ministry of Health of the Kyrgyz Republic and the MHIF "On the expansion and implementation of the funding mechanism for the successful completion of TB case treatment on an outpatient basis" dated 03 April 2019 (attached), payments are made in Chui and Talas regions with a gradual expansion of one of two regions annually.

Therefore, such strategies are under implementation with gradual expansion in the country, oblast by oblast. Development partners, USAID projects, ICAP, etc. are implementing activities aimed at scaling-up these strategies in the fields of countering HIV and TB which finally should contribute to sustainability of results-based financing. The activities of partners are mainly focused on primary health care level whereat the health care is provided to HIV and TB patients as in Kyrgyzstan the delivery of such care has been decentralized.

Nonetheless, the key personnel of the National and oblast TB and AIDS Centers which do not deliver medical services but provide logistical and methodological support do not qualify for the idea of result-based financing. The remuneration of such personnel (managers, M&E officers, MDR-TB coordinators, laboratory staff and medical supply staff, etc.) remains quite low resulting in high turnover. To this end, the funding request provides for top-up payments to the personnel of AIDS and TB centers, however, the TORs of such personnel include result-based remuneration component: qualitative and quantitative indicators and targets to be included as basis for payment.

Other HR-related expenditures included in the funding request totally fall under performance-based remuneration. Also, this funding request envisages incentive payments to NGO staff members involved in achieving the 90-90-90 goals (separate payments for detection of new cases, initiation of ART and achieving undetectable viral load) with total budget amount up to 200,000 USD.

Having recognized that achieving 90-90-90 goals in HIV and TB programs is directly linked to the payroll of the staff of both NGOs and health facilities, cut of such types of HR costs will put the achievement of nationwide ambitious goals at risk.

Having considered the ongoing situation associated with COVID-19 pandemic and its economic implications for KR, currently it is quite clear that not only further rollout of the social contracting is not feasible but even its implementation itself. The financing of health care including TB and HIV programs is only secured for 2021, though the political commitment of the

country implies preparedness to take specific actions towards increasing remuneration levels of the key personnel of TB and HIV centres.

Provided that the health care financing for 2022 – 2023 is secured, the Principal Recipient in collaboration with the staff of the Ministry of Health of the Kyrgyz Republic, MHIF, development partners will develop a strategy to diminish various types of top-up payments in line with the scaled-up performance-based incentive payments to health personnel. As soon as this government strategy rolls out, the payments to health personnel involved in implementation of the GF grant will discontinue.