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NEWSLETTER

GRANTS FOR HIV,
TUBERCULOSIS AND MALARIA

 **KYRGYZSTAN**

November 2014

Extended consultation meeting of the Global Fund

An expanded consultation meeting of the Global Fund with non-governmental, governmental and international organizations that provide services in the field of HIV and AIDS and tuberculosis (TB) in Kyrgyzstan was held on 29 November 2014 in Bishkek. The total number of participants was 120 people.

Ainuru Altybaeva, a member of parliament and Umut Chokmorova, Director of the Republican AIDS Center addressed the participants of the meeting with a welcome speech. In her speech, Ainuru Altybaeva stressed the importance of HIV and TB issues in the Kyrgyz Republic, as well as the relevance of organizing medical care for HIV infected people, especially in the regions. Umut Chokmorova familiarized participants with the epidemiological situation of HIV and AIDS.



From left to right: Ainuru Altybaeva - Member of Parliament, Sandra Irbe - Senior Portfolio Manager of Global Fund, Venera Maitieva - representative from Ministry of Health and Umut Chokmorova - Director of the Republican AIDS centre

Further, Ms. Sandra Irbe, Senior Portfolio Manager of Global Fund familiarized the participants with the New Funding Model (NFM) and recommendations of WHO. Also, Ms. Sandra Irbe, together with the participants, tried to answer during the meeting the question, "Why, despite the rather large infusion of money by donors to control HIV in the Kyrgyz Republic, the epidemic continues to grow".

Further, were announced results of the work of representatives of the MOH KR to prepare a joint concept note on HIV and tuberculosis (TB). Shakhnaz Islamova, head of PF Tais Plus reported results of the pre-consultation meeting of non-governmental organizations which took place on 20 November 2014.

The next session was devoted to questions and answers on the previous presentations. The main issues raised during the discussion were:

- The need to revise the state funding of TB control activities in order to ensure independent procurement of medicines for patients with multi-drug resistant (MDR) and extensively drug-resistant TB XDR-TB.
- Support the proposal for the allocation of funds for the procurement of anti-TB drugs for 1800 patients with drug-resistant tuberculosis for 2015 from the amount of requests for 2016 and 2017.
- Information of Sandra Irbe about the possible inclusion of the items of non-guaranteed financing in the request.

Then, in order to develop joint ideas, participants were divided into four groups depending on the type of their activities with key populations people who inject drug (PWID), sex-workers (SWs) + men who have sex with men (MSM), people leave with HIV (PLHIV) and people living with tuberculosis. Each group presented its vision on issues under consideration.

These working groups proposed to optimize the harm reduction programs for PWID, so that they could receive comprehensive services in one place. As for the group of SWs and MSM, they proposed to strengthen information work and the component of human rights protection for vulnerable populations and expand rapid testing. For the group of PLHIV – to ensure integrated approach in providing services, to improve the quality of testing and counseling for HIV. For the working group on TB – to expand outpatient model of treatment of patients with TB and use the successful experience of pilot sites.

In the second part of the meeting, participants identified the main activities in the field of advocacy to ensure public funding, strengthen community systems, provide mechanisms to remove legal barriers and mechanisms to integrate services. Also, the participants discussed which activities should be included in the concept note, and which would form the basis of "unfunded quality demand".

At the end of the consultation meeting, Sandra Irbe thanked all the participants for a very active and constructive work and expressed her hope that the decisions of the meeting would be considered by the working group to prepare a concept note on the NFM.

The final word was given to Bashmakova Larisa, who informed the participants that she was no longer the head of UNAIDS country office, and then introduced to all Meerim Sarybaeva, a new head. Larisa Bashmakova also expressed her satisfaction with the results of the consultation meeting and encouraged all participants to mobilize as much as possible, in order to optimize and expand all prevention programs under conditions of reduced funding.



During the presentation of the recommendations of the working group for PLHIV

HIV GRANT

First national forum of drug user community

On 24 November 2014, the first national forum of the drug using community was held in Bishkek. The initiator and organizer of the forum was the Harm Reduction Network Association (HRNA) with support from UNDP.

HRNA was established in 2004 and is a national network that brings together civil society organizations created by activists of the communities affected by HIV/AIDS and other socially significant diseases.

The national forum was attended by representatives of government agencies, international organizations and NGOs working in all oblasts of Kyrgyzstan with drug users. The total number of participants was 70.

The urgency of this forum was due to the fact that people who inject drugs (PWIDs) remain the most vulnerable group in relation to the spread of HIV in Kyrgyzstan. Thus, according to the Republican AIDS Center as of 1 November 2014, among 5392 registered citizens of Kyrgyzstan having HIV positive status, more than half, namely 54.9% (2958 people) are PWIDs.

Also, taking into account new approaches to reduce funding from the Global Fund (GF) in the Kyrgyz Republic, a community of drug users and civil society



Madina Tokombaeva - Head HRNA during the welcoming speech

activists have been concerned about the situation which may lead to an increase in the number of drug users, HIV infection, and violation of the rights of vulnerable groups who will be unable to obtain comprehensive, minimum and adequate services.

In this regard, the forum's intention was to develop a strategy for cooperation of organizations established by people from the community and organizations providing services to this vulnerable group. Also it was planned to mobilize the community of people who use drugs and to consolidate all efforts to provide quality and comprehensive services.

The national forum of drug user community became a platform to discuss the challenges faced by people in the community, both in everyday life and in harm reduction programs.

The community of drug users, taking into account the impending reduction in funding from the GF, proposed a more targeted use of funds by improving the quality of services and integrating approaches to harm reduction programs.

Thus, at the forum there were presentations of international organizations on performance results for 2014 and work plans for 2015-2016 for the target group of people who use drugs. This allowed the participants of the forum to analyze the resources from international donors and to discuss the allocation of resources for the community.

Then forum participants were divided into working groups, which addressed approaches to harm reduction programs and opportunities to work under the conditions of the maximum reduction of funds according to the New Funding Model of the GF. Results of the working groups demonstrated that international organizations and members of the community had a common opinion on harm reduction programs.



Participants of the forum

Following the conference there was adopted a resolution, and announced the following proposals from the community:

- Create a single window to provide services for vulnerable groups.
- Provide training programs and support groups in social institutions to change the behavior of PWID;
- Introduce saliva-based rapid testing in all active NGOs working with PWID;
- Develop an integrated set of services on the basis of NGOs and/or governmental agencies.
- For OST provide quality entry and exit from the program through the rehabilitation and readaptation program.
- Strengthen work on harm reduction program in methadone maintenance treatment.
- Create intersectoral collaboration between partners.

Fighting drug addiction behind bars

In June, Ruslan* married for the second time. Like many couples, they met via an online social website.

But unlike most weddings, their nuptials were a private affair held behind prison walls.

There was no reception and the newlyweds will not be able to celebrate their honeymoon until Ruslan is released from prison in six years time.

Most of Ruslan's adult life has been spent in and out of prison. He was first arrested and incarcerated in a juvenile detention facility at the age of 17 for mugging a woman and stealing her jewellery.



On his 18th birthday, he was transferred to an adult penal colony, where he first injected opium. During his four-year sentence, Ruslan continued to use opium to pass the time.

Following his release from prison, Ruslan lived with his mother and helped her sell goods at a bazaar. Heroin had become more prevalent than opium in Kyrgyzstan and Ruslan became hooked.

His mother didn't know about his drug use until one day she found his syringes in the house. She tried to get him to quit, even going so far as moving his warm clothes to her sister's house during the winter so that he could not leave the house to buy drugs. These tactics only kept Ruslan clean for a couple of weeks.

Ruslan soon developed a tolerance to heroin and needed higher doses to get a rush. Mugging people on the street did not make him enough money and the seriousness of his crimes intensified. He began burgling homes.

Luck was never on Ruslan's side and he repeatedly ended up back behind bars. Through the years, he was incarcerated six more times.

When he was nearing 40, Ruslan became tired of his criminal lifestyle. During a spell in prison in 2013 he entered the Atlantis programme, an abstinence oriented drug treatment scheme.

Later that year, a drug-free Ruslan left prison. But he quickly became frustrated with looking for work and slipped back into his old lifestyle of using heroin and burgling homes again.

It was not long before Ruslan was arrested for residential burglary and sentenced to a maximum-security prison. This time he tried the methadone maintenance treatment program (MMT), which he continued after being transferred to Penal Colony 31.

Ruslan claims he lost weight and his appetite on MMT and decided that he did not want any kind of substance in his system. He opted to return to the Atlantis programme.

Although there can be side effects associated with Methadone, most disappear during treatment as the body adjusts to the medicine.

Unlike MMT, the Atlantis programme is based on self-restraint, which many long-term drug users, especially prisoners, may find difficult to adhere once they have time on their hands and some access to drugs.

The MMT program has been implemented in Kyrgyzstan since 2002. By the end of 2013, as part of the implementation of the Global Fund Grant, 30 MMT centres were operating in the country.

There are now 23 centres in civilian health care facilities and seven in the state penitentiary system.

In 2013, 1,434 patients received methadone maintenance therapy, 972 patients in the public sector and 324 patients in prison. The Centers for Disease Control and Prevention (CDC), in partnership with UNDP, administered methadone to 138 patients.

In 2012 (the latest figures available), 132 clients successfully completed the Atlantis rehabilitation programme in eight penitentiary systems in Kyrgyzstan.

After one month of being drug free, Ruslan insists he is feeling the difference.

"Before, I would wake up and think of where I could get my next dose of heroin," he says. "All I would think about was drugs. Now I notice that the sun is shining and the birds are singing. Even in prison, I'm enjoying life."

Unfortunately, Ruslan's mother did not live to see him turn his life around. When she passed away in 2011, Ruslan blamed himself for her death.

"She was always worrying about my lifestyle," says Ruslan. His only remaining family member is his sister, who he maintains a close relationship with.

Once he is released, Ruslan vows to stay off drugs, get a job and take care of his new wife and family, including his son from his previous marriage. This time, he's confident that he can remain clean.

**Client asked not to use his last name*

Highlights

- By the end of 2013, as part of the implementation of the Global Fund Grant, 30 MMT centres were operating in the country, 23 in civilian health care facilities and seven in the state penitentiary system.
- In 2013, 1434 patients received methadone substitution therapy, 972 patients in the public sector and 324 patients in prisons. The Centers for Disease Control and Prevention (CDC), in partnership with UNDP, administered methadone to 138 patients.
- In 2012 (latest figures available), 132 clients successfully completed the Atlantis rehabilitation programme in eight penitentiary systems in Kyrgyzstan.

Reforming the penal system of the Kyrgyz Republic

On 19 November 2014, the regular meeting of the Coordinating Council on reforming the penal system of the Kyrgyz Republic was held in Bishkek. The meeting was held with the participation of a wide range of partners and representatives from the governmental, international organizations and civil society.

In his opening speech, Colonel Arbaev Sovetbek, Chairman of the State Service for the Execution of Punishments (SSEP), expressed gratitude to all partners for their active participation in the meetings of the Coordinating Council. He also informed that in the near future the SSEP would hold a round table discussion on the review of the implementation of the national strategy for development of the penal system, where a detailed report on the implementation of measures would be presented.

This round table discussion will be attended by representatives of the Government Office, General Prosecutor Office, Supreme Court and representatives of all government agencies involved in the implementation of the above strategy, as well as representatives of civil society.

Furthermore, Chynara Toichubekova, Senior Inspector of the Office for the Organization of Health Service Support under the SSEP spoke about the process of interaction of the SSEP with the Republican AIDS Center and the Republican Narcology Center on the prevention of HIV infection, as well as the services provided to people living with HIV in the penitentiary system.

This work was started in 2005 and today it is continued in the field of HIV prevention in cooperation with the Republican AIDS Center (RAC). Namely, the laboratories of the RAC conduct enzyme-linked immunosorbent assay (ELISA) and immunoblot (IB) tests, tests for cluster of differentiation (CD) cells and viral load. Specialists of the RAC on the management and care of patients conduct consultations for patients with HIV in institutions of the SSEP. The SSEP provides anti-retroviral drugs (ARVs) on request.

In turn, the SSEP submits on a regular basis to the RAC, the information on the number of registered PLHIV, the number of PLHIV receiving antiretroviral drugs, the number of registered HIV-infected people with TB and the number of released PLHIV.

Also, on 16 October 2014 at the initiative of the SSEP there was established a working group to improve the interaction between the Republican AIDS Center, the Republican Narcology Center and Medical Service of the SSEP. The main objective of this group is to improve health care for people living with HIV and people who inject drugs in prisons of the SSEP and ensure continuity of medical care for PLHIV and PWID in transitional and post-release period.

At the meeting, representatives of the SSEP also reported about the development of the draft decree of the Government of the Kyrgyz Republic "On the action plan of the SSEP and the Ministry of Health of the Kyrgyz Republic on social support of TB patients during their stay in prison and after release". This draft is currently under development.

Also at the meeting there were discussed the results of the joint M&E visit in the framework of the project "Support to the reform of the penitentiary system in the Kyrgyz Republic" implemented by the United Nations Office on Drugs and Crime (UNODC).

Human rights defenders attending the meeting asked to conduct monitoring in prisons for detention conditions, health status, medical care, as well as the torture of prisoners held in institutions of the SSEP.

Following the meeting, it was decided:

- Office for the Organization of Health Service Support (UOMSO) under the SSEP shall enhance the interaction between the Republican AIDS Center, the Republican Narcology Center and Medical Service of the SSEP to improve the joint measures for the implementation of uniform reporting forms and continuity of care.
- UOMSO shall assist in assessing TB and HIV programs, hear the results of this assessment with respect to the penitentiary system of the Kyrgyz Republic at the next meeting.

Development of social support skills

On 17-19 November 2014, a training "Social support - a method of working with people vulnerable to HIV and living with HIV" was conducted in the city of Osh.

The training was attended by 20 employees of NGOs, including social workers, social and "peer" consultants.

The main purpose of the training was to improve the system of social support by raising the level of knowledge of employees of non-governmental organizations as well as to develop the skills for supporting people vulnerable to HIV and people living with HIV.

During the training, special attention was paid to the responsibility of clients, issues on how to provide comprehensive services, the ways of interaction within the partner network and social support standards approved by the Ministry of Health of the Kyrgyz Republic. During the training, participants gave examples from practice, considered situations with difficult clients.

According to the participants, the knowledge gained during the training would certainly help them in their work. They saw the gaps in their work, in the preparation of documents, discovered new perspectives and opportunities in their work.



Participants of the Coordinating Council on reforming the penal system

Strategic planning and development of NGOs

From 20 to 22 November 2014 UNDP organized a training in the city of Osh for sub-recipients of HIV grant "Introduction to strategic planning and development of NGOs. Fundraising. Teambuilding".

The training participants were managers, coordinators of NGOs, social and outreach workers. In total there were 18 participants.

The training was aimed at increasing the capacity of staff of AIDS service organizations from civil sector. During the training, participants were familiarized with the stages and criteria of competent strategic planning and fundraising. They learned the skills of strategic analysis and teambuilding.

Training participants were familiarized with the most important moments of planning the activities of organizations, learned to plan the activities of NGOs, taking into account all relevant factors. The training referred to the importance of flexible response to changing conditions of financing, the need for close cooperation with other organizations for efficient operation and ability to work as a team to improve the quality of work.

During the training, participants practiced in making a strategic plan as a model and finding funds for further functioning of their organizations. Also, the participants of the training were to learn how to determine the mission, goals and objectives of the organization; be able to find creative ways to solve problems and financial resources "on earth", that is to use all available resources. In addition throughout the training there were conducted exercises on teambuilding.

As recognized by many participants of the seminar, they had previously never looked at their job at an angle of strategic development.

Thus, for example, the head of NGO "Gvozhdika" at the beginning of the training remarked that if in 2015 there would not be funding from the GF she planned to close the NGO. However, by the end of the training she said that she saw new horizons and no longer thought about closing the organization.

Other participants also expressed their gratitude for the training conducted, as they discovered new perspectives and opportunities in their work.

Journalists learned skills how to better cover the issues of HIV

From 27 to 29 November 2014, a training was held in Issyk-Kul oblast for journalists in Kyrgyzstan on coverage of HIV in the media.

The training was attended by 15 representatives of the media: correspondents of central TV channels, as well as journalists of news agencies, newspapers and radio.

On the first day of training journalists got acquainted with the activities of UNDP in the framework of the grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria in Kyrgyzstan. Participants also got acquainted with the current epidemiological situation of HIV in the world and in Kyrgyzstan. They learned the history of origin of infection, ways of transmission, post-exposure prophylaxis and antiretroviral therapy. During training there were also discussed harm reduction



Journalists during gaming sessions

programs, including the myths and realities regarding substitution therapy and the important role of journalists in the correct coverage of these issues.



Journalists during gaming sessions

Further technical sessions were held for representatives of various types of media - print and television media. Participants discussed the challenges and features of covering the themes associated with HIV infection and TB. There were given examples of creating professional materials. They discussed the principles of journalistic ethics and social responsibility of the journalist in creating materials which reveal medical history of the patient or the interviewer.

On the second day of the training they discussed stigma and discrimination against people living with HIV (PLHIV). The theme of reducing stigma is extremely important since in Kyrgyzstan there is discrimination against PLHIV. According to experts, often this occurs because of the fear of people to be infected with HIV and ignorance of the ways of transmission. Also, the high stigmatization of PLHIV is confirmed by the fact that the majority of people living with HIV are more afraid of discrimination in society, rather than the negative consequences of infection for health. Stigma towards PLHIV in Kyrgyzstan is often manifested in the workplace, in the religious sphere, in the family, in society and even in health care settings.

An expert from the civil sector gave examples of stigma and discrimination against PLHIV. Together with journalists there was discussed how the media should promote the development of society's tolerance towards PLHIV.

Then, as a sign of confidence in the journalists present, one of the coaches voluntarily disclosed his HIV positive status. This was done in order that the journalists could feel that in everyday life PLHIV did not differ from the others, and there was no reason to stigmatize. Journalists conducted a group interview and, together with media trainer worked out the skills of how to interview people living with HIV.

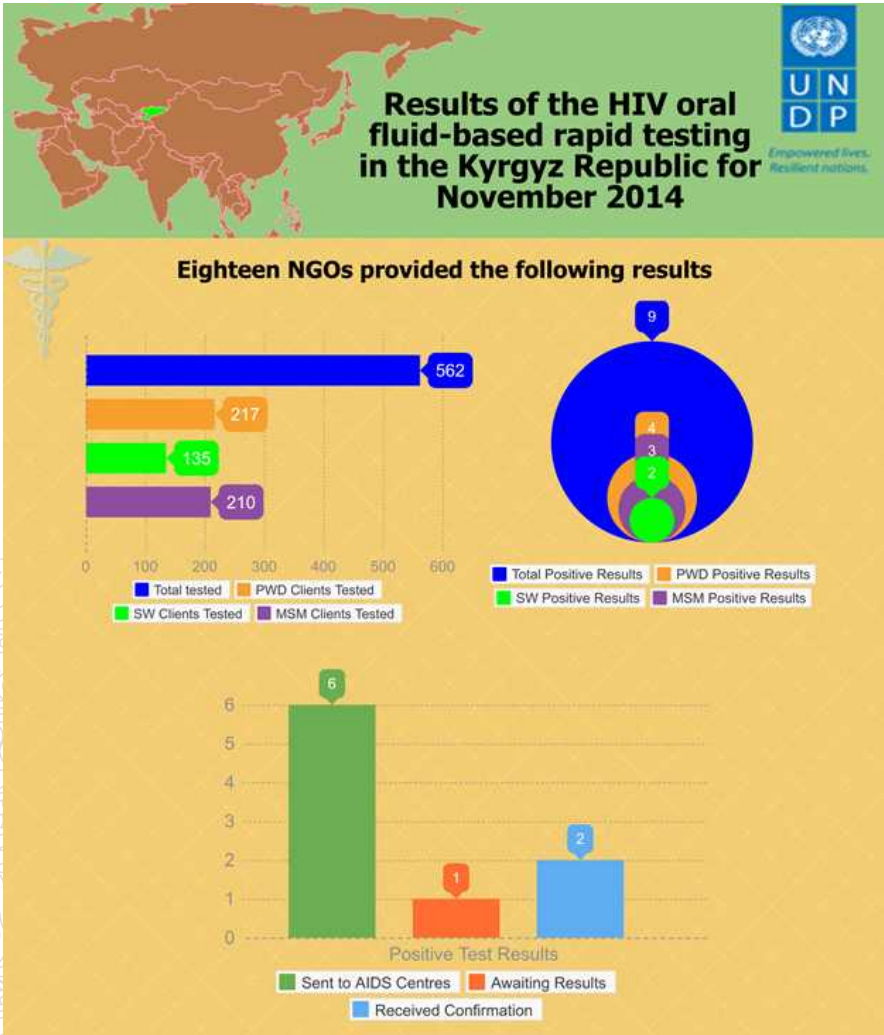


Journalists during saliva rapid testing

In the final part of the training journalists took part in a voluntary rapid saliva-based HIV testing. Journalists on their personal example learned about the pre-test counseling and how to conduct rapid testing.

By the end of training, the participants were presented UNAIDS Terminology Guidelines and a textbook in Russian and Kyrgyz languages developed with the support of UNDP "How to cover the issues of HIV in the media" and other informational materials about HIV and protection of the rights of PLHIV.

Feedback from participants confirms the success of the training and demonstrates an increased commitment of journalists to objective and comprehensive coverage of HIV/AIDS in the future.



TUBERCULOSIS GRANT

Monitoring visit to Jalal-Abad oblast

From 17 to 21 November 2014, a monitoring visit to Jalal-Abad oblast took place, in the course of which there were visited TB facilities in Nooken, Bazar-Korgon, Suzak districts, as well as Jalal-Abad City TB Center, Toktogul Family Medicine Center and Jalal-Abad Oblast TB Center. In total the monitoring covered 15 medical institutions, including family medicine centers and family group practitioners.



UNDP staff B.Almerekova explains the features of anti-TB drugs

This monitoring was conducted by a team of UNDP specialists together with the head of monitoring department of Jalal-Abad Oblast TB Center. During the visit there was evaluated the implementation of program activities under the agreement between UNDP and Jalal-Abad Oblast TB Center.

All health facilities of the oblast are provided with anti-TB second-line drugs and medicines for the relief of side effects of all drug resistant TB (DR-TB) patients as well as with health products (HP) and clinical guidelines for TB. During the visit, health care workers of TB facilities were also provided practical assistance aimed at improving the program and clinical skills.

Biochemical studies to identify adverse reactions in patients are conducted with the assistance of UNDP. Patients adhered to treatment receive monthly compensation for transportation costs and motivational payments. Also, the district TB doctors are given motivational payments in achieving a successful outcome of treatment of the patient.

According to the results of the monitoring visit, the following violations were identified in Jalal-Abad oblast:

- In some FMCs treatment of patients at the outpatient stage is 30-31 days instead of 26 days, which leads to the overconsumption of anti-TB drugs.
- Also, some FMCs do not always respect dosages and treatment regimens in patients with DR-TB, which were prescribed by the concilium.
- There is insufficient control and management of 2-3 line anti-TB drugs, journals of health products and drugs that relieve adverse reactions, for example in Toktogul FMC.
- TB doctors and health workers do not conduct adequate work to relieve adverse reactions in patients with DR-TB.



UNDP staff V.Sorokina checks the correctness of the registration of medicines

- Improper conduct of training sessions and consultations for MDR-TB patients who are hospitalized in Jalal-Abad Oblast TB Center.

All identified violations were presented to the heads of primary health care facilities and MDR-TB coordinator of the oblast TB center to address the deficiencies and take appropriate measures.

Procurement information for November 2014

1. The contract for the supply of storage racks for oblast AIDS centers and oblast TB facilities: \$10,055 USD.
2. The contract for the supply of medical products (vacutainers) for the Republican AIDS Center and the Republican Center of Dermatology and Venereology: \$4,512 USD.
3. The contract for the supply of office equipment: \$4,810 USD.
4. The contract for the provision of conference services for training "Coverage of HIV/AIDS in media": \$4,205 USD.
5. The contract for the creation of social video to reduce stigma towards people living with HIV: \$3,106 USD.
6. The contract for the supply of printed materials: \$4,145 USD.
7. Purchased and delivered anti-virus program for UNDP GF grants: \$1,607 USD.
8. Signed contracts with three TV channels to broadcast social video on the reduction of stigma towards people living with HIV: \$4,046 USD.
9. The contract for the provision of services on the organization of the conference (National Dialogue): \$7,883 USD.
10. The contract for the international standards (reference panels) for the NGO Preventive Medicine: \$1,837 USD.
11. The contract for the supply of 3rd generation test systems for the Republican AIDS Center. The total amount of the contract: \$61,625 USD.

Information on deliveries for November 2014

HIV Grant:

- Health products, medicines and various goods to AIDS Centers and NGOs: \$ 55,544 USD.
- Informational and educational materials for NGOs: \$ 2,152 USD.

TB Grant:

- Medicines to TB facilities: \$ 82,880 USD.
- Various other health products: \$ 1,282 USD.

Malaria Grant:

- Health products and medicines for Department of Disease Prevention and State Sanitary Epidemiological Surveillance and oblast centers: \$ 70 USD.



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