



**ehra**   
eurasian harm reduction association

# **Taking stock of budget advocacy efforts in Eastern Europe, South-Eastern Europe and Central Asia**

## **KYRGYZ REPUBLIC COUNTRY CASE**

**Vilnius, 2021**

# Kyrgyz Republic

Population:	<b>6.5 million</b>
PLHIV number estimated:	<b>9'200</b> (2020, UNAIDS)
PLHIV virally suppressed:	<b>43%</b> (2020, UNAIDS estimate)
Health expenditure as % of GDP:	<b>6.5%</b> (2018, WHO data)
Health as % of government expenditure:	<b>8.4%</b> (2018, WHO data)

## Share of government (domestic public) resources in HIV financing, US\$

	2017	2020
- overall HIV expenditure	13% 2.2 million	20% 2.1 million
- HIV treatment	13% 718 thousand	42% 971 thousand
- HIV prevention	8% 437 thousand	9% 190 thousand

All data from UNAIDS financial dashboard

## HIV budget advocacy: How civil society organizes itself

The three initiatives of budget advocacy stand out in the country:

- a Budget Coalition called 'For Budget Advocacy in the field of HIV and Other Socially Significant Diseases', largely supported through the Open Society Foundations and Soros Foundation - Kyrgyzstan in 2015-2019,
- the Partnership Network led work under the SoS Project, and
- USAID-supported work on contracting and funding of civil society services.

The Budget Coalition is a loose group of 40 community-based organizations (CBOs), NGOs, and experts working locally, regionally, and at the national level ranging from key population groups to broader patient coalitions - from groups like AFEW Kyrgyzstan to the Central Asia Eurasia Foundation and the Diabetes Association - from sociologists and finance experts to NGOs focused on accountability. Established in 2017, more than half of members of the Budget Coalition focus on HIV, TB, or drug-related issues. Community-based groups of people who use drugs, sex workers, PLHIV, LGBT/MSM and people with TB are part of the Coalition. Coordinated by NGO Sotsium, the Budget Coalition serves as a vehicle for both HIV and broader budget work and conducts capacity building and budget analysis at the stages of both planning and utilization; demands open budgets; engages in state and local social contracting; provides recommendations to MoH, Ministry of Finance, Health Insurance Fund, and the Budget Committee in Jogurku Kenesh (Parliament) and other initiatives.

The SoS Project is the only source that funds work on improving the regulation and pricing of medicines and other health products. The Partnership Network (which is also a member of the Budget Coalition) additionally focuses on political and normative processes at the national level, for example, to include health in the mandate of local authorities or to change public procurement legislation.

The International Center of Not-for-Profit Law (also supported by USAID) has led the development of the new version of Law on State Social Contracting in 2017, however, they have not been engaged in operationalizing this mechanism at least in the health sector. However, the USAID-funded Health Policy Plus (HP+) and newly started EpiC programs provide valuable support which has grown in-country capacity to engage in state social contracting with particular support to government structures including the Ministry of Health and the Republican AIDS Center.

### Advocacy funding amounts and sources, US\$:

<b>US\$1,058,871* in 2018-2021</b> US\$264 thousand annually	<b>18%</b> (US\$188,771**): country HIV/TB grant from the Global Fund
	<b>40%</b> (US\$420,000): multi-country grant from the Global Fund, SoS (2019-2021)
	<b>36%</b> (US\$344,000): Open Society Foundations and Soros Foundation - Kyrgyzstan
	<b>10%</b> (US\$106,100***): Netherlands
	<b>&lt;1%</b> : TBEC, EHRA, ECOM small grants for budget advocacy

*\*part of this budget is covering human rights advocacy and community mobilization.*

*\*\*the amounts for advocacy for key population and PLHIV networks were provided by UNDP which manages the grants. Budget advocacy was part of the scope of advocacy support but two out of four networks prioritized in its work.*

*\*\*\*Estimate derived as one half of the amount provided for city advocacy in Bishkek and Saint-Peterburg through PITCH and AFEW International/AFEW Kyrgyzstan.*

### Key achievements and progress

Kyrgyzstan has numerous achievements in increased budgets for HIV and health and has created savings through joint efforts with the leaders within the Ministry of Health, the Republican AIDS Center and the Mandatory Health Insurance Fund.

### Funding increase and first NGO service contracting

HIV funding from the national budget increased by more than 7 times in 2018, in comparison with 2016, and remained at similar levels in the following years. In addition to advocacy, the important factor was the Global Fund's requirement of the country's co-financing and also a nearly 2-fold reduction of this donor's allocation which provided a strong argument for authorities to step up. The roadmap of transition from donor funding was successfully incorporated in the National HIV Program 2018-2021.

In 2019, for the first time, the Ministry of Health funded HIV services delivered by NGOs from the national budget through the Republican AIDS Center using the mechanism called 'State Social Contracting'. This funding of around US\$45,000 (3 million Kyrgyz som) was contracted to 6 NGOs in 4 regions to reach PLHIV with peer treatment support. In 2020 the social contracting call was cancelled due to the COVID-19 pandemic. In 2021 another US\$58,600 (4.9 million Kyrgyz som) was allocated and is planned to be sub-contracted with a similar scope and purpose as in 2019. The social contracting approach used the new edition of the Law on State Social Contracting, which was in place due to efforts outside the HIV sector. However, it was HIV stakeholders who encouraged and supported the Ministry of Health to be among the first ministries to develop its strategy and normative guidance for the mechanism, approving HIV and TB service standards. HIV and TB were included in the state social contracting strategy of the MoH for 2018-2020 and 2021-2023. While the mechanism was originally expected to fund services for key populations, there proved to be challenges within the current legal framework: the current legislation does not allow for anonymous service provision, without using personal ID data which is the practice in needle and syringe programming or outreach work among sex workers, MSM and transgender people, therefore, the current calls do not target them. The Partnership Network and HP+ are already discussing plans to adjust the legal framework. Additionally, respondents mention that the state social contracting programme might also not be the final solution for contracting prevention and alternative models might be needed in the further future when the MoH is able to fund a major portion of prevention.

### **Successes at local levels**

Engaging with local authorities have yielded their buy-in for developing specialized programs that would utilize NGO services, based on the Law on State Social Contracting. Karakol, Kara-Balta, Osh and Bishkek started funding new initiatives. Bishkek, through focused support from AFEW Kyrgyzstan, developed a city program on HIV. In 2019, both Bishkek and Osh joined the Paris Declaration. Impressive results were also achieved outside the two main cities: in Karakol one million Kyrgyz som was included in the 2018-2019 budget for HIV prevention and support for a rehabilitation center for vulnerable women and 400,000 Kyrgyz som were allocated for opening and maintenance of a shelter for PLHIV and key populations in Kara-Balta.

### **Gains from work on procurement efficiency**

The Partnership Network estimates that, in 2020 alone, their work on access to medicines saved more than US\$100'000. Their support to the Republican AIDS Center coupled with outreach to generic companies to engage them in Kyrgyzstan led to the reduction of the price of the combination medicine tenofovir/lamivudine/dolutegravir from US\$15.5 per package in the 2019 procurement to US\$8.01 in the 2020 procurement. Similarly, prices for hepatitis C treatment for PLHIV were nearly cut in half reaching US\$245 per treatment course.

## Coordination and outlook

Kyrgyzstan has a particularly vibrant civil society with multiple initiatives and partners interested in supporting local processes. There is some level of duplication of efforts and competition among the groups. However, as one partner points out, these overlapping efforts have been synergetic. Additionally, coordination by various donors and regional initiatives could improve.

The political situation has changed drastically with the new government focused on family values. As a result, some LGBTI activists, for example, are already considering evacuation from the country in fear of their lives. This together with a slow economy (characterized by high deficit and debt) make a major increase in domestic funding for HIV and vulnerable groups unlikely in the near future. The respondents interviewed for this assessment plan focusing on further advancing normative work, transparency and efficiency initiatives in the coming years, as well as focusing on sustaining the key populations' rights and programming in the context of the negative political environment.

### Success story: **Broader health advocacy at work**

A recent evaluation of the work of the Budget Coalition documented several important broader influences made by the Coalition:

- Kyrgyzstan joining the Open Government Partnership, an organization of reformers inside and outside government to promote transparent, participatory, inclusive, and accountable governance. The country took on **17 commitments in 2018-2020**; some are around participatory budgeting and auditing.
- The projected budget for health planned by the Ministry of Finance was increased from 18 billion Kyrgyz som (US\$215 million) to 20 billion Kyrgyz som (US\$239 million) in 2020.
- Full funding of hemodialysis and improved access to diabetes and cancer medicines from the state budget.
- Broad training reaching 565 civil society representatives through 43 training events and 25 round tables, utilizing advanced budget training from the Budget Advocacy School in Ukraine.

#### Sources used:

- Interviews with Aibar Sultangaziev, Partnership Network; Aibek Mukambetov, Soros Foundation – Kyrgyzstan; Batyrbek Assembekov, HP+/Palladium;
- Additional information from Ekaterina Novikova, Partnership Network; Inga Babicheva, UNDP; Natalya Shumskaya, AFEW Kyrgyzstan;
- Description of work on ART optimization and improving procurement from 100% Life;
- Фонд «Сорос-Кыргызстан». *Итоги бюджетной адвокации в Кыргызской Республике 2016-2019 гг.*, 2020 (автор: Лариса Башмакова).

Reviewed by: Alexandrina Iovita, Global Fund.