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ANNUAL REPORT

on the implementation of grants provided by the Global Fund to fight AIDS, Tuberculosis and Malaria in Kyrgyzstan - 2013

DEAR FRIENDS,

I am honoured to share with you our 2013 Annual Report highlighting the programmes implemented in Kyrgyzstan though the support of the Global Fund. The Global Fund grants continue to make a significant contribution to the national Health Reform Programme Den Sooluk for 2012-2016.

It was our third year as Principal Recipient of the three grants for HIV, tuberculosis and malaria. We are delighted to complete this year with "A" ratings for all three grants.

Besides accomplishing the progress indicators as outlined by the Global Fund, we also made significant financial savings in all three programmes. For the TB programme, this allowed the enrollment of an additional 165 people on multi-drug resistant tuberculosis treatment. Also, our efficiency gains within the HIV grant allowed for a year-long non-cost extension of the entire programme with no effect on the quality or volume of aid. We are very proud of these achievements in cost-efficiency, which parallel our overall intention to proactively improve the livelihoods of the HIV/TB/malaria-affected cohorts in the region.

The success of these efforts would be impossible without all of you: our donors, partners and clients. We value our partnership and your trust in UNDP, and hope to maintain and build our relationship in 2014.

Yours Sincerely,
Alexander Avanessov

UN Resident Coordinator,
UNDP Resident Representative
In Kyrgyz Republic

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARHC	Association of Rural Health Committees
ART	Antiretroviral Therapy
ARV	Antiretroviral
ATBD	Anti-TB drugs
BOTBC	Batken Oblast TB Centre
CCM	Country Coordinating Mechanism
CDC	Centre for Disease Control and Prevention
COTBC	Chui Oblast TB Centre
CTBC	Bishkek City TB Centre
DB	Database
DCDP&SSES	District Centre for Disease Prevention and State Sanitary Epidemiological Surveillance
DDP&SSES	Department of Disease Prevention and State Sanitary Epidemiological Surveillance
DR-TB	Drug Resistant Tuberculosis
GF	Global Fund to Fight AIDS, TB and Malaria
HBC	Hepatitis C Virus
HBV	Hepatitis B Virus
HIV	Human immunodeficiency
HP	Health Products
HPA	Health Promotion Association
HPU	Health Promotion Unit
IC	Infection Control
ICAP	International Center for AIDS Care and Treatment Programs at Columbia University
IEM	Information and Education Materials
IOTBC	Issyk-Kul Oblast TB Centre
IRS	Internal Residual Spraying
JOTBC	Jalalabad Oblast TB Centre
KR	Kyrgyz Republic
KSMITR	Kyrgyz State Medical Institute for Training and Retraining
M&E	Monitoring and Evaluation
MARP	Most At Risk Populations
MDR-TB	Multi-Drug Resistant Tuberculosis
MDT	Multidisciplinary Teams
MIS	Management Information System
MMT	Methadone Maintenance Treatment
MOH	Ministry of Health
MPTI	Medical and Preventive Treatment Institutions
MPTIs	Medical and Preventive Treatment Institutions
MSM	Men Who Have Sex with Men
NCP	National Center of Phthisiology
NGF	Non-governmental Foundation
NGO	Non-governmental Organizations
NOTBC	Naryn Oblast TB Centre

NRL	National Reference Laboratory
NSE	Needle and Syringe Exchange
NTP	National Tuberculosis Programme
OCB	Out of town clinical base of NCP
OI	Opportunistic Infections
OOTBC	Osh Oblast TB Centre
PCR	Polymerase Chain Reaction
PHC	Primary Health Care
PLH	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PR	Principal Recipient
PWID	People Who Inject Drugs
RCHP	Republican Centre for Health Promotion
RCN	Republican Centre for Narcology of Ministry of Health of KR
SNL	Supra National Laboratory
SOP	Standard Operating Procedures
SR	Sub-recipient
SS	Sentinel Surveillance
SSEP	State Service for the Execution of Punishment
STI	Sexually Transmitted Infections
SW	Sex Workers
T&C	Testing and Counselling
TB	Tuberculosis
TOTBC	Talas Oblast TB Centre
UNAIDS	Joint United Nations Program on HIV
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

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HIV EPIDEMIOLOGICAL SITUATION

HIV remains a major public health challenge in the WHO European Region, which has in its eastern part the most rapidly growing HIV epidemic in the world.

An estimated 2.2 million people in the European Region were living with HIV in 2009, of whom 1.4 million were in eastern Europe and Central Asia, three times as many as in 2000. Similarly, while the number of diagnosed AIDS cases and AIDS-related mortality have declined in the Region as a whole, estimated number of AIDS-related deaths in eastern Europe and Central Asia showed a fourfold increase during 2001-2009.

European Action Plan for HIV/AIDS 2012–2015
WHO, Regional Office for Europe, 2013

Among the commitments entered into by the states in the UN Political Declaration of 2011 are improvement of specific health care outcomes (e.g. reduction of HIV level and sexual transmission of HIV and as a result of injecting drugs by 50%, elimination of new HIV cases among children), indicators of coverage and funding (e.g. provision of treatment to 15 million people living with HIV, funding HIV programs with 22-24 billion US dollars), indicators relating to the elimination of HIV-related issues (e.g. elimination of stigma and discrimination, gender inequality and elimination of entry, stay and residence restrictions) and taking measures to ensure sustainable responses (e.g. integration of efforts on HIV with other activities in health care and development).

It is estimated that 35.3 (32.2-38.8) million people infected with HIV lived in the world in 2012. This estimate is higher than that of previous years because more people started receiving antiretroviral therapy.

The number of new HIV cases globally was 2.3 (1.9-2.7) million, which is 33% less than that in 2001, which was 3.4 (3.1-3.7) million. At the same time, there is a reduction of AIDS-related mortality from 2.3 (2.1-2.6) million deaths in 2005 to 1.6 (1.4-1.9) million in 2012.

The Kyrgyz Republic remains a country with a low level of HIV prevalence, which is 0.07% among total population as of December 31, 2013.

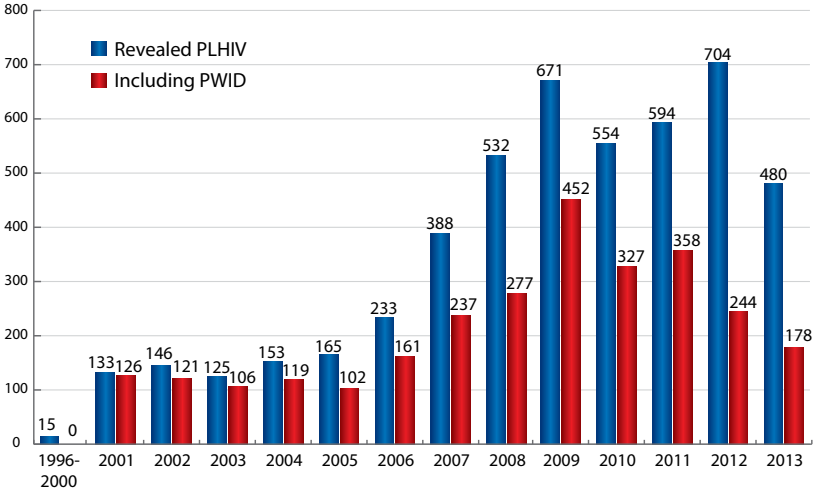
At the same time, Kyrgyzstan is among the seven countries with the fastest-growing epidemic in the world.

The cumulative number of officially registered HIV cases from 2005 to 2013 was 5,115.

The HIV rate among nationals of the Kyrgyz Republic in 2013 was reduced by 32% as compared to 2012. Thus, 480 cases were registered in 2013 against 704 cases in 2012.

In recent years the HIV epidemic in the Kyrgyz Republic has been at the concentrated phase. In-

Change in HIV deaths among nationals of KR and PWID by years



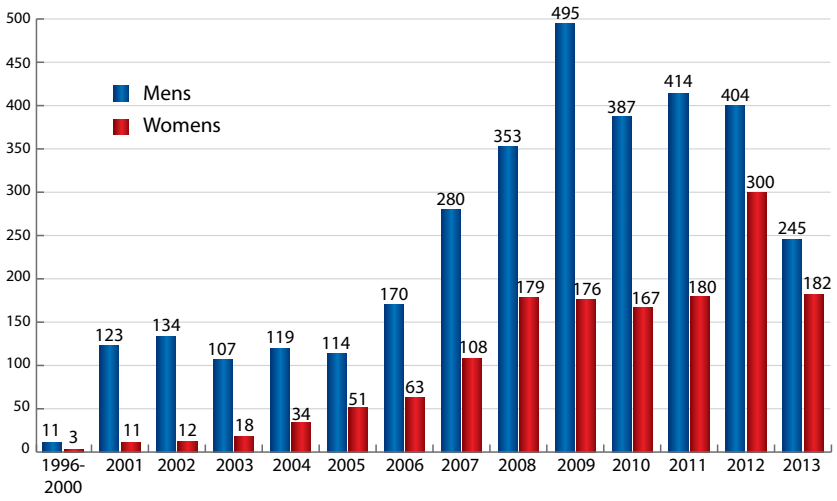
jecting drugs is still the major means of HIV transmission Thus, people who inject drugs (PWID) accounted for 31.7% of all newly detected AIDS cases in 2013.

The number of HIV cases among women, the majority of whom are most likely to be PWID or sexual partners of injecting drug users, has grown, which is alarming. Thus, women were 9.5% of people living with HIV in 2001, but by the end of 2013 this figure showed a threefold increase to 50.5%.

Young able-bodied people aged 20-49 prevail in the age structure of HIV prevalence.

In 2013, the rate of detection of new HIV cases in children also grew. Thus, HIV cases in children rose rapidly in 2007 and there were 46 against 3 cases detected in 2006. The highest number of cases, 157, were detected in 2012, whereas in 2013 there were 24 cases of HIV detected among children aged 0-14.

Prevalence of HIV cases by age as of 01.01.2014



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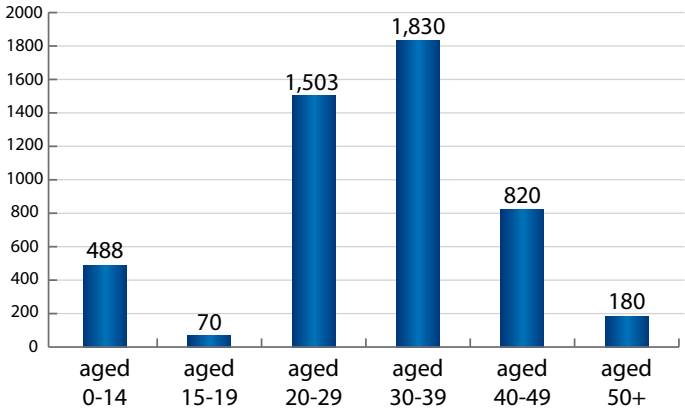


Plans set by the UNDP for 2013:

- Reprogramming of resources saved in 2011-2012 to 2013.
- Strengthening AIDS centers' service at all levels.
- Estimation of the number of at risk populations (PWID, SW and MSM) required to plan prevention programs and estimate their efficiency.
- Standardization of records of clients of programs.
- Improvement of health products waste managementsystem.
- Improvement of quality of PMTCT actions through the procurement and supply of childbirth and newborns packs.
- Opening of five new MMT points, three of which will be opened in the Ministry of Health facilities and two in SSEP facilities.
- Introduction of new strategies on motivating customers to be committed to the MMT program and motivating personnel of NSE.

– Jointly with the RCN, monitor and control the execution of the order on the approved dosages of methadone and introduction of rapid HIV testing at MMT points.
– Strengthening the capacity of organizations for monitoring activities and preparing progress reports.

In the reporting period, UNDP as a Principal Recipient of the Global Fund HIV Grant implemented the tasks set for 2013. Below is detailed information on the key areas of work.

Part 1. General information about the Grant

Project Name: Promoting accessibility and quality of prevention, treatment, detection and care services for HIV among the most vulnerable populations in the Kyrgyz Republic.

# Grant	KGZ-H-UNDP
Duration of phase 1 of the consolidated HIV grant	July 1, 2011 to December 31, 2013.
Date of agreement signing	October 14, 2011
Budget of phase 1 of the consolidated HIV grant:	US$ 30,733,897
Date of first transfer from GF	December 14, 2011
Principal Recipient	UNDP
Reporting Period	January 1 - December 31, 2013
Budget for 2013	US$ 11,829,864
Sub-recipients:	Republican Narcology Centre, Republican AIDS Centre, Preventive Medicine Association, State Agency for Punishment Execution, WHO, UNICEF, Non-governmental organizations and others.

The epidemiological situation in the Kyrgyz Republic in the last 10 years has determined the major **goal of the HIV Grant:**

«Reduction of HIV prevalence rate among the most at risk populations by improving the availability and quality of services for prevention, treatment and care as part of a national response to the epidemic».

Three key tasks were defined as part of phase 1 implementation:

1. Strengthening the systems of the most at risk populations to expand access to HIV prevention and treatment services.
2. Improving the efficiency of HIV prevention among the most at risk populations – PWID, SWs, MSM, inmates and those in health care facilities.
3. Increasing the availability and improving the quality of services for the prevention, treatment, care and support of people living with HIV (PLH), including the provision of ART and social support to adults and children with HIV, prevention of vertical transmission of HIV, preventing HIV/TB for PLH, as well as improving laboratory diagnosis of HIV and associated infections.

The implementation of Phase 1 of the Grant was focused on all regions of the country and covered the following spheres of activities:

- Strengthening of civil society and building an institutional capacity.
- Working with local communities.
- Safety of medical procedures and general precautions.
- Antiretroviral therapy (ARV).
- Prevention and treatment of opportunistic infections.
- Provision of goods: medical products, equipment and technologies.
- Prevention of mother-to-child transmission (PMTCT).

– Activities to detect and treat HIV/TB co-infection (HIV/TB).
– Care and support for chronic patients. Reducing stigma and discrimination.
– Monitoring and evaluation.

From July 2013, direct agreements with sub-recipients were signed after evaluation of the capacity of all sub-recipients in the non-governmental sector and partners in the public sector.

Thus, by the end of 2013, UNDP was working under direct contracts with 40 sub-recipients.

New partners were involved in the grant implementation to work with a group of MSM in Chuy oblast, and to work with a group of SW and PLH in Naryn oblast.

A significant proportion of sub-recipients from the non-governmental sector were evaluated l by results of the audit, which allowed the NGO to expand its geographical coverage and the package of services provided to the harm reduction and HIV transmission prevention program clients, as well as people living with HIV/AIDS.

The State Agency of Execution of Punishment signed a direct agreement with UNDP in 2013 and started implementing a multipronged approach to solving the problems faced by the programs for prevention of HIV among inmates.

In 2013, UNDP paid special attention to working with young people, religious figures, rural health committees, and the educational system of the Kyrgyz Republic.

The most at risk populations in Europe face specific structural barriers to accessing HIV services, such as criminalization of their behaviour, stigma, discrimination, and rules and regulations within and outside the health care system. Services to prevent, diagnose and treat HIV infection are often not accessible to, or do not reach, highly vulnerable and disadvantaged individuals and populations, contributing to increasing health inequalities.

An estimated one-third of people living with HIV in the European Union and European Economic Area, and up to 60% in some eastern European and central Asian countries, are unaware of having been infected, owing to their limited access to and low uptake of HIV testing and counselling services.

European Action Plan for HIV/AIDS 2012–2015 WHO, Regional Office for Europe, 2013

Part 2. Progress in implementation of the HIV Grant

In 2013, the grant was implemented in a comprehensive manner in collaboration with state organizations (mainly in the system of MOH and SSEP) and the non-governmental sector, including community-level organizations representing the community of PLH and populations with risky behavior.

Strengthening integration between the state and the NGO sector, strengthening national capacity, improving the package and quality of medical and preventive and social services, and making them more available were the key priorities of the UNDP as Principal Recipient in 2013.

The total budget approved by the Global Fund for 2013 was $11,829,864. Table 1 below provides information on the allocation of funds distributed between the Principal Recipient and sub-recipients in the ratio of 56.6% to 31.4%, respectively.

> The term "key populations at higher risk" refers to the groups most likely to be exposed to HIV or to transmit it
>
> ***European Action Plan for HIV/AIDS 2012–2015 WHO, Regional Office for Europe, 2013***

Table 1: Review of total amount budgeted and spent funds in 2013.

Total amount of approved, received and spent funds, USD				
PR/SR	**Budget for 2013**	**Spent in 2013**	**Liabilities in 2013**	**% of budget implementation**
UNDP	6,702,035	5,603,662 (including advance payments)	706,717	94.2%
Sub-recipients	3,718,804	3,361,458	0	86.9%

See Annex section for detailed information about the funding of every sub-recipient.

As a result of the implementation of activities intended to perform the programme's main tasks, the following indicators were reached in 2013:

Coverage of the most at risk populations with prevention services

The total number of points where PWID can receive a minimum package of services reached 46 in 2013, compared to 29 in 2012. The main partners of UNDP in 2013 were narcology service, primary health care service, SSEP, non-governmental organizations, and private pharmacies, which provided services in Bishkek and Chuy oblast.

16 needle and syringe exchange points were organized in the public health care system on the basis of narcology service facilities and FMC. 15 stations providing a minimum package of services were organized by non-governmental organizations in Bishkek, Issyk-Kul, and Osh oblasts, with 8 stations located in 24-hour drug stores in Bishkek and Chui oblast.

In 2013, harm reduction programs managed to cover more than 10 thousand PWID including more than 1,000 women.

In 2013, sub-recipients distributed 7,004,861 syringes, 1,533,280 condoms, and 6,766,273 alcohol wipes.

Every PWID received 544 syringes, 122 condoms, and 562 alcohol wipes, on average.

In 2013, 14,743 PWID used this service throughout the republic in first six months and 10,777 in the second half of the year.

In 2013, 15 syringe and needle exchanges in the state penal system were supported by the GF Grant.

Nearly 1,500 incarcerated PWID were reached by a minimum package of services with 63 of them referred to the methadone maintenance therapy program. More than half of them were tested for HIV and sexually transmitted infections.

Despite the fact that three organizations from the non-governmental sector terminated the agreement with UNDP from July 1, 2013, the UNDP provided 25,520 minimum packages of services in 2013 which is higher than the 25,366 in 2012. Thus, UNDP made sterile injecting equipment available in full to all PWID.

A minimum package of services to prevent HIV prevalence among most at risk populations includes the following components:

1) information on HIV, risky behavior and ways of prevention presented verbally (individual or group counseling/mini sessions) or in booklets;
2) personal protective equipment related to risky behavior: syringes/needles/wipes for safe injections and condoms for safe sexual behavior;
3) referral for examination

In the second half of 2013, interaction with the non-governmental sector was extended to the area of prevention programs among sex workers and MSM. From July to December 2013, 9 NGOs in all seven oblasts of Kyrgyzstan, as well as the cities of Bishkek and Osh, were involved in such programs. At the same period, 3,020 sex workers received a minimum package of services to prevent HIV. The new NGO, "ZiOM 21" also joined the program during the reporting period and one organization "Ayan Delta" expanded its services to sex workers.

Thus, by the end of 2013 "ZiOM 21" was the only organization in Talas oblast that provided preventive services to this target group.

However, the NGO "Sakbol" based in Balykchi of Issyk-Kul oblast suspended its activities from July 2013 after public actions by some people against sex workers. Despite all the cases of discrimination against sex workers by public and police authorities, UNDP made it possible for sex workers to receive a minimum package of services, as well as social and legal support.

In July 2013, UNDP funded the Second National Conference of SW with the goal of "Strengthening the capacity of sex workers' community in response to HIV epidemic".

This year significant progress on f HIV Grant implementation was observed in collaboration with NGOs working with MSM. In the last six months, the prevention program among MSM reached 1,327 people, which is 25% more than over the same period in 2012 (1,059). In 2013, direct sub-recipients of UNDP were 5 NGOs that implemented projects among MSM. These organizations managed to cover the three regions of Osh, Jalal-Abad and Chuy oblasts, including the cities of Osh and Bishkek. All program clients were granted access to diagnostic and treatment services provided by patient-friendly doctors on HIV and sexually transmitted infections, and social and legal assistance.

The new NGO, "Kyrgyz Indigo", also joined the program in October 2013. This organization works in Bishkek and covers MSM aged 18-27.

The Second National Conference of MSM service and LGBT community of the Kyrgyz Republic held in November 2013, goal was to "Establish and develop LGBTIQ movement through the consolidation of organizations, initiatives, activists/leaders of communities, and joining their efforts in the field of human rights, including the right to health". This conference adopted a resolution containing a message and further actions needed to be taken by all stakeholders to

ensure the observance of human rights, human dignity and respect free from violence, intimidation, stigma, or discrimination.

Voluntary Counselling and Testing

In 2012, UNDP in collaboration with USAID and national partners launched a new program, rapid saliva HIV testing . To introduce this program, UNDP estimated, selected and trained the staff of 12 NGOs working both in northern and southern regions of the country.

From the second half of 2013, the rapid saliva HIV test program was maintained by 10 NGOs and covered 3 at risk groups , PWID, SW and MSM. In November 2013, UNDP organized the second cycle of training workshops for NGO staff on how to diagnose HIV by rapid saliva testing in order to continuously improve the quality of testing and counselling in the non-governmental sector. 40 members of staff were trained and 5 volunteers of NGOs (NGOs "Asteria", "AntiAIDS" and "Tais Plus") demonstrated their skills and helped trainers with practical trainings.

Table #2. Summary table of test results from January to December 2013

Name of organization and at risk group	Total people tested	Negative result of rapid test	Positive result of rapid test	Referred, but not reached the AIDS Center yet	Referred and reached the AIDS Centre for further examination
"Alternativa v narkologii" - PWID	506	479	27	25	2
"Anti AIDS" - MSM	238	221	17	11	6
"Asteria" - PWID	212	201	11	10	1
"Gvozdika" - SW	257	257	0	0	0
"Kyrgyz Indigo" - MSM	105	102	3	3	0
"Plus Center" - PWID	476	452	24	12	12
"Podruga" - SW	420	411	9	8	1
"Pravo na jizn" - PWID	221	210	11	11	0
"Rans Plus" - PWID	209	202	7	4	3
"Parents against drugs" - PWID	534	474	60	60	0
"Tais Plus" - SW	531	521	10	9	1
"Tais Plus 2" - SW	245	239	6	4	2
Total	**3,954**	**3,769**	**185**	**157**	**28**

In the reporting period, all NGOs were supplied with test kits and consumables for diagnostic activities. Wages for NGO staff involved directly in the process of testing and management were increased.

In 2013, 3,954 persons passed rapid saliva HIV tests.

UNDP, jointly with partners, continued improving the state system of HIV screening.

3rd and 4th generation test kits, rapid blood HIV tests and PCR test kits were procured.

In 2013, full access to HIV screening was provided to inmates.

See the table below for information of RC AIDS on the scope of HIV testing:

Year	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Tests	144,927	162,075	179,383	230,020	298,715	359,887	336,112	419,224	514,188	444,661
People	141,925	160,196	173,541	219,668	289,774	348,656	321,633	405,884	492,828	410,833

(over years and in absolute figures).

Figure 1. Results of rapid saliva HIV tests in 2013 by regions of the republic

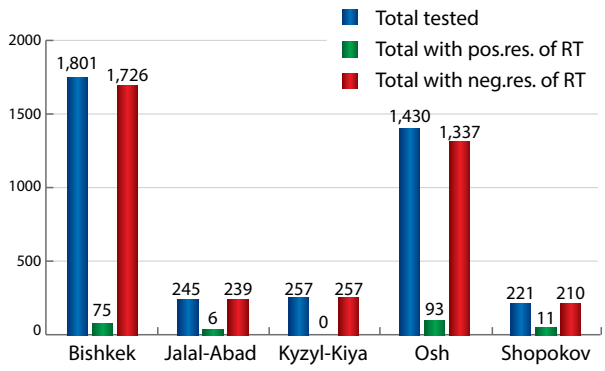
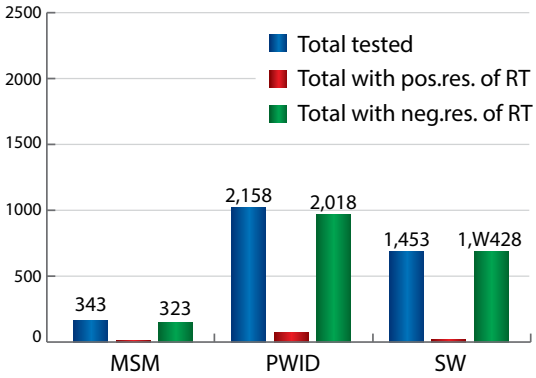


Figure 2. Results of rapid saliva HIV tests in 2013 among most at risk populations



Supported by WHO, the Ministry of Health revised and approved the National Clinical Protocol "Testing and Counselling for HIV" for levels 1-3 of health care organizations in 2013. The purpose of revising the clinical protocol in 2013 was:

The update of the 2008 version on the basis of the recommendations from "Scaling up HIV testing and counselling (T&C) in the WHO European Region as an essential component of efforts to achieve universal access to HIV prevention, treatment, care and support". Also for public health to expand access and improve the quality of T&C in the Kyrgyz Republic.

Policy framework. WHO/EURO 2010 (http://www.euro.who.int/__data/assets/pdf_file/0020/127514/e93715R.pdf) and "Guidance on couples HIV testing and counselling - including antiretroviral therapy for treatment and prevention in serodiscordant couples", guidance WHO/EURO 2012 (http://whqlibdoc.who.int/publications/2012/9789241501972_eng.pdf)

Antiretroviral therapy

UNDP has taken all measures to supply antiretroviral drugs to all regions in the country without interruption. ARV therapy has been provided to PLH according to the WHO recommendations and national protocols approved on their basis.

As of 31/12/2013, according to RA AIDS, the number of patients receiving ART was 1,074, including 297 children, which was higher than the target number of 900 planned for the end of 2013. Among those, 73 inmates received antiretroviral therapy.

To improve clinical indicators of treatment and prevent resistance, the work on supporting commitment to ART in patients receiving treatment has been strengthened in the reporting period both in the civilian and prison sectors. Together with medical specialists, this work has involved peer consultants of PLH (under projects on client management),and staff of the HIV prevention programmes from the most at risk populations projects.

Asystem of ID cards for PLH taking part in social support programs and receiving services from community organizations has been introduced.

This system has shown positive outcomes and prevented the duplication of services, provided social support individually in a confidential manner, and strengthened links between state AIDS centers and non-governmental organizations concerned with involving and maintaining PLH on ARV therapy.

Training tours to USA, Spain, Israel, Ukraine and Kazakhstan have been organized. Medical specialists of AIDS services on the republican and oblast levels, peer consultants, heads of non-governmental organizations, staff of municipal entities of Bishkek, laboratory specialists, and epidemiologists have taken part in the training.

In the reporting period, UNDP in collaboration with development partners (WHO, UNICEF, ICAP), has managed to integrate an electronic system keeping track of HIV cases throughout the country, carry out examination of prescribed treatments, and diagnose HIV transmission with participation of international experts.

Furthermore a team of UNICEF experts refined the Clinical Protocol for assisting and treating children with HIV in level 1-3 facilities.

The protocol is the revised 2009 national protocol, which contains global recommendations fromthe clinical protocol revised by the WHO Regional Office for Europe in 2012 "HIV treatment and care for children".

Supported by WHO, the Ministry of Health revised and approved the National Protocols for detection and treatment:

– Clinical protocol for health care organizations level 1-3 "Antiretroviral treatment for adults and adolescents".

– Clinical protocol for health care organizations level 1-3 "Testing and counselling for HIV"

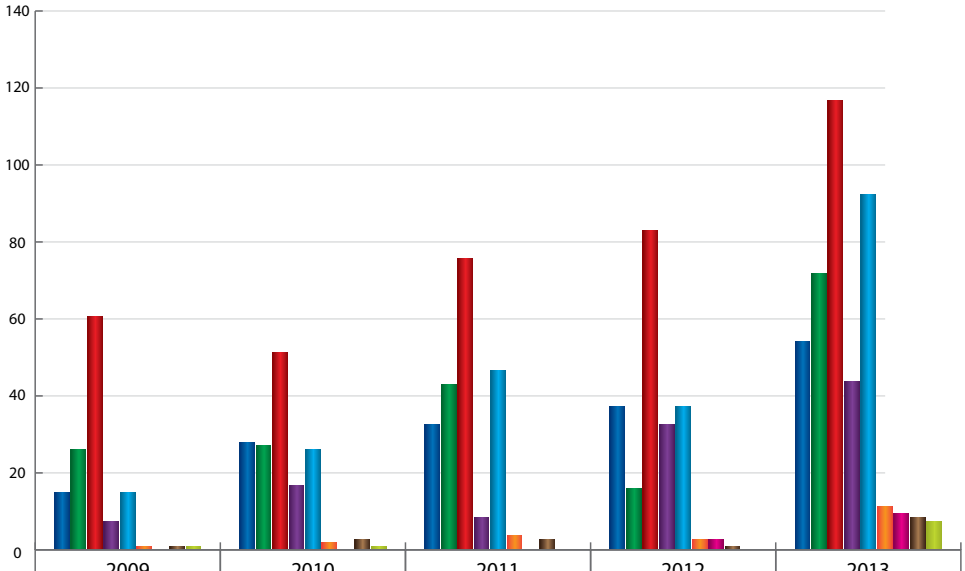
As a result, in 2013 more than 400 new patients were treated with ARV drugs, in 2012 there were 231 new patients, and in 2011 – 229. Thus, the number of new patients enrolled in ART in 2013 increased by 1.7 times.

The Global Fund is the only funding source that procures antiretroviral drugs for PLH in the Kyrgyz Republic. Insufficient funding of the public health system from the state budget necessitates rational and careful use of grant money received from donors.

In May 2013, in order to develop a sustainable system of forecasting the needs and preparation of applications for the supply of ARV drugs, test kits, medicines treating opportunistic infections, and tracking systems of ARV drugs at all levels of treatment, UNDP has supported the initiative of the "Support" project/ICAP, Columbia University, Global program of CDC in Central Asia and UNICEF, on holding a training workshop for specialists on AIDS services and primary medical care "Forecasting and managing medicines and health products procurement under HIV/AIDS program".

In April 2013, for the first time, the direct Agreement signed between UNDP and RC AIDS provides for a separate position of a specialist responsible for drug management of the HIV program.

Figure 3. Changes in involvement to ART by regions in 2009-2013 (data of RC AIDS)



	2009	2010	2011	2012	2013
Bishkek city	16	30	35	40	58
Osh city	28	29	46	17	77
Osh oblast	65	55	81	89	125
Jalal-Abad oblast	8	18	9	35	47
Chui oblast	16	28	50	40	99
Batken oblast	1	2	4	3	12
Talas oblast	0	0	0	3	10
Issyk-Kyl oblast	1	3	3	1	9
Naryn oblast	1	1	0	0	8

From the second half of 2013, UNDP has started receiving monthly reports on expenses and stocks of ARV drugs from all oblasts that received medicines procured out of the GF funds.

Thus, UNDP has made its first significant step towards the development of a system of surveillance of commodities received due to donor funds in the state AIDS care system. However, the issue of forecasting the demands for goods and services requires close attention and efforts from all partners.

In 2013, UNDP supplied all the needs of national partners for test kits for routine HIV testing, viral load, and CD4 count. The issues of selecting a method of detection, groups required to do mandatory HIV tests, testing algorithms, and monitoring the health of PLH (adults and children) receiving ART all require further in-depth study and analysis.

Treatment of opportunistic infections (OI)

In 2013, the total number of opportunistic infections registered in adults and children was 361 . The number of new cases of HIV/TB co-infection was 206 in 2013. A total of 1,030 people with HIV were registered as having co-infection in the republic.

As part of the implementation of the action plan, UNDP procured more than 30 different drugs (tablets, ointments, solutions, powder for injection, etc.) for the prevention and treatment of opportunistic infections and co-infection cases in 2013. Among newly reported cases of OI, 134 patients with HIV received a full course of treatment with co-trimoxazole in order to

prevent complications caused by opportunistic infections. In all cases (apart from those who refused) of co-infection, patients received a course of treatment with anti-tuberculosis drugs. In 2013, 2,079 cases of opportunistic infections were treated in total *(data available on treated cases of OI, RC AIDS)*.

Prevention of mother-to-child transmission (PMTCT)

As of 31.12.2013, the total number of officially registered HIV cases in the Kyrgyz Republic was 4,893 (cumulative) including 1,503 women and 484 children.

Nosocomial infections are the most widely spread infections in children in the country (more than 70% of children), while 132 children were infected by mother-to-child transmission.

The prevalence of HIV among children born to HIV-positive mothers was 5.5% in 2012. *(UNICEF data, report for 2013)*.

As part of the implementation of PMTCT, UNDP prolonged the agreement with UNICEF signed in 2012 and determined key areas of work in this field for 2013.

To successfully achieve these goals and to hold courses on the prevention of mother-to-child transmission, UNDP has procured pediatric and adult forms (tablets and syrups) of antiretroviral drugs, rapid tests for pregnant women, packs for newborns and women in labor, and infant formula for infants aged 0-6 months and 6-12 months.

As a result of joint activities with UNICEF, PMC facilities and maternity hospitals have been involved in PMTCT services.

UNDP has ensured testing of all pregnant women and newborns and procured relevant test kits and reagents. Examination of infants born to HIV-positive mothers is held when infants are 4-6 weeks old by HIV DNA PCR testing.

As a result, the proportion of infants born to HIV-positive mothers who have taken an HIV test within their first two months of life has increased from 3.4% in 2011 to 24.5% in the first nine months of 2013 (data of UNICEF, report for 2013). In 2013, 198,478 pregnant women were tested for HIV and 130 cases of HIV were detected. Upon detection of HIV, pregnant and women in labor were prescribed courses of antiretroviral therapy to prevent mother-to-child transmission of HIV. A total of 126 pregnant and women in labor received a full course of treatment in the reporting period *(data of RC AIDS for 2013)*.

Trainings of medical staff, pregnant women, and PWID were carried out in the reporting period. The training programs covered issues of provision of services to HIV-positive children, family planning for mixed status couples, and the provision of PMTCT to outreach workers of harm reduction program. A total of 20,105 people were trained.

Methadone Maintenance Treatment (MMT)

The MMT program has been implemented in Kyrgyzstan since 2002. The main funding source of the program is the Global Fund to Fight AIDS, Tuberculosis and Malaria. Out of five new stations planned for repair and full fitting in 2013, three new stations in the public sector were repaired and fully fitted at FGP "Pamirskoye" and "Tuleken" FMC Kyzyl-Kyshtak, Karasu rayon of Osh oblast, FGP #1 in Panfilov rayon of Chuy oblast and two new MMT stations in the prison sector, PC #1 and PC #2.

By the end of 2013, as part of the implementation of the Global Fund Grant, 25 MMT stations were functioning in the country including 20 in public health facilities and 5 in penal facilities. For theroutine work of methadone dispensing stations, UNDP supports the staff, the delivery system (transportation costs, maintenance of two vehicles in Bishkek and Osh), including SSEP. It also ensures supplies of methadone hydrochloride as per the annual quota approved by the State Drug Control Board of KR andprovides all related materials required for staff operation.

MMT station, Kara-Balta, Chuy oblast

UNDP in 2013 also sought to improve the system of motivating patients receiving substitution therapy into joining and keeping to the program.

To this end, the Republican Centre for Narcology agreed and approved the revised strategies on motivating and maintainingpatients , held information sessions, and trained medical staff and social workers of all MMT stations.

Since 2013, all participants of MMT program have been provided with money transferred to their accounts as compensation for transportation costs as one of the types of social support to those receiving regular therapy.

Another benefit in motivating patients to stay with the program was an opportunity for PWID who joined MMT to socialize.

Thus, many participants of the program have replaced/received identity documents, opened settlement accounts, and received legal and psychological help.

In 2013, 1,434 patients received methadone substitution therapy, with: 972 patients in the public sector and 324 patients in the prison sector.

The UNDP partner in implementing the MMT program in Kyrgyzstan is CDC. In 4 stations supported by this partner, methadone is administered to 138 patients.

Geographically, the methadone dispensing stations are located as follows:

- in Bishkek – **6 stations,** (including 1 in pre-detention center-1 and 1 in PC-47)
- in Chuy oblast – **9 stations**
- in Osh – **4 stations,** (including 1 in pre-detention center-5),
- in Osh oblast – **4 stations**,
- in Jalal-Abad oblast – **1 station**
- in Batken oblast – **1 station**

MMT station, Pamirskoye village,
Karasu rayon, Osh oblast

Despite the fact that the number of persons receiving MMT failed to hit the target set for 2013, in the reporting period the program registered 182 new patients and 263 patientsresuming treatment. .

As compared with 2012, this indicator has increased by 11.3%, or 162 patients in terms of the absolute number of patients in the MMT program.

(in 2012 -–1,272 clients, in 2013 – 1,434 over the same period.)

To monitor the execution of order #69 dated 04.12.2012 from the Republican Centre for Narcology on the approved dosages of methadone, UNDP organized trips to all methadone dispensing stations throughout the republic twice in 2013. Specialists of the Republican Centre for Narcology and the Ministry of Health took part in the monitoring visits. The issue of program implementation was discussed in May 2013 at the expanded collegium meeting of the Ministry of Health.

Safety of medical procedures and general precautions

To achieve this goal, UNDP held a range of activities to support the improvement of the biological waste disposal system in 2013. The Principal Recipient supported a team of national experts responsible for developing standard operating procedures (SOP) in regards to the disposal of the health products of sub-recipients. 35 autoclaves were finally installed in 24 health care facilities.

In 2013, the system of centralized collection of medical waste and its disposal was launched in Osh for the first time. Special-purpose vehicles were procured for the transportation of medical waste according to the infection control standard.

Furthermore, in 2013 UNDP procured and distributed needle clippers – 610 pcs., sterilizing cases – 1,830 pcs., polypropylene bags – 26,000 pcs. among health care facilities in Bishkek and Osh, which allowed them to collect, separate and decontaminate medical waste according to infection control requirements.

In the reporting period, the regulatory framework for the activities of medical facilities was revised in terms of ensuring safety of medical procedures and handling medical waste:

1) Instruction of MOH KR #461 dated 30.09.2013 "On approval of the schedule and traffic plan of medical transport carrying medical waste in Bishkek".
2) Instruction of MOH KR #597 dated 28.11.2013 "On distribution of consumables related to medical waste management among health care organizations of Bishkek and Osh".
3) Order of MOH KR #681 dated 30.11.2013 "On amending the order of MOH KR "On introduction of a safe system of medical waste management in health care organizations of Bishkek and Osh" #531 dated 27.09.2012".

Strengthening capacity

As part of the grant implementation, a special role was given to the strengthening of national capacity, primarily of the NGO sector and the Ministry of Health. This activity has been carried out through training and technical support to sub-recipients of the grant to ensure the implementation of key areas of work.

UNDP funded 197 trainings that were carried out for the staff of NGOs and 29 training tours that were organized and held by UNDP, jointly with ICAP/CDC, WHO for medical workers, laboratory specialists, directors, social workers and peer consultants, including tours beyond the republic (Israel, Spain, Kazakhstan, USA, and Ukraine).

Meetings dedicated to HIV prevention were held with religious leaders of all oblasts and large rayons and cities, representatives of Border Troops and Ministry of Defense, Ministry of Interior Affairs, Ministry of Education, and rural health committees.

More than 2,000 representatives of various structures and levels were involved in training activities.

In 2013, 78 items of information materials with a total circulation of 451,203 copies were published with funs from the HIV component for further distribution through non-governmental and state organizations.

The following were created and delivered to the printing office in 2013:

1. Tutorial guidance for specialists of health promotion rooms of FMC "HIV prevention" in Kyrgyz and Russian.
2. "Teaching manuals" for teachers of grades 6-11 on healthy lifestyle program teaching.
3. Handbooks on HIV issues for the military.
4. Training modules on HIV for religious leaders.
5. Analytical report "Estimated number of sex workers in the Kyrgyz Republic" (in English).

In 2013, a summer camp for HIV-positive children and their parents was organized for the first time in the country. Professional psychologists, medical specialists, parents, and children took part in the camp.

The camp had two shifts and was located in one of the health resorts of Jalal-Abad oblast. It reached 120 participants. The program of the camp included individual lessons and consultations, games and contests, and the showing of issue-related films and cartoons for children and adults.

UNDP in 2013 supported the holding of:

1) The 3rd National Forum of People Living with HIV "The power of our unity", which was held in Osh.

Organizers of the forum were National Network Association "Unity of PLH" and the UN Development Program in Kyrgyzstan. More than 100 people took part in the Forum.

Roza Otunbaeva, the head of "R. Otunbaeva Initiatives" fund, Alexander Avanessov, a UN Resident Representative in Kyrgyzstan, Ahmadjan Muhammadov, a deputy plenipotentiary of the Government of KR in Osh oblast, Umut Chokmorova, a Director General of Republican AIDS Center, and Larisa

A deep freezer in the PCR laboratory of the Republican AIDS Center

A bio safety cabinet in the PCR laboratory of the Republican AIDS Center

Bashmakova, a UNAIDS Country Coordinator, spoke at the opening ceremony of the forum.

2) The 4th National Forum of NGOs of Kyrgyzstan working in the field of HIV/AIDS and tuberculosis, which was held in May 2013 in Bishkek. The forum involved state organizations, representatives of international organizations, and more than 75 NGOs inKyrgyzstan working throughout the country.

In addition to training activities, UNDP completed renovation and construction works in narcology and AIDS services in 2013 as part of capacity strengthening in the public health care system.

A deep freezer in research and production association "Preventive Medicine" used for the storage of international reference materials and reference samples.

Renovation and a package of ELISA equipment in the laboratory of research and production association "Preventive Medicine"

Warehouse premises of UNDP

PCR laboratories of the Republican AIDS Center and research and production association "Preventive Medicine" were fully renovated. These laboratories are planned to be fully equipped in quarter 1 of 2014. Warehouse premises and pharmacy warehouses used for the storage of medicines, test kits and HP in Osh oblast AIDS center, and Osh inter-oblast narcology center in Osh, and Republican Centres for Narcology and AIDS in Bishkek were all renovated and equipped according to the recommendations of international experts.

Monitoring and Evaluation (M&E)

In the reporting period, M&E was carried out in the following areas:

1. Introduction of common approaches to M&E procedures under GF grants:

A minimum package of accounting records was finally developed for all types of projects implemented as part of the GF grant. A minimum package is included in the final version of M&E Manual. A common referral form was also finally developed. As requested by organizations providing services to most at risk populations, the "Handbook for patients on preventive services, treatment and support of HIV infection" was developed, tested, and delivered to sub-recipients. Total circulation was 20,600 copies. The handbook has been designed to improve access of patients to the expanded package of services.

UNDP experts have provided technical assistance to grant sub-recipients on a regular basis.

63 site visits to sub-recipients were made in the course of carrying out monitoring of the program during the year.

Furthermore, M&E specialists took part in the data quality audit (DQA) in the third quarter. The audit was carried out by international experts from the Swiss Tropical and Public Health Institute. UNDP staff, jointly with the experts, made visits to state and non-governmental organizations, including SSEP located in Bishkek, Osh and Chuy oblasts (96 facilities were visited in total).

Electronic mapping of all sites providing services under GF grant has been completed.

Improvement of quality MIS DB operation

More than 130 installation keys were installed. In the reporting period, MIS DB operation was improved in state organizations of RCN (NSE and MMT) and SSEP. The next cycle of training activities on how to use the DB was held for the staff of SSEP (NSE and social bureaus). The training program included topics focused on project performance quality analysis. "MIS DB Manual" was developed and spread among sub-recipients. Currently, MIS data allows us to analyze not only quantity indicators and achievement of goals, but also the quality of every site performance.

Facilitation of studies among key groups of the population

In 2013, UNDP in collaboration with development partners, public health facilities, and research companies supported the following studies:

- "Sentinel surveillance of HIV infection in the Kyrgyz Republic in 2013".
- "Baseline estimation of the number of people who inject drugs (PWID) in the Kyrgyz Republic";
- "Estimated number of MSM and SW in the Kyrgyz Republic";
- "Estimated efficiency of capillary dried blood spot test when detecting antibodies to HIV (anti-HIV), antibodies to hepatitis C virus and antibodies to syphilis bacterium (anti-syph)";

Part 3. Best Practices

UNDP supported by WHO and the Ministry of Health of the KR, was the first to introduce a rapid blood test method in the laboratory of primary medical care (PMC) in July 2013.

The main reasons for this method introduction were the results of assessment missions of international experts and recommendations.

By order of the Ministry of Health, pilot rayons were selected in Batken oblast (Kadamjay rayon, Leilek rayon, Sulyukta) and small towns (Mailusuu, Tash Kumyr and Kara-Kul) in Jalal-Abad oblast.

To introduce the pilot project, UNDP has supplied the laboratories with all necessary test kits and consumables, organized training of specialists of PMC laboratories, and ensured the creation of control samples and panels and monitoring of quality control of studies.

As a result of activities held at the end of 2013, 16,678 persons in the rayons and towns of Batken oblast, and 4,928 persons in Jalal-Abad oblast took rapid HIV tests. Three HIV-positive cases were detected among those tested. (total population and donors).

PILOT STUDY PROTOCOL

Introduction of World Health Organization (WHO) algorithms using rapid HIV testing in five rayons of the Kyrgyz Republic

Currently, there is a widespread network of laboratories detecting HIV at the rayon, oblast and republican levels operating in the Kyrgyz Republic (KR). The only method of detection applied almost everywhere is ELISA. However, some laboratories at the rayon level are not fitted with equipment required for ELISA, particularly, with spectrophotometers determining the level of colouring to a reaction mix. Therefore, test results are counted visually, which is an unacceptable practice since the human eye cannot identify slow reacting samples specific to the early phase of HIV infection. Taking into account the unfavourable development of the epidemiological situation, those people with HIV who have been tested for HIV and have had false negative results would pose extra risks since they do not change thebehaviour that caused theinfection, thus threatening other people with infection.

Despite the difficulties arising during the pilot project, the Principal Recipient keeps on improving the HIV testing system at all levels of the health care system. Recommendations, testing algorithms, and internal and external quality assessment are being developed jointly with development partners and national structures.

Another significant event in 2013 was the opening of the integrated services station for PLH located in the City AIDS Centrein Bishkek.

Staff and guests take part in the opening ceremony of the integrated services station located in the City AIDS Center in Bishkek.

A drug store room in the integrated services station located in the City AIDS Centre in Bishkek.

As a result of joint efforts made by the department of healthcare of Bishkek and Republican Centre for Narcology, all opportunities have been created to introduce thiscentre.

UNDP has had all repairs and arrangements made forstation. Here patients can receive a few services in a one-stop shop:

- Counselling and testing on HIV
- Receive methadone
- Receive prescriptions and correction for ARV therapy
- Receive consultation, test for tuberculosis
- Receive anti-tuberculosis drugs

This approach was introduced in the Kyrgyz Republic for the first time, and in the future this practice will hopefully become widely accepted in the country.

Part 4. Lessons Learned and Challenges in the HIV Grant Implementation

Despite the obvious commitment of the Kyrgyz Government to control the HIV epidemic, economic hardships faced by the country make it difficult to ensure the required funding of HIV/AIDS and opportunistic infections prevention, treatment and care programs both in the public and in the prison sectors. The mechanisms for integration of activities of various public entities working witha most at risk populations have been poorly developed. The existing regulatory framework on prevention of HIV transmission requires systematic upgrade. The systems and structures providing access to preventive and medical services still remainpoorly developed.

Packages of preventive services for sex workers, MSM, and inmates have not been standardized yet.

Scared of the social stigma, many representatives of most at risk populations - PWID, SW and MSM - are still unwilling to go into low-threshold harm reduction programs or state facilities for preventive or medical care. This affects to a larger extent those living in rural areas. The issue of regional coverage with prevention and treatment programs and capacity building in the public sector at the oblast level have not been solved yet.

It is also obvious that HIV testing mechanisms for key populations, as well as integration of HIV and TB treatment services for PWID, PLH and PWID/PLH are imperfect.

In addition, the lack of systemic state funding and frequent changes of managers and key persons in state structures poses a threat to the sustainability of prevention programs.

Part 5. ANNEXES

Annex I.

Table: Performance of programmatic indicators as of December 31, 2013

#	Name of indicator	Target	Result	Percentage of implementation
1	Number of civil society organizations that have received technical support for the strengthening of institutional capacities	34	28	82%
2	Number of PLH that receive assistance from the community and are enrolled in a support program	755	1,574	208%
3	Number and percentage of PWID reached by prevention programs	12,600 (50.4%)	10,777	85.5%
4	Number of inmates currently reached by prevention programs	1,400	1,357	96.9%
5	Number of PWID reached by methadone substitution therapy	2,000	1,434	72%
6	Number of sex workers reached by prevention programs	2,300	3,020	131%
7	Number of MSM reached by prevention programs	1,100	1,327	121%
8	Percentage of medical institutions for children that comply with the requirements of infection control	90%	81.6%	91%
9	Number of PLH, key populations at higher risk and employees of NGOs trained in HIV prevention, safe behavior, commitment to treatment, and quality of service	711	1,230	173.0%
10	Number of adults and children with an advanced form of HIV infection (at present) receiving antiretroviral treatment	900	1,074	119.3%
11	Number of HIV-infected women who received chemical prophylaxis to reduce the risk of mother-to-child transmission of HIV	125	78	62.4%
12	Number and percent of pregnant women tested for HIV/AIDS	146,700 (90%)	198,478/ 213,643 (95.3%)	103%
13	Number of specialists trained on PMTCT	610	1,096	179.7%
14	Number of people who were tested for HIV and received the results	340,000	288,744	84.9%
15	Number and percent of HIV testing laboratories that have standard operating procedures and passed an external quality assessment of laboratory testing	70 (100%)	42/46 (91.3%)	91.3%
16	Adults and children enrolled into HIV programs who were screened for TB with a record during their last visit among all adults and children enrolled into HIV program in the reporting period (number and percent)	80% (1,420)	90.15% (1,950)	137.3%
17	Number of treated STI cases	11,050	12,663	114.6%

Annex II.

Table: Budget implementation for 2013

#	PR/SR	Approved budget for 2013	Amount spent, USD			%
			Expenses	Advance payments	Liabilities	
	UNDP	6,702,035	5,113,587	195,684	618,952	88.5%
	Sub-recipients:	3,720,480	3,903,192	3,256,879		87.5%
1	RCN	964,963	857,777	856 ,398		88.7%
2	AIDS Foundation "East West"	858,477	1,461 395	657,958		76.6%
3	Research and Production Association "Preventive Medicine"	169,939	96,813	157,766		92.8%
4	UNICEF	292,859	244,581	261,941		89.4%
5	WHO	97,419	114,175	123,448		126.7%
6	SSEP	136,391	109,245	116,,738		85.6%
7	Association "Solidarity of People Living with HIV"	111,869	73,660	74,123		66.3%
8	NGO "Araket Plus"	17,912	17,578	17,690		98.8%
9	NGO "Krik Juravlya"	17,913	17,692	17,669		98.6%
10	NGO "Prosvet"	28,841	25,824	27,247		94.5%
11	NGO "AntiStigma"	59,487	58,278	58,585		98.5%
12	NGO "Otkrovenie"	24,660	24,488	24,758		100.4%
13	NGO "Matrix 2005"	55,529	51,907	52,671		94.9%
14	NGO "Shag Navstrechu"	20,677	20,460	20,656		99.9%
15	NGO "Asteria"	10,936	9,816	9,997		91.4%
16	NGO "Garmonia Plus"	18,358	17,255	18,109		98.6%
17	NGO "Plus Center"	27,483	23,832	25,264		91.9%
18	NGO "Peer to peer"	10,205	9,688	9,977		97.8%
19	Republican Centre for Dermatovenereology	12,552	12,145	12,292		97.9%
20	NGO "Gvozdika"	14,805	13,952	14,370		97.1%
21	NGO "Tendesh"	11,827	9,500	10,476		88.6%
22	NGO "Ulukman Daryger"	30,838	30,367	30,700		99.6%
23	NGO "Gender-Vector"	22,594	21,338	22,486		99.5%
24	NGO Info Center "Rain-bow"	21,034	19,854	20,306		96.5%
25	NGO "Musaada"	28,165	25,890	26,736		94.9%
26	Republican AIDS Center	150,869	106,566	109,316		72.5%
27	NGO "Anti AIDS"	27,765	26,838	26,762		96.4%
28	NGO "Socium"	31,869	30,358	30,940		97.1%
29	NGO "Tais Plus 2"	32,816	32,459	32,816		100.0%
30	NGO "Tsadmir"	15,292	12,679	13,483		88.2%
31	NGO "Podruga"	31,036	29,203	31,036		100.0%
32	NGO "Parents against drugs"	49,426	40,409	44,441		89.9%
33	NGO "Ishenim Nuru"	14,721	12,831	13,386		90.9%

34	Harm Reduction Network Association	90,418	82,157	88,431		97.8%
35	City AIDS Center	31,240	20,984	26,967		86.3%
36	NGO "Ayan Delta"	32,816	29,305	30,277		92.3%
37	NGO "Alternativa v narkologii"	23,662	22,861	22,981		97.1%
38	NGO "Tais Plus"	43,655	29,138	43,607		99.9%
39	NGO "Aman plus"	27,476	18,622	27,445		99.9%
40	NGO "Ranar"	21,220	18,711	19,252		90.7%
41	NGO "Health and Education of Youth in the 21st century"	4,978		4,929		99.0%
42	NGO "Kyrgyz Indigo"	4,990	4,116	4,941		99.0%
43	NGO "Terra Sana"	–	656			
44	NGO "Ak Deer"	3,583	1,756	1,744		48.7%
45	NGO "Zanyatost"	2,235	2,195	2,183		97.7%
46	NGO "Mutanaziff"	3,744	3,504	3,491		93.2%
47	Sub-recipient has not been identified	1,409,026				0.0%
	Total	**11,829,864**	**9,016,779**	**3,452,563**	**618,952**	**83.1%**

Table: Budget disbursement by categories of expenses in 2013 under HIV grant in USD

Categories of Global Fund	Total budget in 2013	Total expenses in 2013	Liabilities in 2013	Total expenses+liabilities in 2013	Disbursement in 2013 (%)
Human resources HR	3,930,636.83	3,394,603.75	1,970.34	3,396,574.09	86%
Technical assistance TA	126,148.00	219,699.64	10,449.93	230,149.57	182%
Training TR	1,232,216.00	859,052.61	405.11	859,457.72	70%
Health products and equipment HP	2,880,023.84	1,885,231.42	187,437.88	2,072,669.30	72%
Medicines and pharmaceuticals MED	607,120.99	60,671.24	115,397.02	176,068.26	29%
Procurement and supply management expenses PSM	523,071.72	531,523.84	191,942.50	723,466.34	138%
Infrastructure and other equipment IF	40,224.00	353,759.66	13,643.50	367,403.16	913%
Information materials COM	146,038.00	80,136.07	39,633.78	119,769.85	82%
Monitoring and evaluation M&E	166,657.79	173,647.84	8,636.87	182,284.71	109%
Living support of patients/ target groups of population LS	402,135.50	306,397.64	44,424.69	350,822.33	87%
Planning and administration PA	395,359.29	282,488.26	2,296.80	284,785.06	72%
Overhead costs OVER	1,380,232.36	1,065,251.06	2,713.80	1,067,964.86	77%
Total:	**11,829,864.32**	**9,212,463.03**	**618,952,22**	**9,831,415,26**	**83%**

Figure 4. Implementation of the budget for 2013

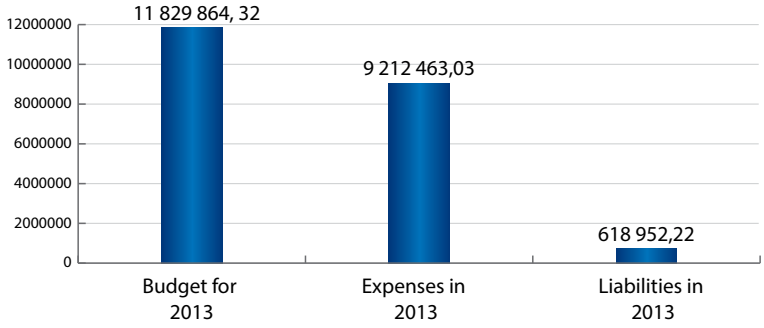
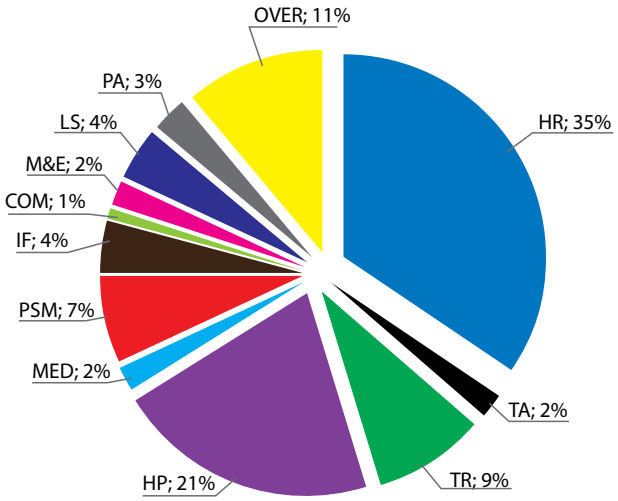


Figure 5. Detailed expenses by categories



HP	Health products (mosquito nets, automaxes, protective clothing, consumable laboratory materials)
PSM	Procurement and supply management expenses
HR	Human Resources
TR	Trainings
OVER	Overhead costs
COM	Information and Education Materials
M&E	Monitoring and Evaluation
TA	Technical Assistance
MED	Medicines (antimalarial/pharmaceuticals to treat and prevent malaria)
LS	Living support to clients
IF	Infrastructure
PA	Planning and administration

Annex III.

Information on procurements of health products, equipment, medicines and other goods under the grant in 2013, USD

#	Description	Budget	Implementation
1	ARV drugs, PMTCT and packages for post-exposure prophylaxis	236,636.03	63,132.00
2	Drugs to treat opportunistic infections	75,105.31	6,851.46
3	Drugs to treat STIs	105,511.66	11,453.26
4	Reagents for detection of CD4/8	140,560.00	88,078.89
5	Reagents for detection of viral load and reagents for PCR laboratory	256,020.00	22,618.30
6	Naloxone	24,000.00	6,264.00
7	Methadone hydrochloride and consumables	128,480.00	81,645.67
8	Condoms for males and females	144,034.98	420,168.83
9	Syringes and needles	854,680.00	366,606.16
10	Test kits (HIV, HCV, STIs)	1,010,172.49	264,447.90
11	Support of maternity hospitals	40,085.00	42,243.31
12	Autoclaves and related consumables	0.00	57,963.23
13	Infrastructure and other equipment	40,224.00	345,616.90
14	Information and Education Materials	146,038.00	122,317.08
15	Support of PLH and MARPs	402,135.50	350,822.60
16	Cost of procurements and supplies	523,071.72	551,338.82
	TOTAL:	**4,126,754.69**	**2,801,568.41**

REPORT
ON THE IMPLEMENTATION OF THE GF TUBERCULOSIS GRANT 2013

REPORT ON THE IMPLEMENTATION OF THE GF TUBERCULOSIS GRANT 2013

Grant #	KGZ-S10-G08-T
Implementation period	01.01.2013-31.12.2013
Budget 2013	$5 916 702
Rating for January to June 2013	A1
Principal recipient	UNDP
Sub-recipients	NCP, Bishkek CTBC, COTBC, OOTBC, JOTBC, BOTBC, TOTBC, NOTBC, SSEP

Part 1. Programmatic activities

General information

In the 2013 the tuberculosis grant came into its second phase of implementation, where by the agreement was signed between the UNDP and GF. The purpose of GF funding is to decrease the TB burden through consolidation and expansion of DOTS and strengthening the control of DR-TB. Target groups of the programme include all TB patients, medical workers and the general population of the country. The Principal Recipient of the grant is the UNDP with oblast TB and SSEP as sub-recipients. Distribution of grant funds between sub-recipients and the Principal Recipient in 2013 was 4% to 96%. Grant funded activities of sub-recipients are regulated by agreements, signed annually. In 2013, oblast TB centres were responsible for transporting the specimens for testing drug susceptibility, payment of incentives to medical workers, and transportation costs to patients. KSMITR has provided significant assistance to the grant by training medical workers for many years under the GF financing.

It should be mentioned, that the grant agreement for the second phase contains two conditions, which are still being implemented. Particularly, the GF deems it necessary to enter amendments into the Tuberculosis IV programme, to include priority actions, long-term, mid-term and short-term steps , as well as programmatic indicators in line with WHO guidance. The second condition is the development of a plan to prohibit the sale of anti-TB drugs without prescription.

In general, in 2013 the grant maintained its major first phase direction, and also introduced new approaches, mainly targeting strengthen mechanisms of the the outpatient TB treatment.

To this end, the new training curricula was started for PHC workers (earlier no trainings,entirely dedicated to this topic, were held for this category of medical workers). For the first time, these courses were held not only in the capital city, but and in the regions as well, where the highest rates of treatment default observed. Particularly, in 2013 the above-mentioned courses were held in Batken, Talas, Naryn, and Chui oblasts.

To provide access to free treatment for side effects during the outpatient treatment phase, ancillary drugs were procured in blisters, not hospital packs. This allowed their distribution not only to TB hospitals, but also to PHC levels, responsible for outpatient treatment of TB such as feldsher-midwife stations and family group practices.

Travel expenses of patients to the places of treatment and examination were covered by the programme in all regions of the country (until 2013 it was available in Bishkek only).

The performance based model of incentive payments to medical workers was first intro-

duced in 2013. Oblast coordinators started to be paid based on the performance of programme indicators, to treating doctors – for achieving sputum conversion, treatment success and making available the results of all tests, required for detection of side effects.

Overall, 79% of the budget for incentive payment to oblast coordinators was spent. Savings did occur in Naryn, Talas, Issyk-Kul, Batken oblasts and SSEP, which could not perform the indicators set. Another reason was that only 57 out of 78 TB doctors were paid incentives for treatment outcomes.

Incentives were also paid to the staff of laboratories and medical workers, responsible for health education and distribution of parcels to patients. It should be emphasized, that 27 health workers, involved in the detection and treatment of TB within a year were deprived of incentives for shortcomings in their work, detected during the UNDP monitoring visits.

For the period of January to June 2013, the programme has been rated A1, which is the highest possible level. The UNDP received a management letter from the donor, which contained, inter alia, a reminder of the unperformed conditions to of the second phase and recommendations as to the need to reduce the period of hospitalization and introduce an electronic database with laboratory, drug and clinical logs.

Terms of incentive payment to oblast coordinators:

– the specified amount is paid in full when target indicators are performed by 80-100%

– 60% of the specified amount is paid when target indicators are performed by 60-80%

– one half of the specified amount is paid when target indicators are performed by 60% and below

Terms of incentive payment to treating doctors:

– in the event if culture conversion at 6 months of treatment is achieved, the paid amount is equal to $20 per patient. If the patient has all test results, required to control the efficiency of treatment and diagnosis of side effects, the amount is equal to $30

– if the treatment success is achieved at the end of the treatment, , the paid amount is equal to $50 per patient. If the patient has all test results, required to control the efficiency of treatment and to detect side effects, the paid amount is equal to $60

Information on the performance of programme indicators

The table of indicators, which is used to assess the efficiency of TB funding, was revised, when preparing the grant documents for the second phase. Therefore, the section of the current report, describing the performance of indicators will follow the logic of the above-mentioned document, i.e. indicators of impact and outcome are provided for 2012, while the coverage indicators are provided for 2013.

1. Impact Indicators

The TB epidemiological situation in Kyrgyzstan remains tense. Kyrgyzstan is a country with a high incidence of TB and high burden of drug resistance. According to the WHO, the TB incidence rate in 2012 was estimated at 141 per 100,000, with the absolute number of cases per year 7,700[1]. It should be emphasized, that the incidence rate is not monitored by the programme and is not included in the table of indicators. Impact indicators are assessed according to TB mortality rate, which was 8.6 per 100,000 in 2012. In total 485 people died from TB within a year, including 31 patients from the penal sector.

[1] The Global TB Report 2013

2. Outcome and coverage indicators

2.1 Indicator of all TB cases (new, relapses and re-treatment), registered in 2012 were 123.1 per 100,000, which was within the forecast values. In this case, the match between the target and actual figures gives no reason for optimism, because patients with negative sputum smear (60%) prevailed in the structure of new pulmonary TB cases. This fact resulted in the failure to achieve the planned targets of such important programme indicators, as absolute number and rate per 100,000 of new smear positive cases in 2012, with a simultaneous negative tendency as compared to 2011.

2.2 Number of new smear positive TB cases detected

In 2013, the indicator of new smear positive TB cases was by 96%, which was below the target values, as earlier (Figure 1).

Fugure 1

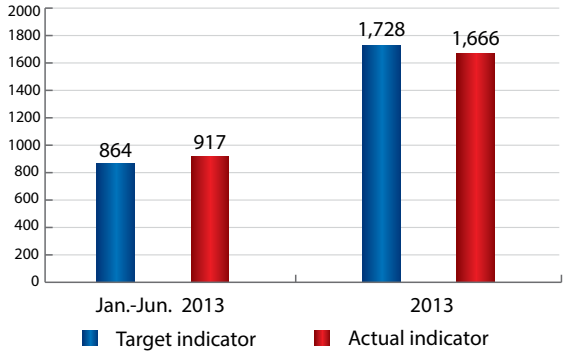


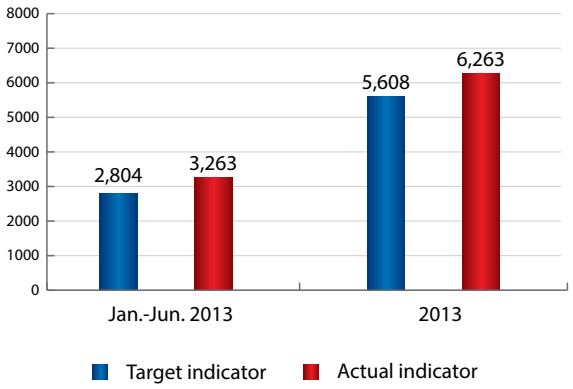
Table 1. Absolute number of new smear positive TB cases, detected in 2011-2013

	2011	2012	2013
number of detected new smear positive TB cases (absolute value)	1,748	1,584	1,666
Target	1,886	1,884	1,728
% of performance	92%	84%	96%

It is important to mention, that the insufficient potential of NTP to detect new smear positive TB cases was taken into account ,when developing a table of indicators for the second phase of the grant. Target values of the indicators were reduced ,however, they were not performed under the programme (table 1).

Being responsible for the allocation of grant money for the most important for public health activities and taking into account the dependence of detection of new smear positive cases on the laboratory service, the Principal Recipient initiated and funded the technical assistance, provided by the supra national laboratory. Experts from Gauting (Germany) analysed the situation and developed recommendations. Despite the fact, that the Principal Recipient took all measures to provide resources, recommended by the supranational laboratory, the detection of new smear positive cases cases remained low. It is important to mention, that NTP should use a comprehensive approach, involve PHC, reorganise and achieve laboratory network synergism, adjust mechanisms of quality control and specimens transportation, develop standard operating procedures, create a database and use it for analysis and operating decisions, etc. to make a breakthrough in this sphere.

Figure 2



2.3 Number of all TB cases (new sputum smear positive and negative , extrapulmonary and relapses) registered in 2013 was 6263 (Figure 2).

Among them were 1666 new smear positive, 2 501 – smear negative cases, 419 re-

lapses and 1 677 patients with extrapulmonary TB. Despite the performance above the target value (112%), the situation remains ambiguous, since patients with negative sputum smears still prevail in the TB cases registered both in the prison and civilian public health sectors (table 2).

Table 2. Absolute number of all TB cases detected in 2013

Health care sector	SS+	SS-	Extrapulmonary TB	Relapses	Total
Civilian sector	1,625	2,404	1,666	393	6,088
Prison sector	41	97	11	26	175
Total	**1,666**	**2,501**	**1,677**	**419**	**6,263**

2.4 Treatment success rate among new smear positive TB cases

In the reporting period, the treatment success rate among new smear positive cases seen in the 2012 cohort ,was 82.5% (1,168 out of 1,416 patients) (Figure 3). This indicator reached 82.8% among civilians. Significant improvement was seen in the prison sector, where the indicators increased from 56% to 74.1% (Table 3). Nevertheless, it remains below the indicators among the civilians.

Figure 3

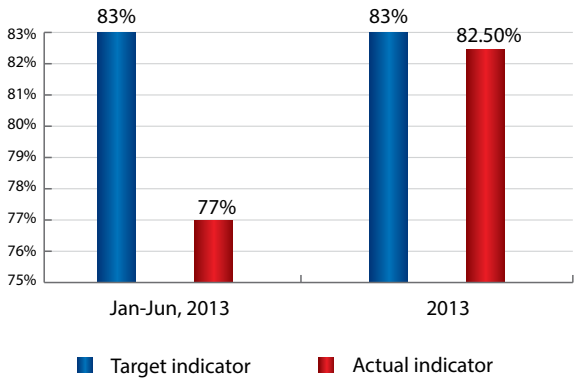


Table 3. Treatment success rate among new smear positive cases by oblasts, 2012 cohort

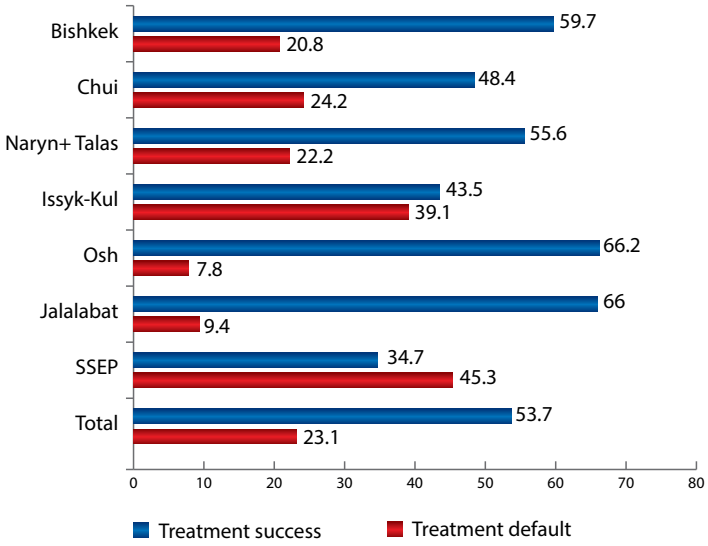
Cohort	2012 r.
Bishkek	72%
Chui oblast	87.4%
Naryn oblast	63.8%
Talas oblast	78.7%
Issyk-Kul oblast	87.5%
Osh oblast	91.7%
Batken oblast	74.2%
Jalal-Abad oblast	89.8%
SSEP	74.1%
Throughout the republic	**82.5%**

The National target value of the indicator was practically achieved, however it remains insufficient in some regions (Bishkek, Naryn, Batken, Talas oblasts).

2.5 Treatment success rate among MDR patients

In 2013, cohort analysis was held among patients, who started treatment in 2010. The performance of the indicator was higher, than that of last year and were 53.7% and 42.2%, respectively. Moreover, the target value set at 56% was almost reached. The indicator of treatment default decreased from 38.5% to 23.1% (Figure 4).

Figure 4



Analysis by oblast shows, that satisfactory results are seen in Bishkek, Osh and Jalal-Abad oblasts. The situation needs to be significantly improved in Chui and Issyk-Kul oblasts. Despite the 5% increment, the SSEP still has the lowest treatment success rate among MDR patients.

Dynamics of the indicator for two years is demonstrated in table 4.

Table 4. Treatment success rate among MDR patients, registered in 2009-2010 by oblasts

Cohort	2009	2010
Bishkek	45.77%	59.70%
Chui oblast	49.21%	48.40%
Naryn oblast	40.68%	55.60%
Talas oblast		
Issyk-Kul oblast		43.50%
Osh oblast	40.68%	66.20%
Batken oblast	20%	62.50%
Jalal-Abad oblast	62.85%	66.00%
SSEP	29.73%	34.70%

Preliminary analysis of results in the 2011 cohort show ongoing positive trends (table 5). Hopefully, improved indicators will be maintained in the future, and joint efforts of NTP, national and international partners, involved in the sphere of drug-resistant tuberculosis will finally lead to a stabilised epidemiological situation.

Table 5. MDR-TB treatment outcomes in 2006-2011

Year	Number of patients with MDR-TB	Number of patients with treatment success	Treatment success rate	Treatment failure		Treatment default		Died	
				Number	%	Number	%	Number	%
2006	66	34	**52%**	11	16.7%	17	27.5%	4	6%
2007	132	66	**50%**	11	8.3%	48	36.4%	7	5.3%

2008	262	131	**50%**	38	14.5%	72	27.5%	21	8%
2009	545	230	**42.2 %**	49	9%	210	38.5%	55	10%
2010	441	237	**53.7%**	35	7,.9	102	23.1%	65	14.7%
2011*	492	280	**56.9%**	35	7.1	106	21.5%	69	14%

** preliminary figures*

It should be emphasised, that motivational package, provided to patients with MDR out of grant money, include transport costs, food and hygiene packages, provision of the patients with free drugs to treat side effects, and educational sessions during the inpatient phase of treatment. For better tolerability of PAS, fermented milk products are procured. A hotline has been organised at the National Centre of Phthisiology, where you can ask TB-related questions. This service is advertised in posters, distributed among all health facilities, NGOs providing services to patients, and in the news ticker on TV. Frequently asked hotline questions have concerned possibility to treat TB at home and the methods of detection of the disease among contacts. In the reporting period, 205 calls were received and 144 persons were consulted. In total, also 1,919 patients received compensation of transport costs.

UNDP keeps on searching for the most effective mechanisms of adherence support. Therefore, in 2014 the distribution of food and hygiene packages will be replaced with the transfer of their monetary value to patients' accounts as agreed between MOH and NCP. To improve the quality of the detection of side effects, two contracts were entered with vendor laboratories, that will test patients free of charge for liver enzyms, creatinine, potassium, TSH, and HBsAg.

After reviewing the treatment outcomes in the 2009-2010 cohorts, it became possible to start studying the impact of measures taken to support adherence to treatment . The analysis started with the Bishkek cohort, which has been receiving a full motivational package for the longest time, i.e. from 2011. Food, hygiene packages, transport costs, information sessions were provided to the patients starting from those registered in quarter 3-4 2009.

It should be noted, that the 2010 Bishkek cohort showed a positive trend of treatment success with practical achievement of its target values as compared with the previous year. Moreover, the 2010 cohort experienced a serious decrease in the treatment default rates (Figure 5). Unfortunately, preliminary analysis of the 2011 cohort showed that this tendency was not stable due an increased default up to 32%. The detailed consideration of the main treatment outcomes in conjunction with the number of MDR TB patients, receiving treatment, shows, that the increase in the number of patients is consequent to increase the default rate. At thus, statistics have improved due to the decreased indicator of treatment failure (Table 5). Obviously, Bishkek faces improved management of patients, adhered to treatment, while the efficiency of case management among the troublesome patients is still low.

Figure 5

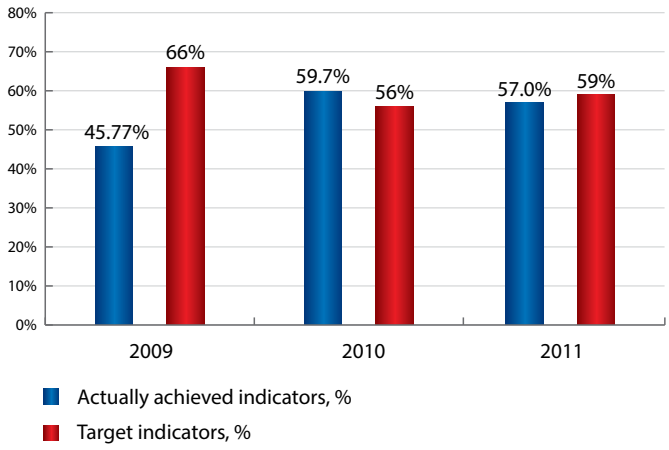


Table 5. Main treatment outcomes among patients with MDR-TB and the number of patients undergoing treatment in Bishkek

	2009	2010	2011
Number of patients undergoing MDR treatment	118	77	100
Treatment default	36.4%	20.8%	32%
Treatment failure	11.9%	13%	6%
Treatment success	45.77%	59.7%	57%

Improvement of this situation should be sought not in finding shortcomings in the lifestyles or personalities of patients, but in changing the treatment organization. Centralization of the outpatient treatment of MDR-TB at a city TB centre seems to be an excessive burden for this institution, which has negative impact on the programme outcomes. Proximity of drug distribution to the places of residence of patients with the involvement of PHC facilities, combination of drug distribution with methadone substitution therapy, and access to qualified psychological services seem to help the problem to some extent. Introduction of shortened treatment schemes can also be a substantial resource for improved outcomes.

2.6 Number of laboratory-confirmed patients with XDR/MDR-TB, who started treatment in the civilian and prison sectors

In 2013 it was planned to include 810 patients into the MDR-TB treatment programme and supply them with drugs, provided under the grant. The target value of the indicator was overachieved and reached 109% (Figure 6). According to NCP data, 881 patients started treatment in 2013, out of which 846 had multi-drug resistant TB and 35 had XDR resistance. According to NCP data, the indicator was overachieved due to the additional, appeared from patients, who defaulted from treatment and died. Currently, 1,198 patients are undergoing MDR treatment with GF drugs. Throughout the programme since 2011, 1,389 patients were treated by drugs, procured by the UNDP (Figure 7).

It should be emphasised, that the country has other sources of second and third line drugs. Below is a summary table of patients with MDR/XDR-TB by all sources of drugs (Table 6).

Figure 6

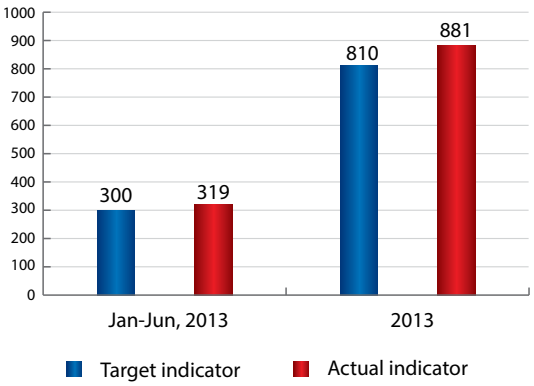


Figure 7. Number of patients started treatment with GF drugs in 2011-2013

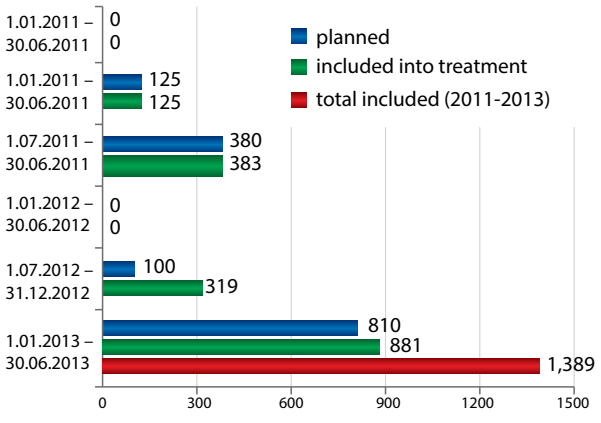


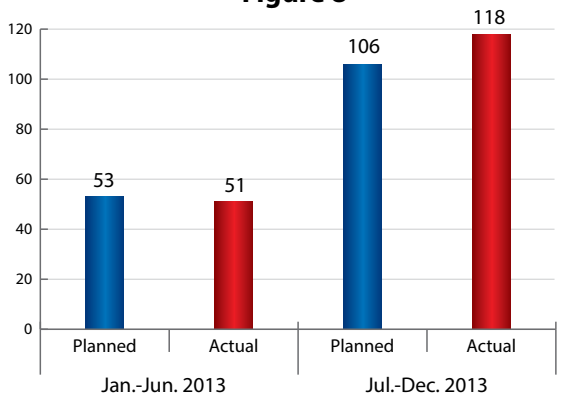
Table 6. Number of patients with MDR/XDR TB admitted to treatment by all sources of drugs

Health care sector	Started treatment in 2013 by drug sources									
	UNDP		Previous PR		ICRC		MSF		Total	
	MDR	XDR	MDR	XDR	MDR	XDR	MDR	XDR	MDR	XDR
Civilian	818	25	53	0	0	0	121	8	992	33
Penal	28	10	0	0	30	0	14	0	72	10

2.7 Number of medical workers of TB and PHC facilities trained on various aspects of drug-resistantTB and on councelling and educating patients

Nine trainings were held for TB doctors, laboratory assistants, and PHC nurses according to the training plan, approved by the GF and based on the agreement between the UNDP and KSMITR. These activities were held by local experts in medical postgraduate education and were based on the training curricula, approved by MOH of KR.

Figure 8



Totally, the training sessions covered 118 medical workers (Figure 8), including 72 medical assistants and nurses, 30 TB doctors and 16 laboratory assistants. The target indicator was performed by 111.3%, and the gender composition was 107 females and 11 males. The topics of the courses included DR-TB epidemiology, gender aspects of TB incidence, methods of TB detection, teaching the skills of councelling and interpersonal communication, and methods of establishing adherence. The results of the post-course test showed, that the average icrease of knowledge exceeded 50%.

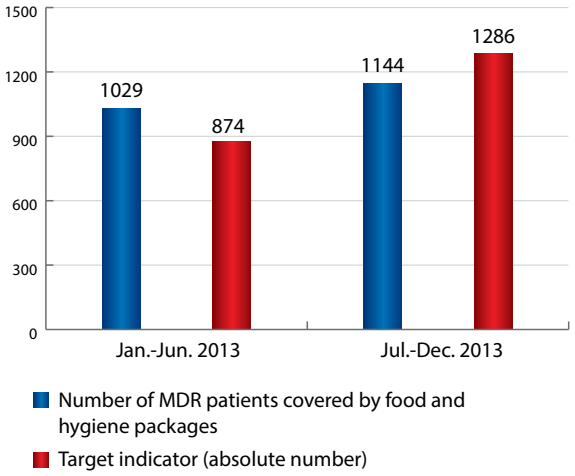
Within a year, three employees of NTP took part in international courses, organized at the WHO Collaborating training center in Latvia.

2.8 Number of patients with MDR-TB covered by food and hygiene packages

The indicator of coverage of patients with hygiene and food packages was performed by 89% (Figure 9). This service is provided only to those adhered to treatment. The package varies in the outpatient and in-patient phases of treatment. One package costs $18 and contains a logo, details and contact information about the UNDP on it for feedback.

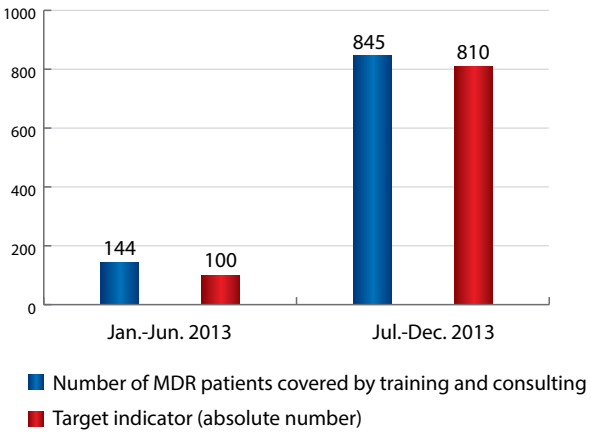
PR received more than 25 calls from patients and their relatives within a year and the main topics were requests to keep distributing packages despite failed treatment or missing doses.

Figure 9



2.9 Number of patients with MDR-TB, covered by conselling and education during the inpatient phase of treatment

Figure 10



Indicator of coverage of patients with MDR-TB by education and councelling was 104% (Figure 10). The indicator was overachieved due to opening of a new MDR ward in the city of Kara-Balta and access to GF grant services without regard to the source of drugs.

It should be pointed out, that the format of educational sessions for the patients remained the same. The course contained 7 lessons, given by doctors and nurses of NCP, OCB, OOTBC, JOTBC, Jety-Oguz Republican Rehabilitation Centre, Kara-Balta Republican TB Hospital, and Colony 27. Trainers of KSMITR taught the skills of TB conselling and educating of patients to medical workers.

2.10 Culture conversion rate at 6 months of treatment

The culture conversion rate was considered in cohorts of Q4 2012 -Q1 2013, which recorded 207 MDR patients. After six months of treatment, the negative culture results were recorded in 170 patients, which was 82.1%, while the target indicator was performed by 109.5% (table 7).

Table 7. Culture conversion after 6-month treatment

Culture conversion in Q 4 2012-Q1 2013										
Qty	**Bishkek**	**Chui**	**Naryn**	**Talas**	**Issyk-Kul**	**Osh**	**Batken oblast**	**Jalal-Abad**	**SSEP**	**Total**
Total	28	31	1	3	5	85	9	16	29	207
Conversion	24	27	1	3	5	74	5	12	19	170
%	**85.7**	**87**	**100**	**100**	**100**	**87.1**	**55.6**	**75**	**65.5**	**82.1%**
Target indicator – 75%. Performance of target indicator – 109.5%										

Table 8. Summary table of performance of indicators under TB grant in 2013:

Name of indicator	**2013**		
	Target	**Actual performance**	**Percentage of indicator performance**
Number of new smear positive TB cases detected	1,728	1,666	**96%**
Number of all TB cases (new sputum smear positive and negative , extrapulmonary and relapses) registered	5,608	6,263	**112%**
Treatment success rate among new smear positive cases	83% (1,315/1,584)	82.5% (1,168 /1,416)	**99%**
Treatment success rate among MDR patients	56% (2010)	53.7% (2010)	**95.8%**
Number of laboratory-confirmed patients with XDR/ MDR-TB who started treatment in the civilian and prison sectors.	810	881	**109%**
Culture conversion rate at 6 months of treatment	75%	82.1% (170/207)	**109.5%**
Number of patients with MDR-TB covered by food and hygiene packages	1,286	1,144	**89%**
Number of patients with MDR-TB covered by conselling and education	810	845	**104%**
Number of medical workers of TB and PHC facilities, trained on various aspects of drug-resistant TB and on councelling and educating patients	106	118	**111%**

Part 2. Information on the activities held in 2013

Monitoring and evaluation

UNDP activities on monitoring and evaluation were held in close interaction with national and international partners. The activities were scheduled jointly with the NCP, taking into account the schedule of work of Project HOPE, that is also involved into this type of activity. Twelve joint monitoring visits of UNDP and key specialists of NCP were conducted to all levels of the programme within a year. The monitoring looked at the performance of activities under agreements between the UNDP and sub-recipients, efficiency of utilization of articles,procured out of the grant money, as well as the program indicators, present in the grant performance framework . It should be emphasised, that the process of monitoring and evaluation is seriously affected by lacking electronic database in NTP. This fact has specific negative impact on drug management as well. In the situation of the country is filled with drugs, provided from various sources and lacking pharmacists, who can manage these flows manually, there is a growing tendency for non-transparent processes and unjuastified requests for procurement. During monitoring, UNDP detected cases of discrepancies between the recorded stock of drugs and their actual availability. It also found cases of expired drugs, procured under the grant, and their unauthorized sale.

Improved access to technical and expert assistance

Organized in 2013, a visit of international expert in infection control focused on the development of the layout of ultraviolet lamps in all TB facilities and laboratories. Moreover, UNDP specialists have regularly provided technical assistance to NTP in preparing specifications, and quantification of drug and health products.

Strengthening the laboratory service

In the reporting year, the laboratory component of the grant worked as planned by performing second phase activities and finalizing what was started in phase 1. In particular, per workplan, reagents for sputum microscopy, culture and DST as well as disinfection substancies were supplied. Respiratory protection items, ultraviolet lamps, computers, and refrigerators were also procured and laboratory equipment repaired. Laboratory workers received incentive payment and the transportation of specimens was funded. To ensure maintenance of MGIT equipment, UNDP organized a visit of Bekton Dickenson experts, and procured and installed an electric generator, and alarm system with the contract of alarm company in the new modular reference laboratory.

We agree with the findings of the supranational laboratory of Gauting (Germany) about the insufficient coordination role of the National Reference Laboratory (NRL)[2]. The difficulties faced by the Primary Recipient in this regard,were delays in receiving the orders for procurement , maintenance and repair of laboratory equipment, specifications and calculations. There

[2] Review of the TB Laboratory Network of the Republic of Kyrgyzstan,2012, WHO-Supranational Laboratory of Tuberculosis in Gauting, Germany

were situations, when according to distribution plan, prepared by NRL, procured and shipped tests were delivered to facilities, that had no equipment to use them. Such facts caused resentment by managers against the UNDP, so that the Primary Recipient had to deal with redistribution. The situation of the Primary Recipient, investing huge donor funds into the development of laboratory service, while not receiving the data on the operation of laboratories, required for the operational and program decisions, needs to be discussed separately.

The situation of the budget of the grant, allocated to sub-recipients for transportation of specimens, being used inefficiently is unacceptable. In particular, during the monitoring visit it was found, that the results of drug susceptibility tests of 277 cultures, sent in 2011-2012 to the Osh Interregional Reference Laboratory at the expense of the GF, were not received by the BOTBC in roughly half the cases. There were known violations in the use of cool boxes, procured out of grant money since they were not connected to the viechle charger in the summer time. Therefore, the specimens arrive to the point of destination spoiled condition and all expenses turn out to be wasted.

Moreover, according to international partner organizations, the Principal Recipient knows, that the results of GeneXpert tests are returned from the Osh Interregional Reference Laboratory to Jalal-Abad in a month, which makes the test and related transportation cost wasted.

Understanding the problems, encountered by our colleagues, the focus on the new high tech laboratory and lack of attention to peripheral laboratory network, located close to population, is nevertheless seen as the source of the same problems in the future. The introduction of a new position of manager of laboratory service, suggested by the supra national laboratory is a fundamental decision for the TB programme as a whole, because the current organogram of the laboratory system management hinders its progress.

Normative work

The UNDP project on the TB grant implementation took an active part in improving the normative basis for the national TB programme. This work directly involved UNDP specialists in drafting and finalizing the documents, preparing, organizing and funding technical assistance, provided by experts, printing out the national and international manuals and reporting and recording forms, and introduction of GF programme indicators into the list of indicators, used by NTP.

Strengthening infection control in national TB facilities

In 2012, UNDP contributed to the assessment of infection control in TB facilities. An international expert visited oblast TB centres, detected existing problems, developed recommendations on how to tackle them, provided a list of missing equipment, held a trainings , and provided technical assistance to develop infection control plans. According to the report, submitted by the expert, in 2013 UNDP procured radiometers, anemometers, fit tests, and replaced 7 HEPA filters in biological safety cabinets. It also procured 607 shielded and 43 unshielded UV lamps, which were delivered to the facilities together with layouts and necessary accessory material.

By NCP request, respirators (FFP2 and FFP3), masks for patients, household and medical gloves were procured and transported to TB facilities throughout the country (table 9). Unfortunately, infection control equipment (radiometers, vaneometers, etc.) is still not used in the facilities. According to the Principal Recipient, the reason is the fluctuation of trained staff.

Table 9. Procurements intended to improve infection control

#	Facility	Respira-tors	Fit test	Med-ical gloves	House-hold gloves	Shield-ed UV lamps	Unshield-ed UV lamps	HEPA filters	Ther-mo anemo meter	UVC radio meter	Vaneo meter
1	NCP	9,260	1	8,667	1,056	70	0	0	1	0	0
2	OCB	9,260	0	8,666	1,056	45	0	0	1	1	1
3	CTBC	6,000	0	7,000	1,008	0	3	0	1	1	1
4	COTBC	5,500	1	8,000	1,008	30	4	1	1	1	1
5	Kara-Balta Republican TB Facility	9,260	1	8,667	1,056	60	4	1	1	1	1
6	IOTBC	5,300	0	4,000	576	12	6	1	1	1	0
7	Jety-Oguz Republican Rehabilita-tion Centre	10,000	1	6,000	1,584	100	2	0	1	0	1
8	NOTBC	2,300	0	4,000	576	12	6	1	1	1	1
9	TOTBC	2,300	1	4,000	576	20	5	1	1	1	1
10	BOTBC	1,300	0	4,000	576	8	6	1	1	1	1
11	OOTBC	10,000	1	12,000	1,728	28	0	0	1	1	1
12	JOTBC	6,300	1	8,000	1,440	22	7	1	1	1	1
13	SSEP	6,000	0	7,000	1,152	200	0	0	1	0	0
Total:		**82,780 pcs.**	**7 sets**	**90,000 pcs.**	**13,392 pcs.**	**607 pcs.**	**43 pcs.**	**7 sets.**	**13 pcs.**	**10 pcs.**	**10 pcs.**

Part 3. Financial performance of the Grant

As a result of the significant savings of funds and the need to procure second-line drugs for 2014, the TB grant budget was reprogrammed in 2013. Budget savings amounted to USD 914,388, which was due to the procurements and services paid at rates below the prices, stated in the original budget. The sources of budget savings are shown in Table 10.

Table 10. Sources of budget saving

Sources of savings	Saved amount, USD
Procurement of reagents	227,323
Procurement of second line drugs	651,132
Procurement of third line drugs	19,621
Bonuses to medical workers	16,312
Total	**914,388**

As agreed with the donor, the majority of these funds were allocated to buy additional second line drugs and ancillary drugs to treat side effects, while the rest was planned for strengthening the health care system. Therefore, guided by the requests from the heads of the TB service and following the recommendations, given by international experts, the reprogrammed budget covered equipment for drug storage, additional UV lamps, reorganization of a TB unit of the Chym Korgon Republican Mental Health Hospital and Bishkek CTBC in order to regulate the patient flow. New activities, included in the reprogrammed budget, are listed in Table 11.

Table 11. New activities included into the reprogrammed budget

	Name of activities included into the reprogrammed budget	Activity description	Amount, USD
1	Improvement of drug storage conditions	Procurement of air conditioners, hygrometers, fire extinguishers, refrigerator shelves, and thermometers	44,267
2	Improvement of infection control in a TB ward at the Chym Korgon Republican Mental Health Hospital and Bishkek CTBC	Repair of a TB ward at the Chym Korgon republican Mental Health Hospital and installation of partitions at Bishkek CTBC to regulate the patient flow (as recommended by the IC international expert)	35,636
3	Improvement of infection control in TB units	Procurement and installation of 300 additional UV lamps	100,374
4	Improvement of drug quality control according to UNDP standards	Ensuring quality control in a certified laboratory (3% of PSM cost in MED and HP categories)	4,442
5	Support of a group of technical experts created in NCP on the GF conditions	Four contracts will be entered into with M&E, drug management, DR-TB, and laboratory service coordinators	24,272
6	PRcapacity building,participationin conferences,andworkshops, trainings	Participation in international trainings, conferences, and workshops	21,300

7	Procurement of an extra 165 MDR treatment courses	One course costs USD 4024.61	667,613
8	Ancillary drugs to treat side effects	Drugs will be procured for an extra 165 treatment courses	3,094.0
9	Strengthening monitoring in SSEP: Monitoring visits	2 monitoring visits annually to the southern region and one monitoring visit to Chui oblast quarterly	800
10	Monitoring strengthening in the MOH system: Monitoring visits from oblast to raion level	Costs of gasoline and travel expenses for distant trips	6,000
11	Strengthening of programme management and coordinationthrough quarterly meetings for oblast coordinators and directors of oblast TB centres	5 meetings USD 1,241 each (accommodation, transport, per diem, stationery)	6,205
Total			**914,003 USD**

Figure 11. Budget spending by categories in 2013

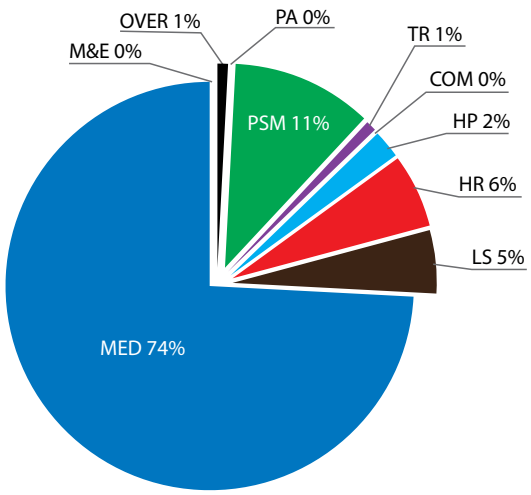
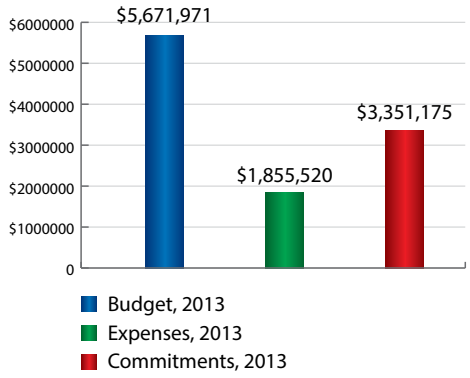


Figure 12. Budget, expenses, obligations of Principal Recipient in 201



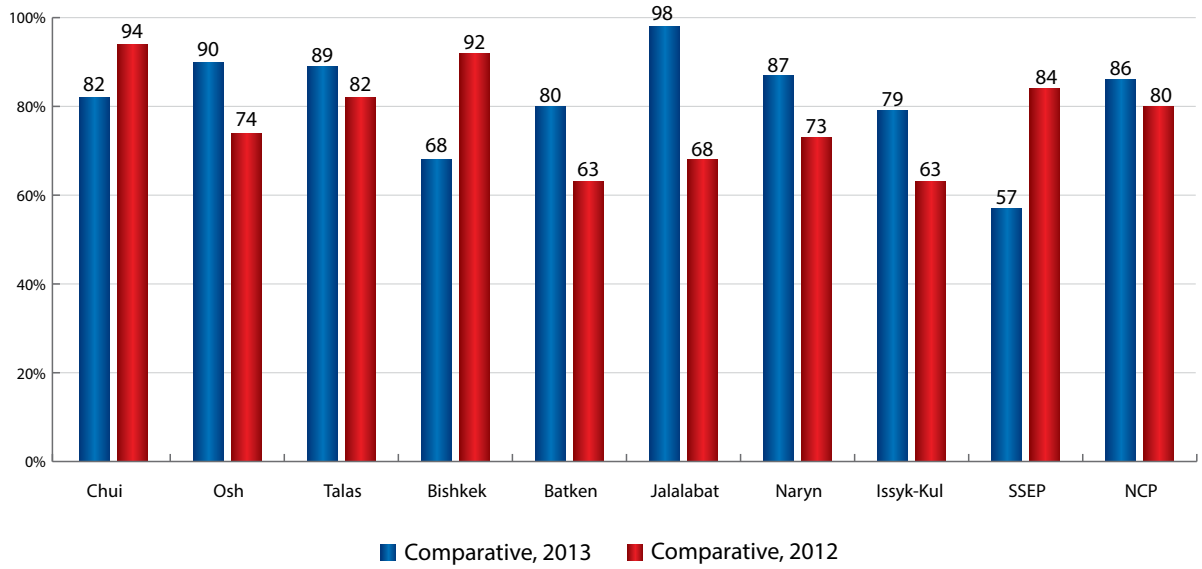
The budget for the TB grant in 2013 was USD 5,916,702, where of USD 2,054,123 were spent. In 2013, the procurement unit held tenders and entered into contracts in the total amount of USD 3,351,175, which are commitments for to be delivered goods, to be paid in 2014.

In 2013, the main expenditures were for the procurement of drugs and pharmaceutical products (budget category – MED – expenditures of which were USD 4,011,568; USD 1,154,986 out of which were paid in 2013). USD 2,856,582 is the remaining commitment and will be paid in 2014 after the delivery of the procured products.

According to the 2013 work schedule, the Principal Recipient represented by the UNDP signed agreements with oblast TB centres, the National Centre of Phthisiology, Bishkek City TB Centre and SSEP. The total amount of money, involved in the agreements, signed with SR totaled USD 232,056. The disbursement amount against the SR budget was 82%, which was 5% above the previous year results.

Due to the introduction of performance based mechanism of incentive payment to medical workers, funds were saved on HR category of budget, allocated for sub recipients.

Figure 13. Comparative table of budget spending by sub-recipients in 2012 and 2013



During the monitoring visits, the UNDP and NCP found violations in the case management and educating of patients. As a result 27 medical workers were deprived of incentive payments in 2013.

Saving of budget was observed in SSEP. The reasons for that was the fact of underperforming of program indicators, established per performance based scheme of incentive payment to staff were not achieved.

Part 4. Information on procurements in 2013

Table 12. List of procurments in 2013 within the funds of I phase

#	Name of goods/services	Total amount (USD)
1	Pure substances for DST	20,164
2	Laboratory consumables	69,349
3	Laboratory biochemical tests	7,956
4	Laboratory reagents and consumables	25,126
5	Microscopic reagents	13,862
6	Autoclavable bags	3,822
7	Service on evaluation of premises to detect places for UV lamps installation	7,522
8	Distribution of manuals and other printed material	4,479
9	Alarm equipment for NCP drug store	1,181
10	24 hours security services of NCP drug store	364
11	Equipment for alarm system of NRL	2,338
12	24 hours security services of NRL	615
13	Slides for NRL	4,777
14	Vaults for oblast TB centres	2,340
15	Second line anti-TB drugs for 35 patients	134,090
16	First line anti-TB drugs for 20 patients (Isoniazid, 56 sets)	4,075
17	Second line anti-TB drugs for 300 patients (8 items)	1,357,525
18	Respirators and fit tests (3 items) for NCP and oblast TB centeres	69,732
19	Third line anti-TB drugs for 20 patients (4 items)	87,242
20	Diagnostic audiometers (6 sets) for NCP and oblast TB centeres	28,469
21	Medical (450,000 pcs.) and household gloves (13,392 pcs.) for NCP medical staff and oblast TB centers	51,368
22	PC, UPS and printers, 6 each for the laboratory service	8,879
23	Containers for sputum collection (211 pcs.) for NCP and oblast TB centeres	12,680
24	Shielded (607 pcs.) and unshielded (43 pcs.) UV lamps for NCP and oblast TB centeres	192,693
25	Preparations for the relief of side effects (24 items) for 300 patients	34,945
26	X-ray film (4 items) for NCP and oblast TB centeres	54,150
27	Pharmaceutical refrigerators and stabilisers, 20 each for oblast TB centeres	31,847
28	HEPA filters (7 items) for oblast TB centeres	23,061
29	Devices and tools for infection control:	27,359
	- UV radiometers, UV-C level 10 pcs.	
	- Testo 425 Thermal anemometer	
30	Printing products	615
31	Metal armoured door for colony No. 27 at Moldovanovka	528

32	Diesel generator for NRL	36,714
Total:		**2,319,867**

Table 13. List of procurments in 2013 within the funds of II phase

#	Name of goods/services	Total amount (USD)
1	First line anti-TB drugs for 14 patients (Isoniazid, 39 packages)	3,680
2	Second line anti-TB drugs for 510 patients	1,998,687
3	Third line anti-TB drugs for 14 patients	53,162
4	Preparations for the relief of side effects for 510 patients	19,833
5	Trainings for phthisiatricians (Riga)	9,950
6	Social support in the form of food and hygiene packages, as well as dairy products in a wide range for TB patients	238,633
7	Trainings for NCP medical staff	13,991
8	First line anti-TB drugs for 380 patients (Ethambutol)	21,679
9	Bags with special marking for food and hygiene packages	2,165,00
10	X-ray tube for X-ray camera of CTBC	2,494
11	Repair of laboratory equipment of IOTBC	533
12	Repair of laminar safety box of BOTBC	410
13	Second line anti-TB drugs for 520 patients	2,290,668
14	Third line anti-TB drugs for 14 patients	57,850
15	Laboratory consumables for NRL	71,503
16	Surgical masks for NCP and oblast TB centeres	42,103
17	X-ray film for NCP and oblast TB centeres	5,456
18	Repair of autoclaves of CTBC	214
19	Laboratory results of patients with multi-resistant tuberculosis	39,570
20	Service maintenance of BACTEC MGIT 960 testing equipment	14,810
21	Computers for audiometers for oblast TB centers	4,977
22	UPS for audiometers for oblast TB centers	1,148
23	Electric appliances for UV lamps installation	6,672
24	HEPA filters for laminar flow hood, Jety-Oguz RRC	3,160
25	Paracetamol for 300 patients	63
26	Social support (dairy products) for TB patients of northern oblast TB centers	4,019
Total:		**4,907,430**

Total sum of contracted commitments in 2013 was USD 4,907,430. The sum of satisfied commitments for the delivered goods and services as of 31 December, 2013 was USD 1,556,625. The commitments at the amount of USD 3,351,175 will be paid in 2014 after the delivery of goods and services.

Table 14. List of procurments expected in 2014 within the funds of II phase

#	Name of goods/services	Amount (USD)
1	Respirators for NCP and oblast TB centeres	125,944
2	Repair of autoclaves of CTBC	1,100
3	X-ray tube for the fluoroscope of BOTBC	12,000
4	Service maintenance of microscopes in NCP and oblast TB centeres	12,500
5	Print products (posters and forms) for NCP and oblast TB centeres	2,850
6	Fermented milk products for 2014 for NCP and oblast TB centeres	42,652
7	Food and hygiene packages for children at OCB	3,020
8	Preparations for the relief of side effects for 555 patients	25,000
9	Selection of alaboratory to perform biochemical tests in Batken oblast	1,000
10	Second line anti-TB drugs for 165 patients	667,613
11	X-ray tube for the fluoroscope in pre-trial detention centre 5 (Osh)	3,320
12	Bactericidal lamps, wall-mounted, shielded with starters (2 pcs) and lamps	60,000
Total:		**956,999**

Part 5. Lessons learned

Factors beyond the control of the Principal Recipient outcome of deficiencies in the national public health system have had a negative impact on the implementation of GF funding. As the grant resources are allocated between all facilities at the national, oblast, and raion level, and between rural family group practices and feldsher-midwife stations, the lack of an electronic database in the country results in the impossibility of effective tracking of drugs, planning procurement and avoiding risks related to leakage or expiration of drugs. This also has led to the failure of accurate data on drug-resistant TB, which is the basis for the planning and calculating the needs of NTP. Currently, the information system for TB is paper based , however, their format is far from perfect. Anaysis of existing reporting and recording forms have shown that currently there is no reliable information on the coverage of patients by drug susceptibility (DST) tests and the number of proven cases of MDR-TB[3]. This situation is the reason for the insufficient funds under the current grant failing to cover all the needs for the treatment of drug-resistant TB. The Principal Recipient alvays has to provide explanations about the waiting list or about non available treatment of poly-drug resistant TB. The source of problems are initial calculations which were made during the submission of the application for funding and were not related to the Principal Recipient.

It should be understood that the grant has a precise budget which is fixed for the Principal Recipient. We receive hundreds of requests from the heads of TB facilities asking to solve current issues, not relating to the grant's competence. We provide support as far as we can, but the grant budget is limited and strictly planned. There are also difficulties with international organizations, that often apply to us asking to pay expenses for their activities at the expense of the TB grant. Hopefully, in the future the next application in the framework of the New Model of Global Fund Financing will resolve this issue and all the needs of the TB program will be met.

Revised relationships between the Principal Recipient and the Country Coordinating Mechanism can be of invaluable assistance in implementation of the grant. Moving from looking for shortcomings and faults of PR to searching for joint solutions can give an impetus to joint work and contribute to the solution of problems.

[3] Evaluation of epidemiological surveillance system for TB in the Kyrgyz Republic, 2012, WHO

REPORT

on the implementation of the Global Fund malaria grant in 2013

KGZ-811-G09-M – «Cessation of local transmission and transition to elimination of malaria in the Kyrgyz Republic»

Part 1. Introduction

Grant number:	KGZ-811-G09-M
Reporting period:	1 January – 31 December 2013
Annual budget:	$817,071
Principal Recipient:	United Nations Development Programme (UNDP)
Program rating for the period January-June 2013	A2
Sub-recipients:	WHO, Karasuu District Centre for Disease Prevention and State Sanitary Epidemiological Surveillance with the function of coordination of service activities in the oblast (DCDP&SSES with FCSAO)

THE EPIDEMIOLOGICAL SITUATION OF MALARIA IN THE KYRGYZ REPUBLIC

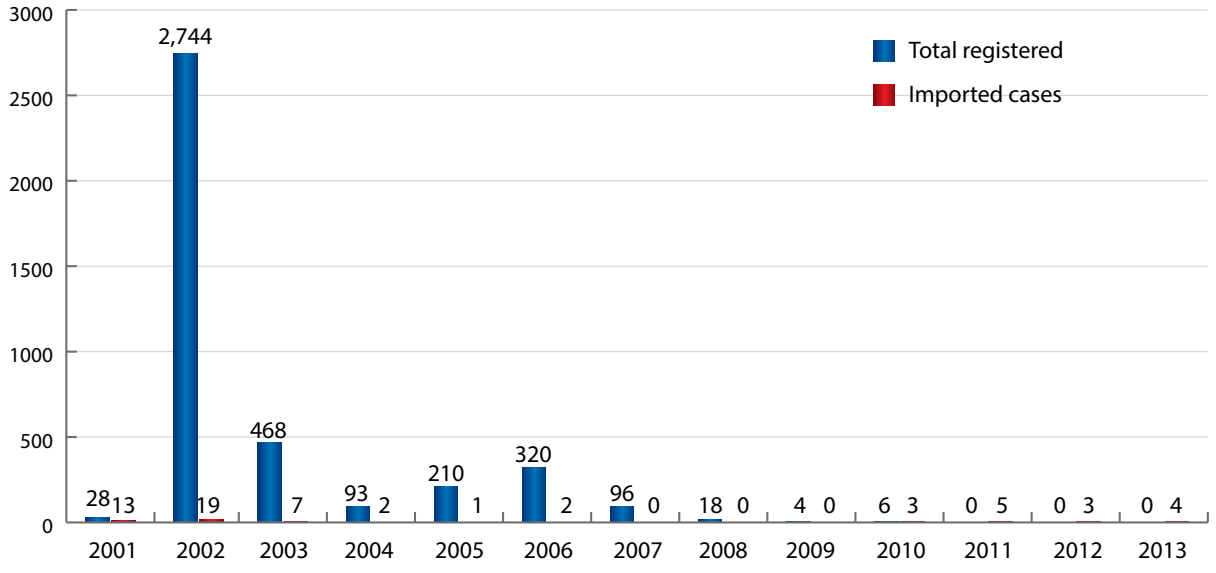
Malaria in the Kyrgyz Republic was eradicated in the late 50s of the twentieth century. Since 1980 there have been sporadic imported cases, in the early 90s of the last century the number of cases gradually grew. In 2002, a large outbreak (2,744 cases) witnessed the return of malaria. The Kyrgyz Government took all necessary measures to stabilize the epidemiological situation and reduce the impact of malaria. Since 2011 the local transmission of malaria in the country has been interrupted as a result of effective deployment of complex antimalarial initiatives.

In October 2005, the Kyrgyz Republic approved and signed the Tashkent Declaration "The Move from Malaria Control to Elimination". In 2006 there was developed a new regional strategy of the World Health Organization (WHO) aimed at eliminating malaria in Central Asia by 2015.

The Global Fund has been supporting the implementation of measures for the control, prevention and elimination of malaria since 2006, particularly through the grants of Round 5 and the first and the second phases of Round 8.

The Kyrgyz Republic has achieved the elimination of malaria as a result of intense and focused anti-malaria activities in the last 3 years. These measures include entomological sur-

Figure 1. The incidence of malaria in the Kyrgyz Republic from 2001 to 2013



veillance (vector control), providing the population, especially pregnant women and children under 5 years, with protective equipment (mosquito bed nets impregnated with insecticide), timely diagnosis and adequate treatment of cases of malaria imported from other countries, and annual training of medical personnel and representatives of civil society. For the period from 2011 to 2013 there was not a single case of local malaria transmission and/or parasite carrier in the Kyrgyz Republic.

The Kyrgyz Republic has requested that the World Health Organization (WHO) starts the process of preparing for an international expert review and subsequent certification of the Kyrgyz Republic as a country free of malaria.

Transition from elimination to prevention of malaria revival

The country was affected by the return of malaria actively carried out activities for several years to combat malaria. This phase was completed with the first revision of the Programme for the elimination of malaria in the Kyrgyz Republic for 2010-2015.

The fight against malaria – a reduction of morbidity and mortality to a level where malaria is no longer a public health problem.

Impressive progress in achieving the objectives of the Tashkent Declaration was made during the follow-up activity. In this activity, the country actively began the elimination of malaria.

Earlier Kyrgyzstan experienced a period when the country recorded cases of local malaria, and there was a circulation of malaria parasites in the country. The country is now entering a period where there is an absence of local malaria cases in the country.

Since 2011 the country interrupted local transmission of malaria, paving the way for the elimination of malaria and subsequent certification of the Kyrgyz Republic as a country free of malaria.

Eliminating malaria – to break the local transmission of malaria in a country or specific geographical area where there are no cases of local transmission, though imported cases of malaria continue to be recorded.

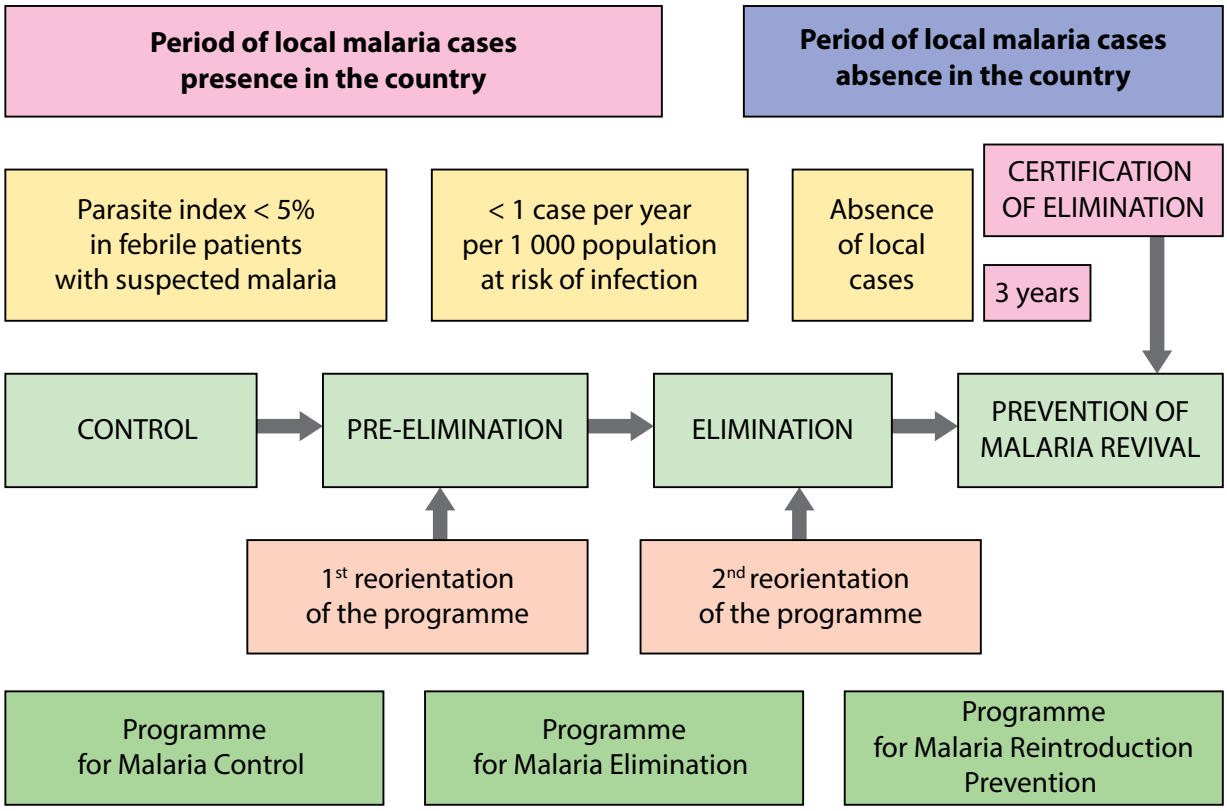
Thus, the period of local malaria presence in the country is ended through the elimination of malaria. To this end the following objectives of the program on the elimination of malaria should be achieved, namely:

- The number of malaria cases due to local transmission reduced to zero in the presence of effective surveillance, and
- The system of anti-epidemic measures established and operating in the country is capable, in the event of a revival of malaria transmission, to identify and determine its cause, and take timely actions to address it.

Achievement of the malaria elimination goals necessitates the country conduct a new, second revision of the programme, namely, the development of a programme to prevent the revival of local transmission of malaria in the country. The transition from the elimination to prevention of malaria revival is possible only if an effective modern surveillance is carried out in the country that proves that:

– malaria transmission is interrupted, and there are no cases due to local transmission;

– all identified cases are related to imported malaria.



Part 2. Programme activities in the reporting period

Project goal

To stop the transmission of tertian malaria by 2015 and to follow-up the notification of the re-appearance of local transmission in accordance with the Programme for the elimination of malaria in the Kyrgyz Republic for 2009-2015.

Project objectives

1. Strengthening the institutional capacity of the National Malaria Control Programme and general health care system

The Programme for the elimination of malaria in the Kyrgyz Republic for 2009-2015 was approved by the Government's Resolution No. 188 dated 30 March 2010, and in 2011, as a result of this Programme Implementation, there was achieved a break in local malaria transmission in the country.

The Programme for the prevention of malaria revival in Kyrgyzstan for 2014-2018 has been developed as part of the GF/UNDP project, which will focus on the prevention of malaria revival through:

- expanding and accelerating cooperation at the state level;
- strengthening national capacity for decision-making;
- investing in human development and capacity building;
- improving opportunities for early diagnosis and prompt treatment of malaria;
- strengthening the capacity for early detection, deterrence and prevention of outbreaks/ epidemics of malaria;
- vector control;
- strengthening supervision and opportunities for operational research;
- social mobilization of population and increasing intersectoral coordinated actions in the post-elimination period.

For the purposes of training and retraining during the period of elimination of malaria and prevention of its revival there were developed training modules which were used as handouts during the training sessions for infectious diseases specialists, parasitologists, epidemiologists, entomologists, clinical laboratory analysts, primary care physicians and managers of health care facilities.

During the reporting year there were trained doctors and paramedics of primary health care, laboratory doctors, epidemiologists, entomologists; in total 227 people. In addition, four health professionals participated in meetings and workshops organized by WHO:

– Meeting on synchronized cross-border cooperation in conducting anti-malaria activities between the Kyrgyz Republic and Tajikistan, 13 August 2013 (Ismailova B.A. - chief specialist of Public Health Department of MoH KR; Usubalieva J.M. – head of Parasitology Sector, DDP&SSES);
– Meeting on cross-border cooperation on malaria for the countries of European (Turkmenistan, Armenia, Kyrgyzstan and Uzbekistan) and the Eastern Mediterranean regions (Afghanistan), from 27 August to 28 August 2013 (Raimberdiev A. – chief physician of Aravan DCDP&SSES; Abykeev O.M. – chief physician of Ton DCDP&SSES; Almerekov K.Sh. – M&E specialist, GF/UNDP);
– International course "Certification of malaria elimination" from 29 August to 30 August 2013 (Almerekov K.Sh. – M&E specialist, GF/UNDP; Abykeev O.M. – chief physician of Ton DCDP&SSES; Raimberdiev A. – chief physician of Aravan DCDP&SSES).

2. Improving capacities for and access to early diagnosis and adequate treatment of malaria

Support of the UNDP/GF project in the framework of the Programme for malaria elimination (2010-2015) made it possible to create a sustainable diagnostic and treatment system and to carry out malaria prevention activities, and as a result, in 2011, the local transmission of malaria in the Kyrgyz Republic was interrupted.

During the reporting year, with the assistance of the grant funded by the GF, a minimum supply of anti-malarial drugs was established. Antimalarial and prophylactic drugs for the treatment and prevention of complicated malaria were also purchased. All the basic points of MPTIs were provided with antimalarial drugs.

There was provided treatment of malaria is one of the priorities of the Programme for the malaria elimination in the country for 2010-2015. In total, there were 4 patients with imported malaria registered in 2013. There was provided treatment free of charge at the Republican Clinical Hospital for Infectious Diseases (RCHID). All the patients received suitable treatment according to national and international guidelines and protocols. Accessibility to the treatment of the disease was observed in 100% of cases.

In 2013, a series of trainings on 4 topics were conducted in the country according to the order of MoH No. 196 dated 19 April 2013:

– Effective management of the programme for the elimination of malaria according to WHO standards for managers of MPTIs and chiefs of medical services of the power structures;
– Providing full access to early diagnosis and adequate treatment of malaria for primary care doctors and paramedics;
– Improving opportunities for and access to early diagnosis and adequate treatment of malaria for primary care doctors and laboratory technicians;
– Entomological surveillance and vector control activities in the period of elimination and prevention of malaria revival for entomologists, epidemiologists,and disinfectant and spray operators.

Training materials and thematic modules were developed by a working group of leading experts of Republican medical and educational institutions of the country. Thematic modules were approved by the Kyrgyz State Medical Institute for Training and Retraining.

In total, there were trained 227 specialists, including 79 heads of MPTIs, PHC doctors and paramedics – 21 doctors, 67 laboratory technicians and 60 entomologists. At the end of the training sessions the students received certificates with credit hours.

3. Implementing cost-effective and sustainable vector control

In 2013, measures against malaria were carried out in 34 regional administrative units of the health care system in all endemic areas and oblasts of the country.

Fifty nine (59) entomologists and spraying operators were trained during the reporting year under the training plan executed by the Kyrgyz Association of Family Group Practitioners and Family Nurses.

In the epidemiological season of 2013 as part of the GF/UNDP project "Cessation of local transmission and transition to elimination of malaria in the Kyrgyz Republic" and according to the order of DDP&SSES No. 135 dated 05 December 2012 "On approval of the household treatment programme" there were conducted two tours of household treatments (IRS – Internal Residual Spraying) covering over 22,800 households with an area of 4,560,000 m^2 in epidemic-prone regions of Osh, Jalal-Abad and Batken oblasts, using 1,140 kg of insecticide:

In total, 53 spraying operators and 16 supervisors were involved across the country:

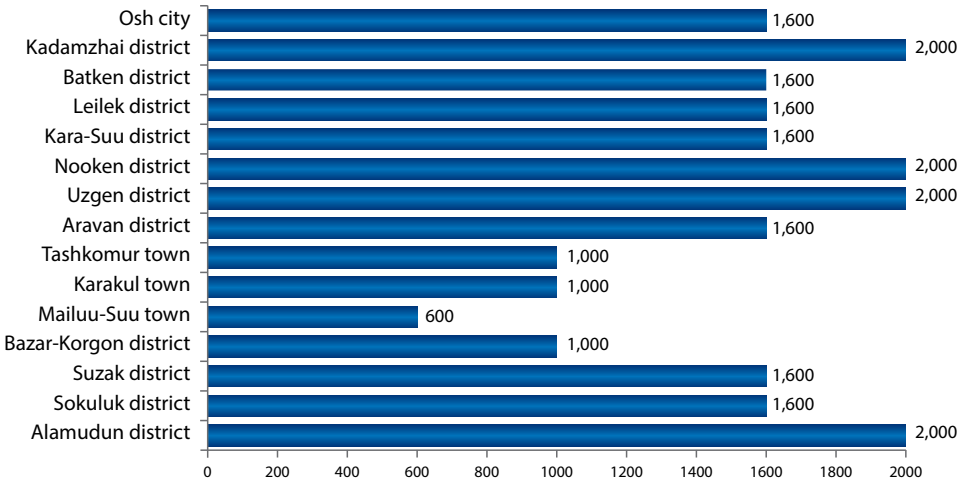
- spraying operators signed work contracts for the implementation of household treatment in accordance with the schedule of treatments;
- conducted safety instruction when working with insecticides and using mechanical sprayers;
- spraying operators were equipped with mechanical sprayers/Automaxes and protective clothing (gowns, goggles, gloves, boots and masks);

– specialists of DCDP&SSES prepared deeds on the work performed and reports after completion of anti-mosquito household treatment;

– during the IRS campaign, specialists of DCDP&SSES and medical workers of MPTIs interviewed the population about malaria prevention and the importance of eliminating pests.

Treatment was carried out by disinfection brigades accompanied by representatives of the local health services (primary health worker, a representative of the Family Medicine Centre). The brigades were supported by local people. After the treatment, heads of households signed the log book. The disinfectors were sub-contracted by the Karasuu DCDP&SSES and paid in accordance with their contracts.

Figure 2. Coverage by household treatment (Internal Residual Spraying) in the project areas in 2013



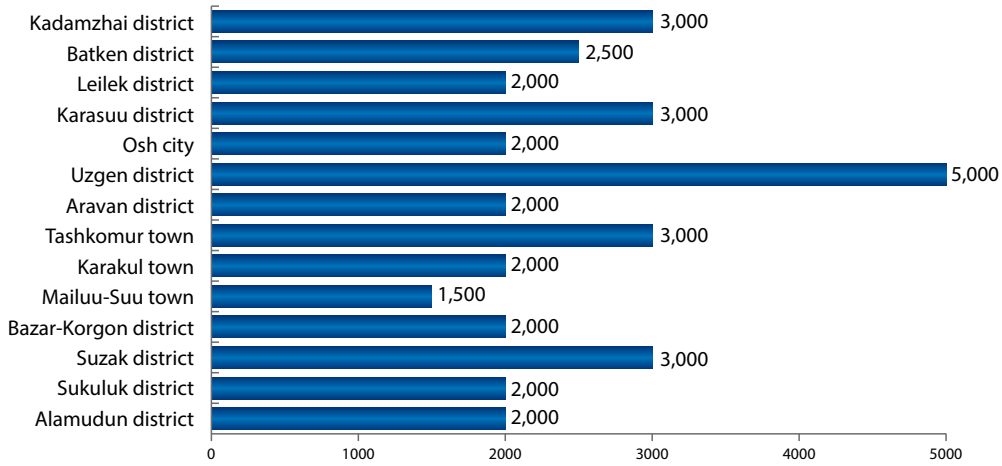
The use of insecticide-impregnated bed nets is part of a set of measures to prevent malaria in vulnerable areas. The long malaria-free period has reduced the population's awareness of malaria (anopheles mosquito), which has led to a loss of personal protection skills.

In addition, the high level of poverty, especially in rural areas, limits the ability of families to purchase protective equipment, therefore, distributing free bed nets is an important measure in preventing malaria and reducing household expenditures on malaria treatment.

Thirty five thousand (35,000) bed nets were procured as part of the GF/UNDP project under the programme "Bed nets – 2013" and distributed to border communities. This programme was approved by order of the DDP&SSES No. 135 dated 5 December 2012. The programme identified a situation analysis, target groups, objectives, bed nets delivery and distribution schemes and expected results.

In accordance with the Programme and the Distribution Plan, bed nets were delivered to the following areas:

Figure 3. Distribution of bed nets in the project areas in 2013

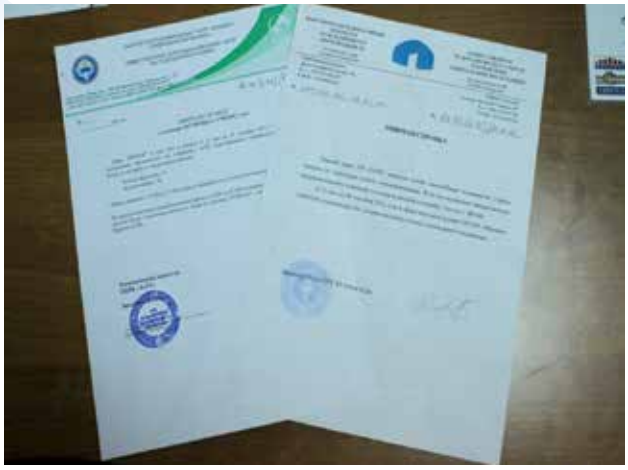


M&E specialist and field team specialists of Karasuu CDPE/UNDP/GF regularly conducted monitoring visits to programme areas in order to establish the reliability of the primary data on the distribution of bed nets with random visits to households.

Mobile teams have held public awareness campaigns and monitored the use of bed nets and other protective measures. Two hundred and sixty one (261) activists of rural health committees have been trained in distributing bed nets and monitoring their use.

The Health Promotion Association (HPA) conducted trainings for representatives and volunteers of Rural Health Committees to implement the strategy of "Partnership development and population involvement in malaria elimination activities in the Kyrgyz Republic". Each workshop participant was provided with a guidebook on working with the population. In addition to the basic guidebook, all the participants were given visual information and educational materials including posters, brochures, leaflets and CDs with information on malaria developed with the financial assistance of the GF/UNDP Malaria Project.

After trainings there were formed Action Groups (AGs) on malaria among the members of RHCs and/or local volunteers. The aim of the Action Groups is to work with households, heads of business entities and public institutions for the prevention of malaria. The objectives of the AGs are to increase public awareness about malaria prevention and organize proper care of sanitary facilities and irrigation systems in private backyards and public places.



As part of the training, each member of the RHCs and AGs has learned how to develop an individual work plan and submit it to local governments for approval and coordination.

According to the results of monitoring carried out by rural activists, specialists of mobile teams and employees of the Karasuu DCDP&SSES field team, 98% of families use the bed nets properly and for their intended purpose.

Information and an educational video on malaria was broadcasted on OTRK TV channel in the period from 1 June to 31 August 2013 as part of the GF/UNDP project implementation. According to the viewing grid the time period from 19:00 to 22:10 is considered the top-rated slot (primetime).

It is estimated that more than 2.5 million people watch the OTRK TV channel in Kyrgyzstan at the above stated time.

According to the reports submitted by ElTR TV channel, the video on malaria was broadcasted 27 times totaling 19.65 minutes from 2 June to 25 September 2013 before the program "Kunserep". According to the estimates of ElTR TV channel, more than 1 million people watch this channel from 20:00 to 22:00 in addition to Kyrgyzstan people in 54 countries in Asia, Europe and the CIS on TURKSAT-2. Additionally, more than 57 thousand people residing in the project areas received information on the prevention and control of malaria during the bed net distribution campaign and the household treatment. This is confirmed by the signature of owners of households in the registration accounting log books.

Anti-epidemic activities covered the entire population; but for individual activities, such as providing bed nets, priority was given to pregnant women and children under 5.

Anophelogenic water basins are monitored across the country. Specific activities including providing bed nets, insecticides, preventive treatment, and chemical treatment of the water basins and treating households were carried out in malaria-prone areas by state institutions and civil society.

4. Improving capacity for timely response and prevention of malaria outbreaks and epidemics

In 2013, a temporary advisory field team consisting of a parasitologist (head) and entomologist complete with its own fully self-sufficient rapid response transport was contracted by UNDP to work in the southern region with the Karasuu DCDP&SSES.

5. Further strengthening the mechanisms for monitoring and evaluation of programme implementation

The Country Coordination Mechanism (CCM) under the Kyrgyz Government has been established to coordinate malaria prevention activities at the national level and is functioning successfully. Information on the implementation of the GF malaria project is reported at annual meetings of the CCM. In 2013, the reports on programme and financial indicators (Dashboard) for the periods of "January-December 2012 – semester 4" (Meeting of the Oversight Committee of the CCM, 4 July 2013) and "January-June 2013 – semester 5" (Meeting of the Oversight Committee of the CCM, 14 November 2013) were issued and presented.

Since 2010, an electronic communications network among the regional DCDP&SSES and DDP&SSES makes it possible to constantly monitor the epidemiological situation and to plan scheduled and emergency measures to contain outbreaks in risk zones.

As part of the project there were also conducted joint field entomologic visits with specialists of the Ministry of Health, Department of Diseases Prevention& SSES and WHO consultants.

The objectives of these visits included meetings with chief physicians and specialists of DCDP&SSES about the monitoring conducted by them,complex anti-mosquito activities in the framework of malaria elimination programme in the Kyrgyz Republic for 2010-2015as well as preparation of the country for the certification activities during the period of malaria elimination in the project areas.

6. Strengthening the capacity of scientific and practical research


CERTIFICATE

As part of the GF Malaria Grant implementation under contract with the National Center of Infectious and Parasitic Diseases of the Ministry of Health of the Republic of Bulgaria, the parasitological laboratory of the Department of Diseases Prevention and State Sanitary & Epidemiological Surveillance of the Ministry of Health of the Kyrgyz Republic passed an external quality assurance (EQA).The EQA is conducted on an annual basis.

The specialists of the DDP&SSES viewed 6 blind drugs and 101 slides stained by Romanowsky-Giemsa in order to cross-check and confirm the identification of positive and negative blood smears for malaria sent from Bulgaria.

The study was conducted by: Zhumashova G.A., Laboratory Doctor-Parasitologist, and Minbaeva G.A., Parasitologist.

In 2013, a geodatabase were created in the international cartographic coordinate system "WGS_1984_UTM_Zone_43N" using ArcGIS 10 software package with electronic map layers in

shapefile format. Electronic thematic maps were developed for each area with cases of malaria from 2005 to 2010.

Developed the following materials:

1. Maps by districts and by country with cases of malaria from 2005 to 2010 (districts – Aksy, Alabuka, Alamedin, including Bishkek city, Batken, Kadamzhai, Karasuu, including Osh town, Leilek, Nooken) and the Kyrgyz Republic);
2. Electronic thematic maps in ArcGIS 10 and basic layers of e-card in the format of shapefiles (state borders, borders of oblasts and districts of KR, rivers, lakes, roads, settlements, cases of disease) in the optical storage medium (CD);
3. Electronic databases of epidemiological information with geographic coordinates in the optical storage medium (CD);
4. Three dimensional terrain model in ArcGIS 10 with basic layers of e-card;
5. Electronic thematic maps in the optical storage medium (CD);
6. Distribution package of GIS software with open code "Quantum GIS" and instructions for installing and using the "Quantum GIS" application.

7. Further improvement of the awareness level of the population and its involvement in malaria prevention. Development and implementation of the strategy "Partnership development and population involvement in malaria elimination activities in the Kyrgyz Republic"

The strategy "Partnership development and population involvement in malaria elimination activities in the Kyrgyz Republic" was implemented in cooperation with the ARHC and the Republican Center for Health Promotion (RCHP) through the Health Promotion Units (HPUs) in Batken, Jalal-Abad, Osh and Chui oblasts and in the internal migrants' settlements around Bishkek city supported by UNDP/GF.

Two hundred and sixty one (261) members of the RHCs were trained in four project areas with financial assistance from the GF/UNDP Malaria Grant in 2013. Representatives and vol-

unteers of RHCs were able to update their knowledge on the prevention of malaria using personal protective equipment (netting windows and doors, use of mosquito nets impregnated with insecticide, repellents and ointments, etc.). The RHC members are also a valuable resource for providing rapport with the population, especially in endemic areas bordering Tajikistan and Uzbekistan.

25 April – World Malaria Day established by the World Health Assembly at the 60th session in May 2007. It is a day for recognizing the global efforts to provide effective malaria control.

This day offers an opportunity:

- for countries in the affected regions - to share experience and support each other in their efforts;
- for new donors – to join the global partnership for malaria control;
- for research and educational institutions - to attract the attention of experts and the general public to their scientific achievements; and
- for international partners, companies and foundations - to demonstrate their efforts and reflect on how to scale up effective interventions.

Part 3. Information on completed indicators for 2013

Impact and outcome indicators	Target indicator (Year 2 Phase 2)	Actual indicator	Note
Incidence of confirmed local malaria cases	< 0.05 per 100 000 of population	0	In 2013, there are no cases of local transmission of malaria in the Kyrgyz Republic
Number of specialists trained in: (1) management of malaria elimination programs, (2) diagnosis and treatment, and (3) the fight against malaria vector	224	232 (104%)	In total, 227 specialists participated in local trainings, and 5 specialists participated in international trainings organized by WHO
Percentage of malaria cases that received appropriate antimalarial treatment according to national treatment policy	100% (8/8)	100% (4/4)	Only 4 cases of imported malaria were registered in 2013. All four patients received antimalarial treatment free of charge in accordance with national treatment policy
Number of long lasting insecticide treated mosquito nets distributed to people in targeted areas	35,000	35,000 (100%)	Mosquito nets were distributed to the population in endemic areas, according to the approved plan "Bed nets 2013". Priority given to pregnant women and children under 5 years
Number of households in designated target areas sprayed by indoor residual spraying in the past 12 months	20,000	22,800 (114%)	Households in endemic areas passed pest treatment according to the approved plan "IRS-2013"
Number of trained volunteers RHCs in risk areas, representatives from rayong and village health committees	250	261 (104%)	Trained volunteers and representatives of RHCs in those areas, where mosquito nets were distributed and household treatment was carried out
Number of active foci, reported per year (routine surveillance)	0	0	New active foci of malaria were not registered
Proportion (percentage) of reported cases fully investigated HMIS, routine surveillance)	100%	100% (4/4)	All 4 cases of imported malaria were fully investigated and confirmed

Part 4. Financial information

Figure 4. Budget, expenditures and commitments of the Principal Recipient (UNDP) of Malaria Grant in 2013 (US dollars)

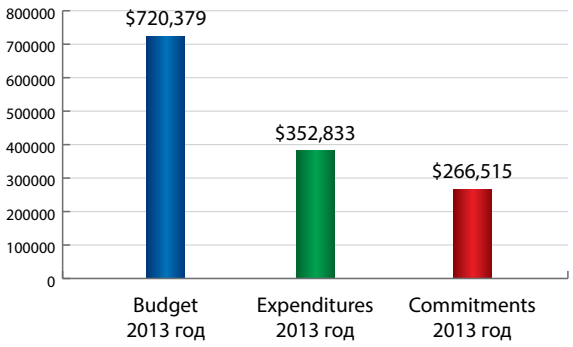


Figure 5. Budget, expenditures of Sub-recipients of Malaria Grant in 2013 (US dollars)

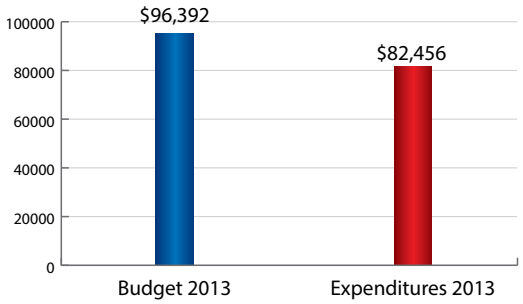
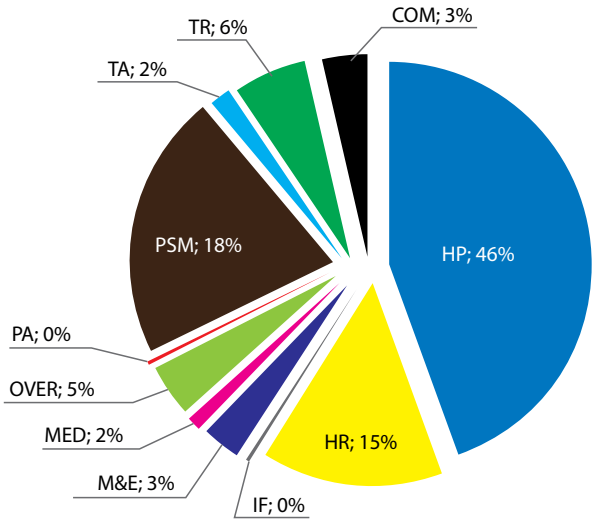


Figure 6. Disbursement of budget on Malaria Grant by cost categories in 2013



HP	Health Products (mosquito nets, Automax sprayers, protective clothing, laboratory consumable materials)
PSM	Procurement and Supply Management Costs
HR	Human Resources
TR	Training
OVER	Overheads
COM	Communication Materials
M&E	Monitoring and Evaluation
TA	Technical Assistance
MED	Medicines (antimalarial drugs for the treatment and prevention of malaria)
IF	Infrastructure
PA	Planning and Administration

Part 5. Procurement information

Table 1. Malaria Grant goods and commodities procured and delivered to the national partners in 2013

Product purchased, delivered and used in 2013, quantity, specification	Price (USD)	Final recipient
Antimalarial drugs for the treatment of malaria – Artemether 20 mg + Lumefantrine 120 mg tablets/12/ PAK-30 (60 tablets) (category – Medicines)	67.74	DDP&SSES, Republican Clinical Hospital for Infectious Diseases, Osh Oblast Territorial Hospital
Antimalarial prophylactic drugs – Mefloquine – 250 mg tablets; 100x10 packages (1 000 tablets) (category – Medicines)	829.20	DDP&SSES, Republican Clinical Hospital for Infectious Diseases, Osh Oblast Territorial Hospital
Antimalarial drugs for the treatment of malaria – Quinine Dihydrochloride, injection 300mg/ml; 2 ml, in ampoules/package – 10 (total of 100 ampoules) (category – Medicines)	28.12	DDP&SSES, Republican Clinical Hospital for Infectious Diseases, Osh Oblast Territorial Hospital
Antimalarial drugs for the treatment of malaria – Quinine Sulfate 300 mg tablets/package – 100 (total of 600 tablets) (category – Medicines)	38.93	DDP&SSES, Republican Clinical Hospital for Infectious Diseases, Osh Oblast Territorial Hospital
Antimalarial drugs for the treatment of malaria – Chloroquine Phosphate 150 mg tablets/package 1 000 (total of 4 000 tablets) (category – Medicines)	82	DDP&SSES, Republican Clinical Hospital for Infectious Diseases, Osh Oblast Territorial Hospital
Antimalarial drugs for the treatment of malaria – Primaquine 7,5 mg tablets/package – 1 000 (total of 6 000 tablets) (category – Medicines)	91.8	DDP&SSES, Republican Clinical Hospital for Infectious Diseases, Osh Oblast Territorial Hospital
Antimalarial drugs for the treatment of malaria – Artesunate 60 mg – Powder for I.M. and I.V. injection in ampoules and 1 ml ampoule of 5% sodium bicarbonate (solvent), 1 package - 1 unit (total of 180 ampoules) (category – Medicines)	270	DDP&SSES, Republican Clinical Hospital for Infectious Diseases, Osh Oblast Territorial Hospital
Transportation costs and insurance for supply of drugs for the treatment and prevention of malaria	1,915.08	DDP&SSES, Republican Clinical Hospital for Infectious Diseases, Osh Oblast Territorial Hospital
Bednets LLIN, 35000 pieces (category – Health Products)	130,265.05	Vulnerable population in the three southern oblasts and Chui oblast
Sprayers (Automax), 50 Automaxes + 3 sets of spare parts (category – Health Products)	11,578.50	DDP&SSES
Protective clothes for disinfectors, 50 sets (category – Health Products)	2,090	DDP&SSES

Laboratory consumable materials: - Knifers, 2.4 mm, package 100 pcs. (total of 400 packages); - Slides, 1 mm thick; size – 76x26mm; package – 50 pcs. (total of 150 packages); - Immersion oil, bottle of 250 ml (200 bottles); - Methanol, 99.5%, bottle of 500 ml (total of 40 bottles); - Giemza stain solution, bottle of 500 ml (total of 40 bottles). (category – Health Products)	15,586.51	Parasitological laboratories of DDP&SSES
Consumables for PCR laboratory: plastic containers, disposable gowns, caps, shoe covers, bactericidal lamps, nitrile gloves, disinfectants	2 ,337.40	DDP&SSES/ National Parasitological Reference Laboratory
Consumables for PCR laboratory: bags for autoclaving, fibreless wipes, bottles with spray heads, wall mounted noncontact dispensers, polypropylene vials.	11,610	DDP&SSES/ National Parasitological Reference Laboratory
Conduct of series of trainings on malaria elimination programme management in the Kyrgyz Republic in accordance with the WHO standards; diagnosis and treatment of malaria; operational activities related to vector control	19,694.95	MoH KR
Training on the provision of services for the conduct of four one-day workshops for representatives of Rural Health Committees (RHCs) in Osh, Jalal-Abad, Batken and Chui oblasts	6,113	MoH KR
Total	**202,598.28**	

Part 6. Lessons learned/best practices/recommendations

The malaria elimination phase has been completed and preparation for the certification of the Kyrgyz Republic as a country free from malaria has started. This certification will positively affect the image of the country and attract international tourism. This will strengthen the well-being of families and the delivery of additional funds to the economy which can be used by the country to reduce poverty and promote development.

Approval and implementation of the Programme for the prevention of the re-appearance of local malaria transmission in the Kyrgyz Republic for 2014-2018 is a mandatory requirement of the World Health Organization for the certification of malaria elimination.

Particular emphasis has been placed on the analysis of the existing epidemiological situation of malaria and problems associated with malaria in the border areas. Special attention has been paid to the development and implementation of joint action plans in order to synchronize antimalarial activities in the border areas. However, it is necessary to continue intensive cooperation with neighboring countries in the post-elimination period.

In circumstances where there is a risk of importing malaria and the possibility of its local revival, particular attention needs to be paid to the training of national health workers. In addition to special training and retraining of professionals with sufficient experience, the attention has been paid to improving the knowledge and skills of the personnel in the diagnosis, treatment and prevention of malaria, and epidemiological surveillance of malaria. Additionally, the training of laboratory service staff and the basic training has been supplemented with regular control and advanced courses.

Health education of the population has shown that timely and quality information about how to use the insecticide-impregnated bed nets and why households should be treated needs be carried out to help vulnerable groups of people remain vigilant with respect to malaria and to ensure that despite high levels of poverty, financial burdens on families of the costs of treatment are minimized.

The use and development of the biological method (creating fish nurseries with subsequent dispersal of larvivorous fish requires special attention to reduce the density of mosquito larvae in anophelogenous ponds. This is one of the main methods to control the number of malaria-carrying mosquitoes in the absence of local transmission of malaria in the country. However, in 2012-2013 it was decided to postpone this measure as the issue of the allocation of municipal land pieces to build fish nurseries had not been positively resolved.

In 2012-2013, there was USD 296,437 saved which were reprogrammed to cover the purchase of equipment for the PCR laboratory equipment, repair the parasitological laboratory of DDP&SSES, procurement and supply management costs, purchase of the minimum stock of insecticide, training activities and other budget items of the malaria grant.

The year of 2013 was the penultimate year for implementation of the malaria grant activities in the Kyrgyz Republic. In 2014, the grant will be completed and funding of activities for the prevention, control and elimination of malaria in the Kyrgyz Republic at the expense of the Global Fund will be terminated. Therefore, in 2014, the Government of the Kyrgyz Republic will have to decide how to fund antimalarial activities in the post-elimination period.

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