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MONITORING OFFICIAL DEVELOPMENT ASSISTANCE TO THE HEALTH SECTOR OF THE KYRGYZ REPUBLIC– 2018-2019 (third edition)



Bishkek, 2020

Keywords

Kyrgyz Republic; health sector; official development assistance; coordination mechanism; Paris Declaration on Aid Effectiveness; Accra Agenda for Action; Министерство здравоохранения; Ministry of Health; data collection; questionnaire; interviews; disbursements; SWAp; geographical coverage; investments; technical assistance; administrative costs; health sector areas; alignment; national policies; national strategies; public financial systems; procurement systems; aid predictability; joint missions; analytical works; mid-term budgetary framework; harmonization; COVID19, emergency support.

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Monitoring official development assistance to the health sector of the Kyrgyz Republic– 2018-2019 (third edition)

Bishkek, 2020

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Abbreviations

ADB	Asian Development Bank
FAO	Food and Agriculture Organization of the United Nations
GAVI	Global Alliance for Vaccines and Immunization
GDP	Gross domestic product
GIZ	German Society for International Cooperation (Deutsche Gesellschaft für Internationale Zusammenarbeit)
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
IsDB	Islamic Development Bank
JICA	Japan International Cooperation Agency
KfW	German Development Bank
KOICA	Korea International Cooperation Agency
MTBF	Medium-term budgetary framework
NSC	National Statistical Committee of the Kyrgyz Republic
ODA	Official Development Assistance
OECD	Organization for Economic Cooperation and Development
SBS	Sector Budget Support (Health)
SDC	Swiss Agency for Development and Cooperation
SFD	Saudi Fund for Development
SGBP	State Guaranteed Benefits Programme
SWAp	Sector-Wide Approach
TIKA	Turkish International Cooperation Agency (Türk İşbirliği ve Koordinasyon Ajansı)
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

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This study was conducted in the joint coordination of the Ministry of Health of the Kyrgyz Republic and the WHO Country Office in the Kyrgyz Republic. A team of local experts performed the data collection and analysis process in close cooperation with the development partners in the health sector.

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Foreword

Two rounds of official development assistance (ODA) evaluation in the Kyrgyz Republic covering activities for 2015 and 2017 with reports are published on the website of the Ministry of Health of the Kyrgyz Republic (<http://www.med.kg>)

This document is the third report on official development assistance to the health sector of the Kyrgyz Republic and was prepared with technical support provided by the World Health Organization (WHO).

For the Ministry of Health of the Kyrgyz Republic, this assessment is an important source of systemic data for the analysis, planning, mobilization, and allocation of ODA resources in order to support reforms and health administration in the Kyrgyz Republic.

In order to obtain latest ODA data in the health sector, it was decided to conduct a comprehensive study for 2018-2019.

The 3rd round of the ODA monitoring includes several stages:

1. revision of the questionnaire and glossary;
2. approval of the list of current Development Partners and donors to participate in the third round of the study;
3. preparation of the online version of the questionnaire;
4. dissemination of invitations to Development Partners to participate in the survey;
5. maintaining of regular communication with Development Partners;
6. ensuring participation in data collection and analysis, organizing data cross-checks with each Development Partner;
7. drafting the final report and publication.

In 2020, the ODA evaluation for 2018-2019 coincided with the COVID-19 pandemic. The entire health system of the Kyrgyz Republic was focused on combatting COVID-19. The COVID-19 pandemic led to serious disruptions in the health system in the Kyrgyz Republic as well. The health system was overwhelmed and was unable to cope with many challenges. Thanks to the support of the donor community, it became possible to contain the spread of disease and ensure an appropriate response.

Once again, we acknowledge the continued support of Development Partners and express our sincere appreciation to international organizations for their extremely valuable contribution to this survey and to the health system development in general. The Ministry of Health of the Kyrgyz Republic and the World Health Organization are looking forward to putting this work to best use in the development of the health system of the Kyrgyz Republic.

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1 Country context

The Kyrgyz Republic is committed to implementing the UN 2030 Agenda for Sustainable Development. The Sustainable Development Goals (SDGs) are included in government policy and reflected in the National Development Strategy (2018-2040), the "Unity. Trust. Creation" Programme (2018-2022), which were based on a human-centered approach. The concept of the 2040 Strategy is to ensure a high quality and decent standard of human life, with a special emphasis and priority attention to the most vulnerable populations.

To achieve the SDGs by 2030, the Kyrgyz Republic has established a key priority: policy focus on human development. To this end, national strategies are being implemented to guarantee legal and judicial protection of human and civil rights and freedoms, reduce inequality, eradicate poverty, mitigate climate change, reduce disaster risk, invest in human development, build skills and knowledge for all segments of society, create jobs and support healthy lifestyles, promote gender equality.

As part of the National Development Strategy of the Kyrgyz Republic for 2018-2040, the long-term priority of social development is to change systemic approaches in health.

In the long term, the health system shall become accessible, high quality, safe system using innovative approaches, focused on human needs, and the population of the Kyrgyz Republic enjoys the maximum improvement in health indicators.

In June 2018, the Joint Annual Review of the Den Sooluk National Health System Reform Programme for 2012-2018 (the "Den Sooluk Program") was conducted. Den Sooluk Programme focused on achieving specific health indicator targets by providing expanded coverage of key services, improving the quality of care provided, and addressing barriers in the health system that had not been addressed by the previous two programs.

Within the framework of Den Sooluk Programme implementation, there was a stable downward trend of the total cardiovascular mortality rate from 331.3 per 100 thousand population in 2012 to 265.7 per 100 thousand population in 2018. Thus, the activities implemented in the CVD priority area show significant progress on the presented indicators, which demonstrates the correct selection of the strategy for strengthening the outreach activities and primary health care system.

Significant progress was observed in achieving the expected results in the priority area of Maternal and Child Health. An approach has been introduced to improve the quality of obstetric care based on lessons learned. The quality of maternal and newborn care in obstetric health organizations and at the level of primary health care has been assessed. The infant and child mortality rate in the country has a steady downward trend. In 2015, Kyrgyz Republic was among the countries that achieved MDG-4.

Early neonatal mortality rate has been reduced by 10% by 2018. In 2011 the early neonatal mortality rate was 15.0 per 1,000 live births - a decrease of 27.3% in 2018.

The goal of limiting the under-5 mortality rate at max 21.0 per 1,000 live births in 2017-2018 has been achieved.

The maternal mortality rate in 2018 was 30.4 per 100,000 live births, a decrease by 36% compared to 2011 (baseline).

Within the framework of international cooperation, great results were achieved in modernizing and improving the infrastructure of regional health organizations. The construction of the Bishkek Kyrgyz-Turkish Fraternity Hospital, the construction of a new building at Osh City Hospital, and the renovation and equipping of the National Center for Oncology with modern equipment have been completed. Mobile autolaboratories and mobile clinics were received.

Hemodialysis centers were established under a public-private partnership with grant support from the German Development Bank (KfW).

Completion of the Den Sooluk Programme, taking into account the successes and progress of this Program, has driven the need to develop a new Government Programme for health protection and health system development until 2030.

Programme of the Government of the Kyrgyz Republic on health protection and health system development “Healthy person – prosperous country” for 2019-2030 was developed taking into account the objectives outlined in the SDGs and the National Development Strategy of the Kyrgyz Republic (2018-2040). The new Programme was approved by the Decree of the Government of the Kyrgyz Republic № 600 on December 20, 2018.

The main purpose of the Programme is to strengthen people-centered systems that ensure public health and provide quality services through the life course, aiming to maximize health outcomes, reduce health inequalities, and provide financial protection.

Priority areas:

- Public Health and Prevention
- Development of primary health care
- Improvement and rationalization of the hospital system
- Development of Emergency Medical Care
- Laboratory services
- Medicines and medical products
- Health Stewardship
- Human Resources in Health
- E-Health development
- Financing System development

During the Joint Annual Review and Health Summit in April 2019, a Joint Statement for Partnership was signed between the Government of the Kyrgyz Republic and Development Partners regarding the Programme of the Government of the Kyrgyz Republic on health protection and health system development “Healthy person – prosperous country” for 2019-2030

In order to strengthen the mechanisms of intersectoral cooperation and integration of health issues into the local governments' activities, Government Decree No. 458 of September 6, 2019 approved the Model Regulation on the Health Coordination Commission in regions, districts and cities of the Kyrgyz Republic.

Amendments were introduced into the Decree No. 352 of the Government of the Kyrgyz Republic "On the Public Health Coordination Council under the Government of the Kyrgyz Republic" of June 26, 2014.

In order to strengthen the institutional mechanisms of the monitoring and evaluation system under 2030 Programme, the Order of the Ministry of Health of the Kyrgyz Republic № 198 of 05.04.2019 approved the Methodological Guidelines for Monitoring and Evaluation.

In the first year of the 2030 Programme, the Ministry of Health of the Kyrgyz Republic focused efforts at strengthening primary health care.

Government is taking a number of steps to address the issue of staffing. Starting from the end of 2018, it was decided to significantly increase the salaries of family physicians in PHC organizations, depending on the performance results. In accordance with the Decree of the Government of the Kyrgyz Republic № 640 of 20.12.2018, a new mechanism of performance-based incentives at PHC level was introduced based on indicators. Due to this incentives, the salaries of family physicians almost doubled. The salaries of family physicians, depending on the achievement of indicators for performance, averaged from 18.1 thousand soms to 27.8 thousand soms.

As a result of PHC optimization, legally independent FMCs were merged into 4 united district FMCs of Bishkek, thus ensuring the availability and improving the quality of primary health care services provided to the population.

In 2019, a Primary Health Care Quality Improvement Program has been developed to support the implementation of 2030 Programme. This Program is based on the use of a tool called "Program-for-Results" (PforR) to encourage commitment of the client and ensure the achievement of specific results. In order to effectively implement the Program, the Law of the Kyrgyz Republic № 132 of December 3, 2019 ratified the Financing Agreement for the Primary Health Care Quality Improvement Program between the Kyrgyz Republic and the International Development Association (World Bank) in the amount of 20 million US dollars, signed on September 9, 2019 in Bishkek.

2 Health sector

The health of the population has traditionally been a priority of government policy in the Kyrgyz Republic. The health of the population is one of the indicators of socio-economic development of the country.

According to the National Statistical Committee of the Kyrgyz Republic, by the end of 2019, the gross domestic product (GDP) amounted to KGS 590.0 billion and the real growth rate was 4.5% (in 2018 - 103.8%); If enterprises developing the Kumtor deposit are excluded than the growth rate was 103.8% (in 2018 - 103.7%). GDP deflator was at the level of 99.2 %.

Table 1: Public expenditures in 2018-2019¹

Indicator	2018	2019
Total amount of public expenditures (million KGS)	157 796,0	167 843,9

¹ Open data of the National Statistical Committee, 2020; URL: <http://www.stat.kg/ru/opendata/category/3/> (accessed on: 13.12.2020)

Total health expenditures (million KGS)	14 594,9	14 611,7
Health expenditures as a % of total public expenditures	9	9

The Table above shows that in both 2018 and 2019, health expenditures averaged 9% of total public expenditures, which is lower than in 2017 (13%).

Table 2: Age-specific fertility rates in 2018-2019.
(number of births per 1,000 women of the corresponding age group)²

Years	Number of average births per year per 1000 women aged:								
	< 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	Total 15-49
2018	35,9	207,9	185,9	130,4	77,5	21,3	1,3	0,0	106,8
2019	37,7	208,8	189,0	129,8	80,1	22,0	1,3	0,0	107,2

The general population morbidity rate in 2019 decreased slightly compared to 2018, amounting to 19121.5 per 100,000 population among adults and adolescents (in 2018 -20110.1; - 4.9%) and among children up to 31666.1 per 100,000 children population (in 2018 -33287.9; - 4.9%).

Respiratory diseases (22.3%), genitourinary diseases (10.6%), digestive diseases (13.3%), injuries and poisonings (7.6%), eye diseases (7.2%) and circulatory diseases (8.5%) were the leading causes of morbidity in adults and adolescents.

In 2019, the maternal mortality rate decreased from 24.8 (in 2018 -30.1) per 100,000 live births. The main causes of maternal mortality in 2019 were extragenital diseases (30.2%), bleeding (23.3%), septic complications (18.6%) and hypertensive disorders (16.3%). In 2019, the percentage of deaths during pregnancy was 11.6%, during childbirth and postpartum - 83.7%, and from abortions and ectopic pregnancies - 2.3%.

² "Population Health and Activities of Health Organizations of the Kyrgyz Republic in 2019", Bishkek, 2020, e-Health Center under the Ministry of Health of the Kyrgyz Republic

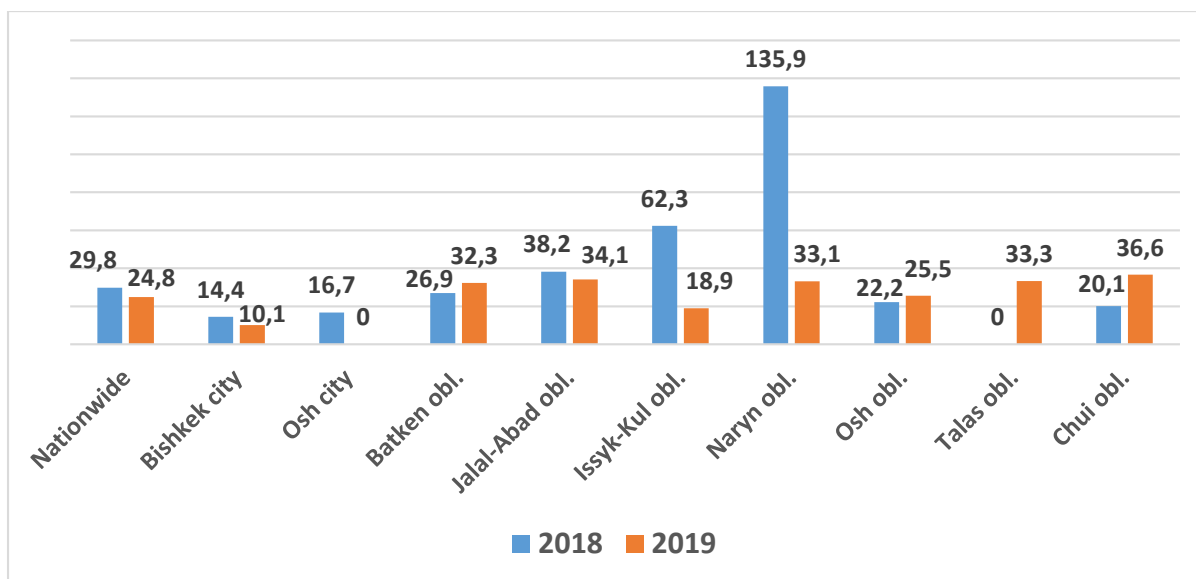


Figure 1. Maternal mortality in Kyrgyz Republic by oblasts, 2018-2019 (per 100,000 live births)

The infant mortality rate, despite a slight decrease, remains high. In 2019, 2,621 children under one year of age died from various diseases, poisonings and injuries (15.1 children per 1,000 live births). The main causes of infant mortality are diseases and conditions arising in the perinatal (postnatal) period (1,806 children or 68.9% of the total number of deaths of children under 1 year of age), and congenital malformations (410 infants or 15.6%).

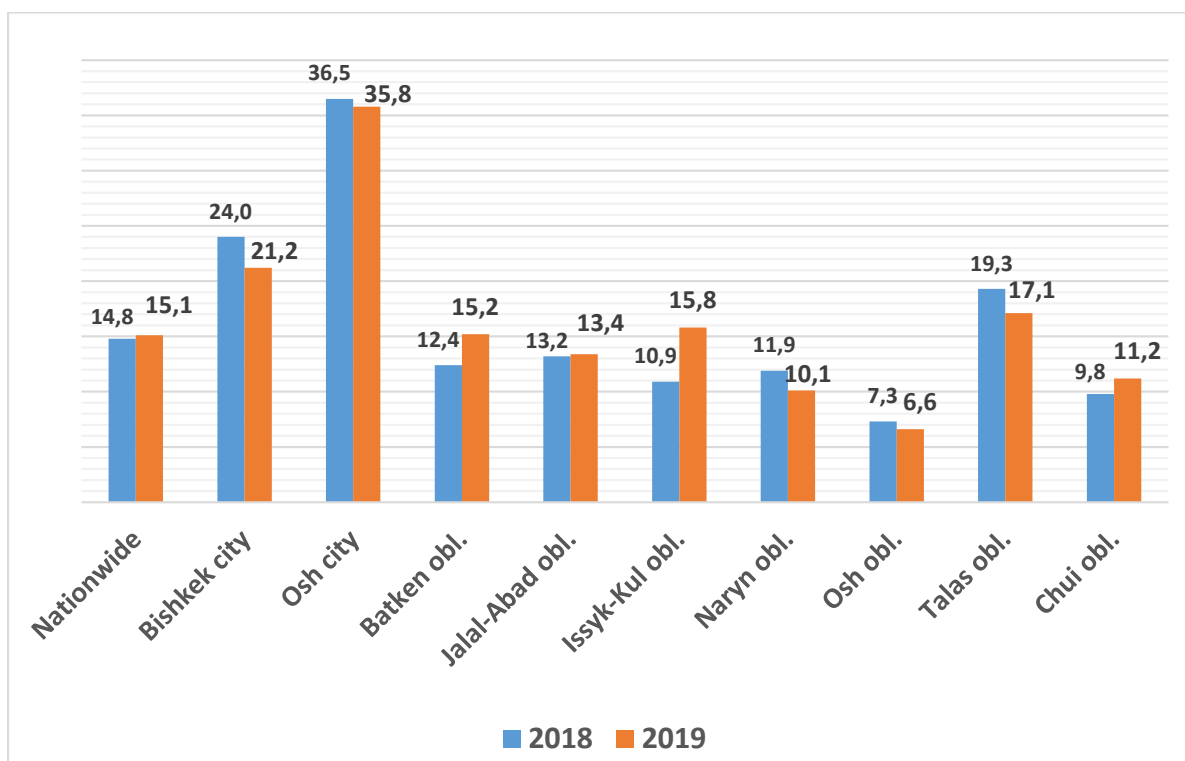


Figure 2. Infant mortality rate, Kyrgyz Republic (per 1,000 live births)

Demographics

The average annual resident population of the Kyrgyz Republic as of December 31, 2019 was 6.524 million people.

In 2019, the growth rate of the population, due to the increase in the birth rate, amounted to 2.1%, which is quite high by world standards. The highest rate was noted in Bishkek and Osh cities - 2.6-4.3%, lowest - in Naryn and Issyk-Kul regions - 0.9-1.3% (Table 3).

Table 3: Resident population of the Kyrgyz Republic as at the beginning of 2018-2019³

	Resident population, thousands		Due to	
	as of December 31, 2018	as of December 31, 2019	natural change, %	net migration, %
Kyrgyz Republic	6389,5	6523,5	2,2	-0,1
Batken oblast	525,1	537,3	2,5	-0,2
Jalal-Abad oblast	1214,4	1238,8	2,2	-0,2
Issyk-Kul oblast	489,8	496,1	1,5	-0,2
Naryn oblast	287,0	289,6	1,4	-0,5
Osh oblast	1341,9	1368,1	2,3	-0,3
Talas oblast	263,5	267,4	1,8	-0,3
Chui oblast	941,1	959,8	2,0	0,0
Bishkek city	1027,2	1053,9	2,4	0,2
Osh city	299,5	312,5	3,9	0,4

Among the total population of the republic, the majority are women. At the end of 2019, 3.238 million people (49.6%) were men and 3.286 million (50.4%) - women. But in regions with a high birth rate (Batken, Osh, and Jalal-Abad oblasts), the male population exceeds the female population.

Most part of the total population lives in rural areas (4,292,000 people), which is two-thirds of the total population, and the urban population is 2,231,000 people. Population density averaged 33 people per square kilometer.

Population change is influenced by natural population growth, which is formed under the influence of changes in birth and death rates, as well as the level of migration. Since the migration balance is still represented by an excess of emigrants over immigrants, population growth is only achieved through natural growth. In 2019, the population growth rate was 2.1 percent, which is quite high according to world standards. The highest rate was observed in Bishkek and Osh cities - 2.6-4.3 percent, and the lowest in Naryn and Issyk-Kul oblasts - 0.9-1.3 percent.

An important characteristic of the republic's population is the ratio of age groups: below working age, working age, and above working age⁴. At the end of 2019, 34.6 percent of the total population were children and adolescents, 57.4 percent were persons of working age, and 8.0 percent were above working age.

Gender imbalance is noted in about 40 years of age, and at ages over 80, the number of women is almost twice as high as the number of men. This prevalence is

³ "Population Health and Activities of Health Organizations of the Kyrgyz Republic in 2019", Bishkek, 2020, e-Health Center under the Ministry of Health of the Kyrgyz Republic

⁴ Working age: men aged 16-62 y.o. and women 16-57 y.o

mainly due to differences in the age-specific mortality rates of the male and female populations. The average age of the population is gradually increasing and at the end of 2019 it was 27.8 years for both genders in average: 26.8 years for men and 28.7 years for women.

The change in the total population of the country is significantly influenced by migration. In 2015-2019 there was a significant decrease in emigration in the republic. One of the main factors of the decrease in external migration is the expiration of the bilateral intergovernmental agreement on simplified citizenship between Kyrgyzstan and Russia (which is a destination for most of the emigrants), as well as changes in the migration legislation of Russia and economic challenges.

Thus, the demographic processes observed in the Kyrgyz Republic in recent years are characterized by a fairly high rate of population growth. A high level of fertility is maintained, ensuring expanded reproduction of the population. The balance of external migration remains negative, but its value has significantly decreased in recent years.

As for the main socio-economic indicators of the living standards of the population, the average monthly nominal wage per employee in Kyrgyzstan was 16,427 soms in 2018 and 17,166 soms in 2019. The subsistence minimum (average per capita) in 2018 was set at 4,792.54 soms, and in 2019 - 4,806.32 soms. The main sources of income of the population are still employment earnings, social benefits, income from private farm households, as well as other earnings. Thus, in 2019, the nominal monetary income of the population from all the above sources amounted to 447,879.7 million soms, which is 8% higher than the same indicator in 2018, which amounted to 412,964.5 million soms.

3 Background

For the purpose of regulating the procedure for mobilizing and utilizing international grant and technical assistance received by the Kyrgyz Republic from Development Partners, the Regulation on the Procedure for Mobilizing and Utilizing International Grant and Technical Assistance in the Kyrgyz Republic was approved by the Government Decree of the Kyrgyz Republic No. 389 on June 19, 2017.

The process of mobilizing and utilizing international grant and technical assistance is coordinated by the Ministry of Economy of the Kyrgyz Republic, the authorized body for economic forecasting. When project proposals are submitted for approval by this authorized body, information on previously implemented development assistance projects in the relevant sector and their results has to be submitted as well.

The Ministry of Economy then within ten working days after receipt of the project proposal submits an opinion on the feasibility of such international grant and technical assistance project. After the official approval the project shall be given a registration number and it will be entered into the register, which shall be placed on the official website.

Ministry of Health of the Kyrgyz Republic submits information on implementation progress and achieved results of the project, analysis, improvement proposals to the authorized body on a quarterly basis.

There are many projects implemented in the health sector of the Kyrgyz Republic, aimed at improving the infrastructure of the sector, increasing the capacity of human resources in health, improving the quality and accessibility of medical care. A large share of these projects is implemented with the support of the donor community.

This publication is a result of joint efforts by the Government of the Kyrgyz Republic and the community of development partners committed to the country's health sector to streamline information exchange and strengthen efforts to improve coordination and effectiveness of aid. This practice represents a useful tool to enable both sides to align their work plans around common goals and priorities in both the short- and medium-term.

Overall, programmatic and strategic activities in the health sector of the Kyrgyz Republic support the achievement of the Sustainable Development Goals adopted by all UN member states, especially in terms of Ensuring healthy lives and promoting well-being at all ages.

This document is the third report on official development assistance (ODA) to the Kyrgyz health sector. It aims to:

- share information and present a picture of external assistance to the health sector across the priorities set out in the strategic policy documents;
- ensure data in support of the policy dialogues and development of coordination mechanisms at national and international levels;
- generate evidence that may help to strengthen development partner coordination in support of the ongoing reforms in the Kyrgyz health sector;
- provide forecasts of future external assistance from both short- and medium-term perspectives; and
- serve as a basis for future national strategic plans and development partners' strategies to support the Government of the Kyrgyz Republic both financially and technically.

This publication provides a picture of external assistance channeled to the health sector, highlighting not only well-supported areas of intervention but also relatively overlooked categories. Its main purpose is to provide an overall picture of external assistance to the health sector which may inform strategic planning by development partners and national authorities over the next years.

4 Process of the study

This section describes the design of the study, data collection and data analysis processes for the survey. Data was collected through an interactive interface and phone interviews. Then, the data were analyzed by an expert group in close collaboration with an IT specialist.

The expert group consisted mainly of the staff of the Department of Strategic Planning and Programme Implementation of the Ministry of Health of the Kyrgyz Republic. Other units/departments of the Ministry of Health of the Kyrgyz Republic also contributed to the survey by providing their inputs with the description and structure of the budget, and introducing amendments to the overall analysis.

Table 4: Process timeline

Date	Activity
February 2020	Ministry of Health of the Kyrgyz Republic appealed to the WHO Country Office in the Kyrgyz Republic regarding technical support for the third round of the survey
April-July 2020	Preparatory works and arrangements
July 2020	Dissemination of invitations to development partners and embassies (through the MoFA) to take part in the survey
August-October 2020	Maintaining regular communication with Development Partners
October-November 2020	Data collection through a web-platform Data validation
December 2020 - March 2021	Presentation of preliminary results Data analysis and drafting of the report

Data were entered through a web-platform. The existing platform was taken from a similar survey conducted in the health sector of Moldova in 2011-2013, which was adapted for the Kyrgyz Republic. Further modifications were made to the own platform established for 2015-2017 survey, taking into account all aspects and features of the health system of the Kyrgyz Republic.

The web platform for 2018-2019 introduces a new revised questionnaire and includes additional development partners and established exchange rates for 2018-2019.

5 Limitations

In order to avoid double counting in cases where one development partner disbursed ODA on behalf of another, the eligibility conditions stipulate that the development partner who made the final disbursements is considered to be the only donor for that project. However, the partners who provided original funding are also mentioned in this report.

Development partners were given the right to choose whether to provide information on the programme or on separate projects. In this regard, development partners had to stick to their own definitions of programme, project, and activity.

Development partners have different accounting systems – administrative costs may or may not be included in official project budgets. When administrative costs related to the health-related projects could not be disentangled from the total administrative costs of the agency working in different fields, the development partners found their own methods to estimate the administrative costs requested in the questionnaire.

The report does not include any humanitarian or philanthropic assistance or sponsorship implemented in the health sector.

It needs to be noted that the period of data collection overlapped with the peak of the COVID-19 pandemic, which did not allow for a significant scale-up of development partner participation in this study. This fact also had a negative impact on the data validation process, not allowing to work through all the issues in close cooperation with the donor community.

6 Results

6.1 Level of participation and total amount of ODA

An invitation for participation in 2018-2019 survey was sent to 30 organizations (in 2017 - 35; in 2015 - 35) providing assistance to the health sector of the Kyrgyz Republic, who met the OECD criteria⁵. Since the data collection period coincided with the exacerbation of the COVID-19 pandemic in the country, and many embassies and organizations were forced to suspend their activities and switch to working online, only 20 representatives (in 2017 - 25; in 2015 - 21) of the donor community responded to the invitation to participate in the study. 6 of these development partners reported having no active projects in 2018-2019, 2 organizations had active projects only in 2019, and 12 organizations had active projects in both 2018 and 2019 and provided full information on them (in 2017 – 18 organizations; in 2015 – 12 organizations).

It should be noted that the Japanese Agency for International Cooperation provided information on behalf of the Embassy of Japan in the Kyrgyz Republic, and the Swiss Agency for Development and Cooperation submitted information on behalf of the Embassy of the Swiss Confederation in the Kyrgyz Republic. Data on the projects of the Embassy of the Republic of Turkey were provided by the Turkish International Cooperation Agency. Information on implementation of the Global Fund grant was kindly provided by the local office of the United Nations Development Programme, as an implementing agency for this grant.

Table 5: Development partner participation in the 2018-2019 survey.

	Partner organization	No active projects in 2018	Active projects in 2018	No active projects in 2019	Active projects in 2019
1.	Asian Development Bank (ADB)	X		X	
2.	Embassy of the People's Republic of China *				
3.	Eurasian Development Bank *				
4.	European Bank for Reconstruction and Development *				
5.	Food and Agriculture Organization of the United Nations (FAO)	X		X	
6.	Global Alliance for Vaccines and Immunization (GAVI)	X			v
7.	German Agency for International Cooperation (GIZ)		v		v
8.	Islamic Development Bank (IsDB)	X		X	

⁵ Official development assistance – definition and coverage, URL: <http://www.oecd.org/development/financing-sustainable-development/development-finance-standards/officialdevelopmentassistance/definitionandcoverage.htm> (accessed on: 23.12.2020)

	Partner organization	No active projects in 2018	Active projects in 2018	No active projects in 2019	Active projects in 2019
9.	Embassy of India *				
10.	Embassy of the Islamic Republic of Iran *				
11.	Embassy of Japan - Japan International Cooperation Agency (JICA)		v		v
12.	Kuwait Fund for Arab Economic Development *				
13.	KfW Development Bank		v		v
14.	Korea International Cooperation Agency (KOICA)	X		X	
15.	Embassy of the Republic of Korea	X		X	
16.	Embassy of the State of Qatar *				
17.	Embassy of the Russian Federation	X		X	
18.	Russian-Kyrgyz Development Fund *				
19.	Saudi Fund for Development (SFD)	X			v
20.	Embassy of the Swiss Confederation - Swiss Agency for Development and Cooperation (SDC)		v		v
21.	Embassy of the Republic of Turkey in the Kyrgyz Republic - Turkish International Cooperation Agency (TIKA)		v		v
22.	Joint UN Programme on HIV/AIDS (UNAIDS)		v		v
23.	Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) - United Nations Development Program (UNDP)		v		v
24.	United Nations Population Fund (UNFPA)		v		v
25.	United Nations International Children's Emergency Fund (UNICEF)		v		v
26.	United Nations Office on Drugs and Crime (UNODC)*				
27.	U.S. Agency for International Development (USAID)		v		v
28.	World Bank		v		v

	Partner organization	No active projects in 2018	Active projects in 2018	No active projects in 2019	Active projects in 2019
29.	World Food Programme (WFP)*				
30.	World Health Organization (WHO)		v		v

* - organizations highlighted in gray did not respond to the invitation to participate in this survey.

Among the 14 development partners that had active projects, seven are multilateral and seven are bilateral.

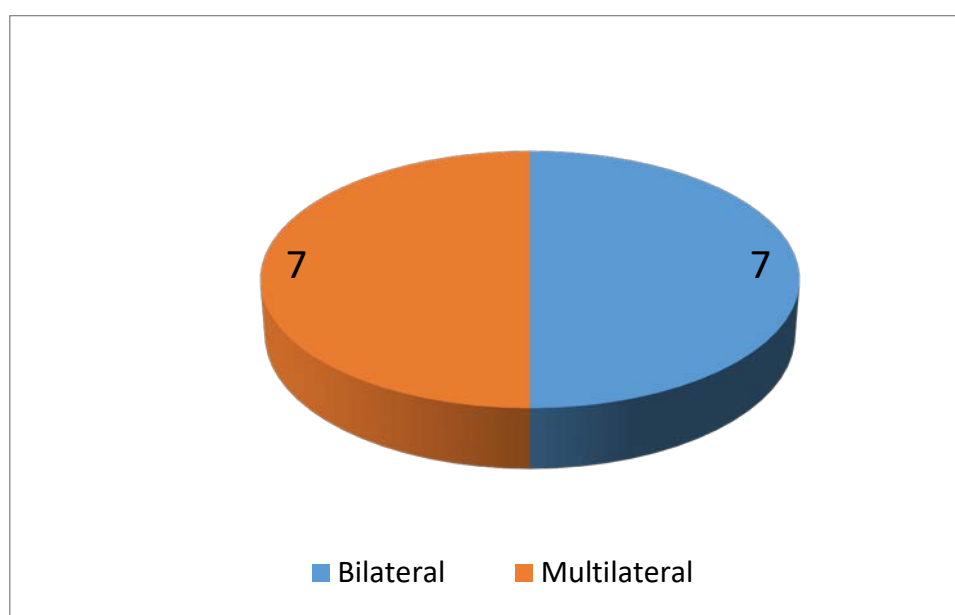


Figure 3. Bilateral and multilateral development partners

The projects covered in this survey were separated into 2 years: some started, continued, or ended in 2018 and others in 2019. Overall, development partners reported 34 projects and programs in 2018 and 40 projects in 2019. Total disbursements **in 2018 were \$46,739,638** and **\$39,546,260 in 2019**, representing 22% and 19% of total health expenditures, respectively. Despite an increase in the number of projects, amount of funding from nearly the same donors decreased by 15% in 2019 compared to 2018.

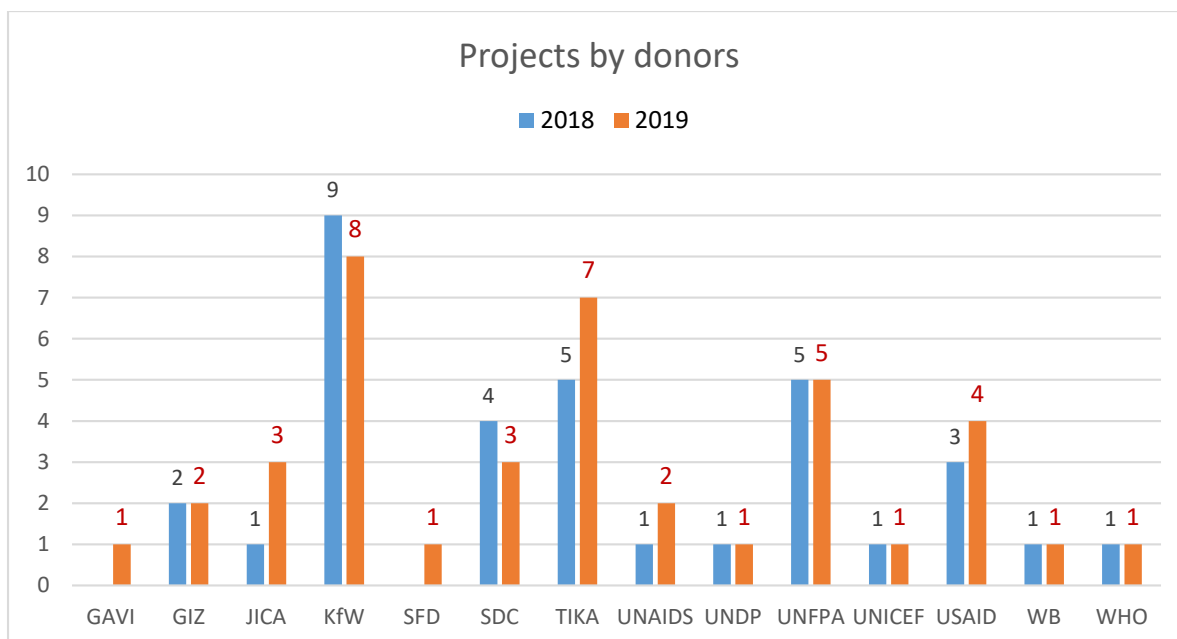


Figure 4. ODA projects or programmes per donor, 2018-2019

As can be seen from the figure above, the absolute leader in terms of the number of projects in the health sector in both 2018 and 2019 is the KfW Development Bank. Looking at 2018 and 2019 separately, the KfW Development Bank, the Turkish International Cooperation Agency (TIKA), and the United Nations Population Fund (UNFPA) account for 56% of all projects in 2018 and 50% in 2019.

In terms of ODA amounts, the KfW Development Bank was also the leader in terms of disbursement with \$15,139,249 in 2018 and \$11,835,931 in 2019. The second by volume of disbursements in 2018 is the Turkish International Cooperation Agency with \$11,273,428; and UNDP implementing the Global Fund grant owns the third place with \$8,660,213 in disbursements.

In 2019, UNDP takes the second place with the same amount of disbursements as in 2018, and the Swiss Agency for Development and Cooperation takes the third place with \$4,439,651.

Figure 5 shows that only 4% of the total 2018 ODA covered in this report has been received in the form of loan. In fact, only World Bank support for the SWAp project was received in the form of a concessional loan. As for 2019, the loan element was only 1% - these were the disbursements under the Saudi Development Fund project for construction and equipping the Public Pediatric Emergency Hospital.

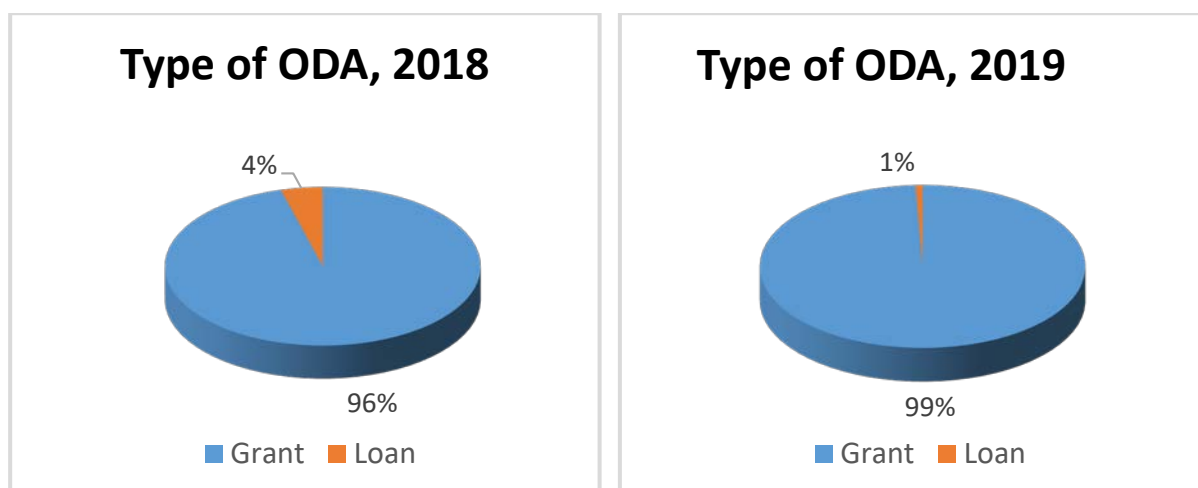


Figure 5. Total ODA by types.

Compared to 2015 and 2017 surveys, the loan element has significantly decreased. For example, in 2015 it was 10%⁶ of total ODA, and in 2017 - 6%⁷.

6.2 Geographic coverage

Information on the geographic coverage of partners' projects is presented in Figure 6.

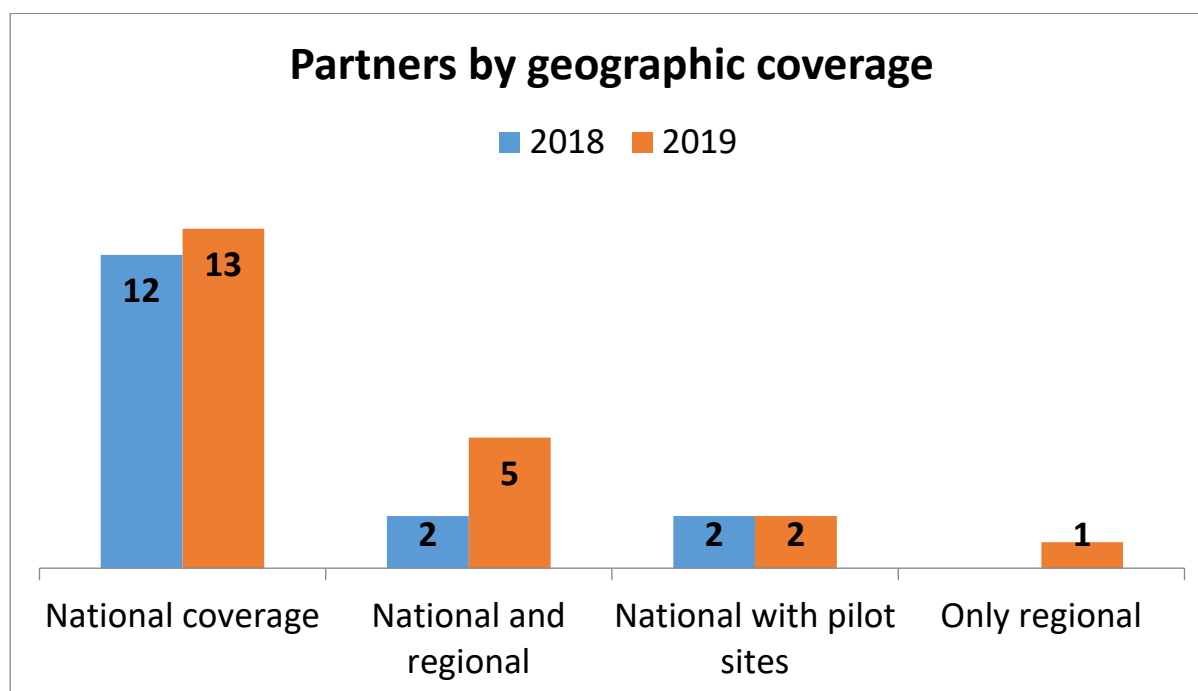


Figure 6. Development partners by geographic coverage, 2018-2019

⁶ Ministry of Health of the Kyrgyz Republic, 2017, *Monitoring official development assistance to the health sector of the Kyrgyz Republic– 2015 (first edition)*,

URL:http://www.med.kg/images/MyFiles/KGZ_ODA_2015_FINAL_ENG.pdf (accessed on 18.12.2020)

⁷ Ministry of Health of the Kyrgyz Republic, 2019, *Monitoring official development assistance to the health sector of the Kyrgyz Republic – 2017 (second edition)*,

URL:http://www.med.kg/images/MyFiles/KGZ_ODA_2017_FINAL_RUS.pdf(accessed on: 18.12.2020)

2018: All twelve organizations indicated that they provided support at the national level; of those, two organizations indicated that they worked at both the national and regional levels, and two partners had national level projects with pilot sites.

2019: Thirteen organizations implemented projects at the national level; of those, five organizations worked at both the national and regional levels, two partners had national coverage projects with pilots, and only one partner, the Saudi Fund for Development, had a project without national coverage, focusing only on Bishkek city.

Table 6: Development partners by geographic coverage, 2018-2019

Geographic coverage		Donor agencies
National		GAVI, GIZ, JICA, KfW, SDC, TIKA, UNAIDS, UNDP, UNFPA, UNICEF, USAID, WB, WHO
Regional	Bishkek city	GAVI, GIZ, KfW, SFD, UNAIDS, UNFPA, USAID, WHO
	Osh city	GIZ, KfW, SDC, UNAIDS, USAID
	Batken oblast	SDC, UNAIDS, USAID
	Jalal-Abad oblast	GAVI, KfW, SDC, UNAIDS, USAID
	Issyk-Kul oblast	GAVI, SDC, UNAIDS
	Naryn oblast	GAVI, GIZ, SDC, UNAIDS
	Osh oblast	GAVI, GIZ, KfW, SDC, UNAIDS, USAID
	Talas oblast	GAVI, SDC, USAID
	Chui oblast	GAVI, GIZ, SDC, UNAIDS, USAID

According to the table, it can be concluded that in general all regions of the country are covered by the projects of development partners.

6.3 Funding categories, components, health system priorities

Distribution of disbursements for 2018 and 2019 by three funding categories is shown in Figure 7. In 2018, the largest share are investments (69.0%); technical assistance accounts for 21.7%; and the remaining 9.3% of ODA are administrative costs. In 2019, the share of investments decreases to 54.9% and technical assistance increases up to 30.9%. As for administrative costs, they have also increased by almost 5% (14.1%) compared to 2018. In percentage terms, the difference seems small, but in monetary terms, the amount of investments, for example, dropped by \$10.5 million.

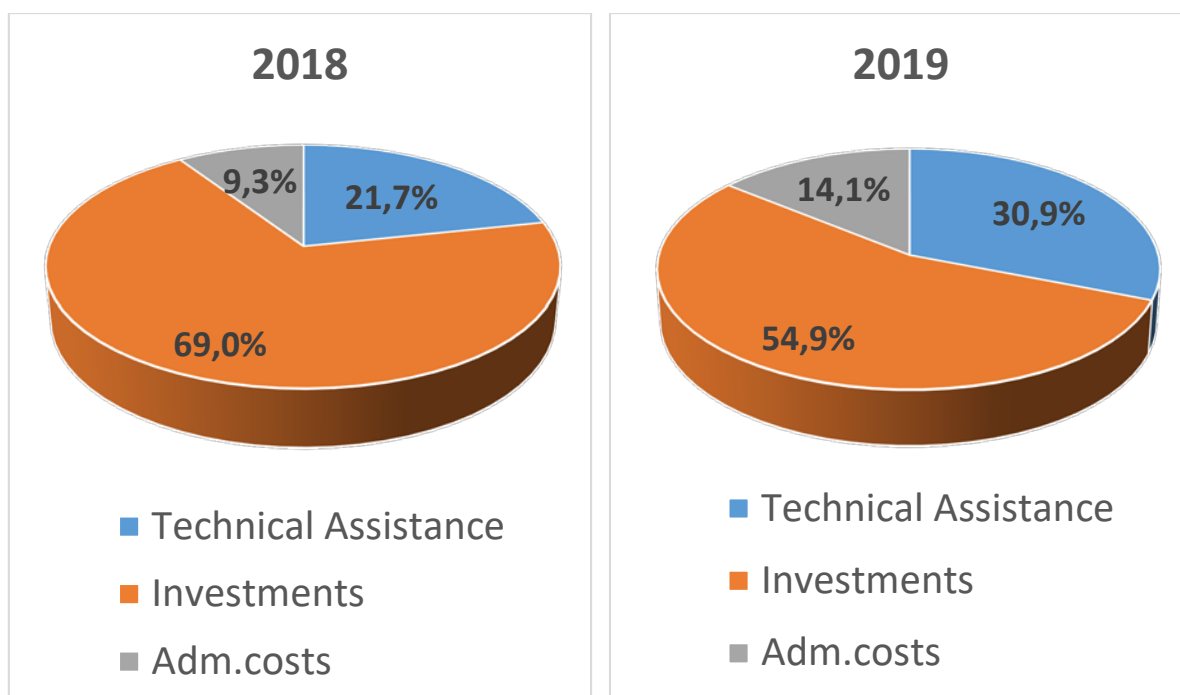


Figure 7. Total disbursements by funding categories, 2018-2019

The following figure illustrates the distribution of technical assistance funds across five components: (i) policy development; (ii) capacity building; (iii) development of guidelines and protocols; (iv) regulatory framework; and (v) other (including communications, consulting, etc). The largest share of technical assistance in both 2018 and 2019 is for capacity building (73.5% and 48.6%, respectively)

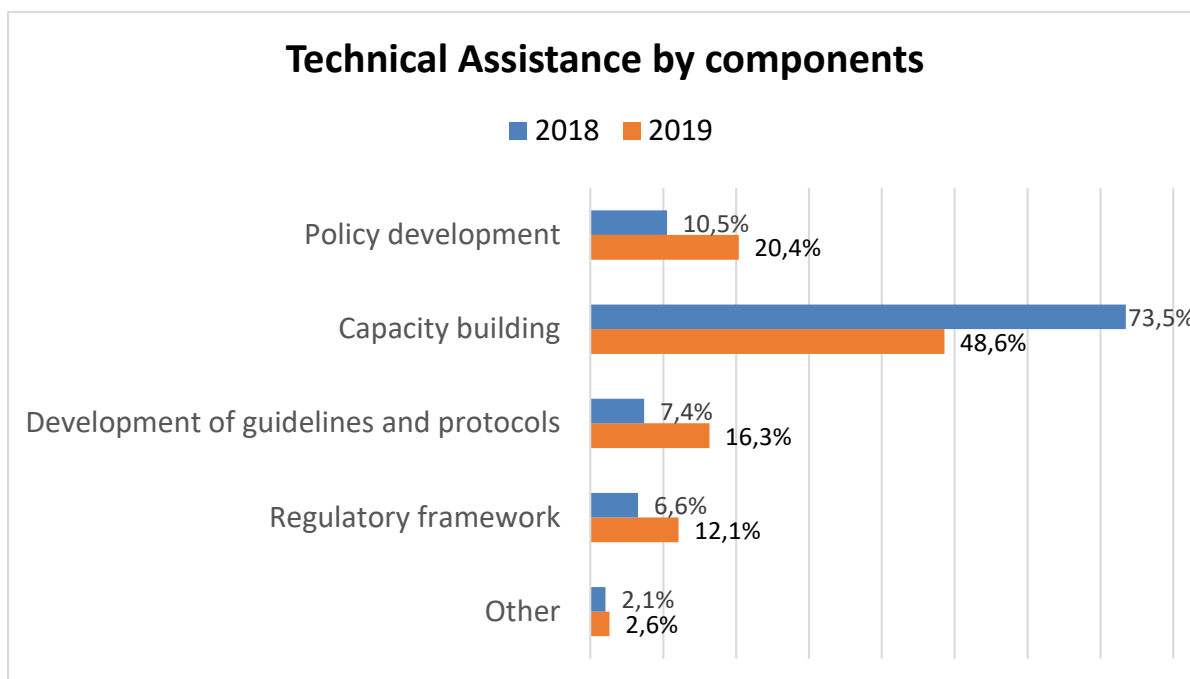


Figure 8. Technical Assistance by components, 2018-2019

Figure 9 demonstrates the distribution of the investment quota of total ODA by five components: (i) construction and refurbishment; (ii) medical supplies; (iii) information technology; (iv) medical equipment and technology; and (v) other. The largest share of investment in 2018 was provided for construction and refurbishment (56.7%), but things have changed in 2019 and investment in medical equipment and technology is predominant. This results from the completion of construction on major projects in 2018 and start of their equipment in 2019. As can be seen from the diagram, investments in information technology remain at a rather low level in both years.

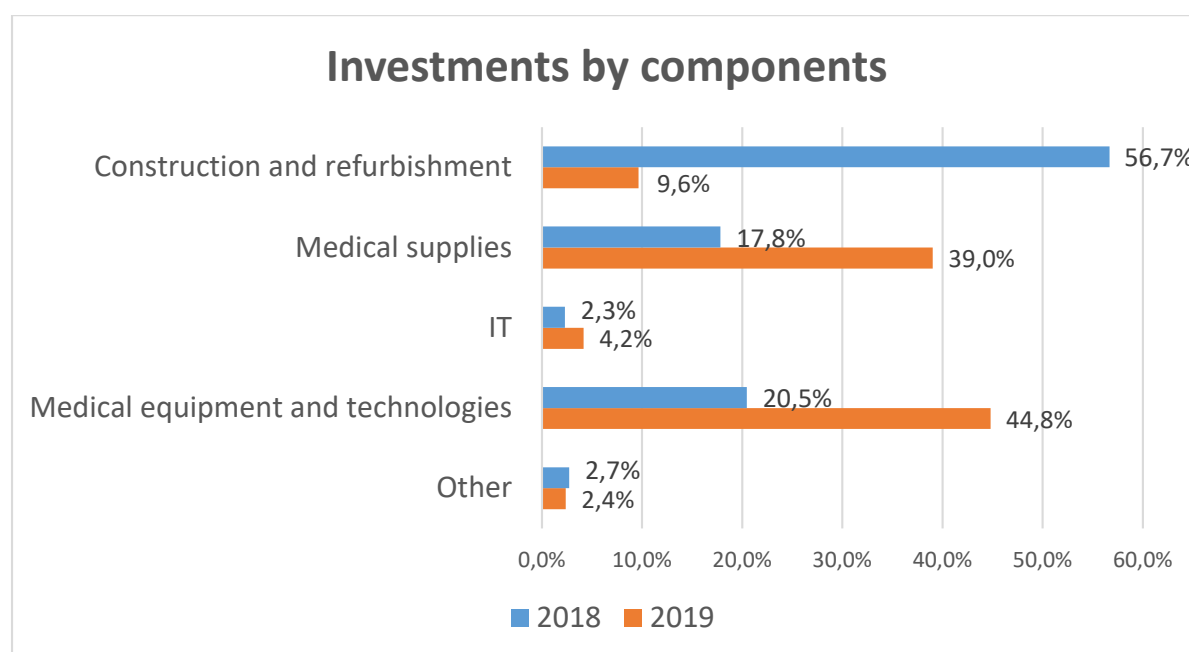


Figure 9. Distribution of investment quota, 2018-2019

Figure 10 illustrates the distribution of total disbursements across four health system functions: (i) health services delivery; (ii) resource generation; (iii) health financing; b (iv) leadership and governance. The figure clearly demonstrates that the main priority of most partners is in the area of health services delivery. Resource generation and Leadership and governance also have some share of support. The lowest disbursement numbers were allocated for the function of health financing.

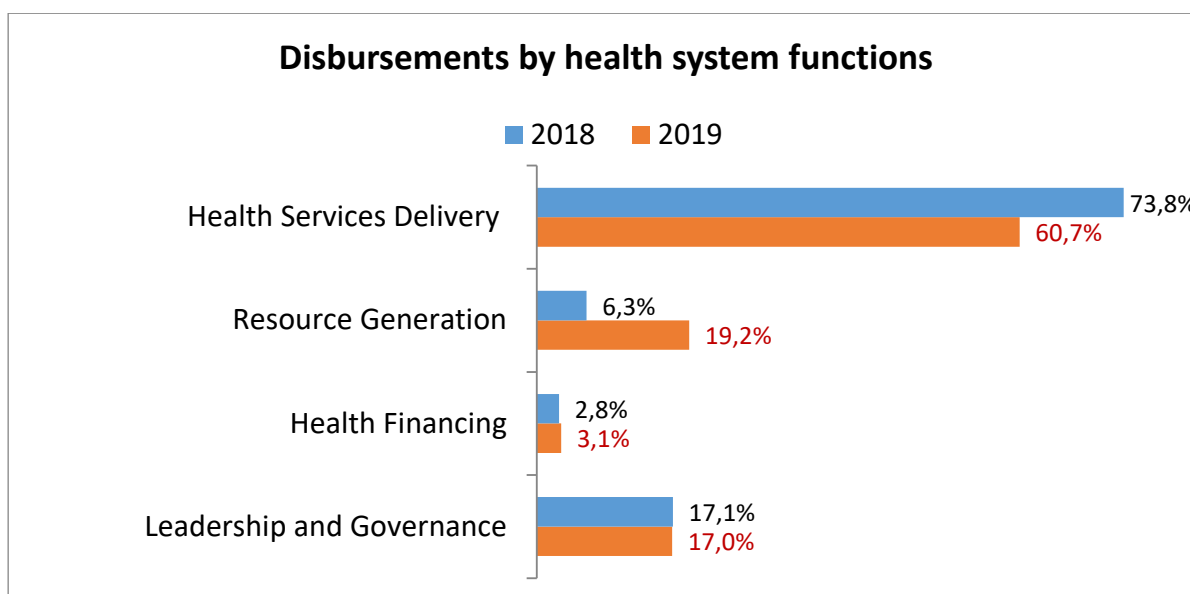


Figure 10. Disbursements by health system functions, 2018 – 2019

The area of Health Services Delivery can be divided into four main categories: (i) primary care; (ii) hospitals; (iii) public health services; and (iv) emergency care (Figure 11). Public health services remain the primary focus area (52% in 2018 and 42.6% in 2019). Nearly similar numbers are observed for the primary care component (37.1% in 2018 and 40.6% in 2019). The most neglected area is emergency care.

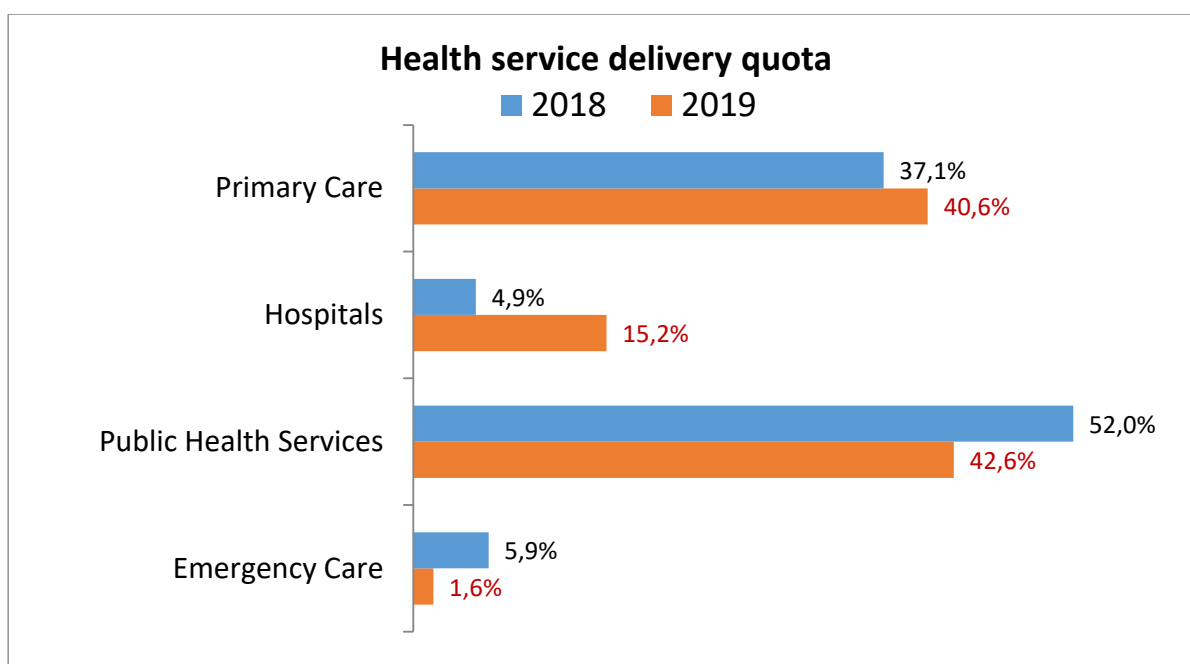


Figure 11. Distribution of health service delivery quota, 2018 – 2019

Figure 12 shows the distribution of all ODA disbursements across the various priority areas of health programs. In 2018, the breakdown is as follows: communicable diseases (46.72%), non-communicable diseases (20.46%), and maternal and child health and reproductive health (8.92%). Less attention is given to health areas such

as adolescent health (4.49%) and injury and violence (4.38%). A fairly significant share of funding (15.04%) was allocated to areas not covered by the above-mentioned classification ("other")

In 2019 the picture is slightly but different: the area with the highest funding remains the same - communicable diseases - 58.75%. The emphasis in 2019 shifted slightly toward Maternal and child health and Reproductive health - funding increased by almost 11%. Adolescent health received the smallest funding - 3.16% of the total allocated funds.

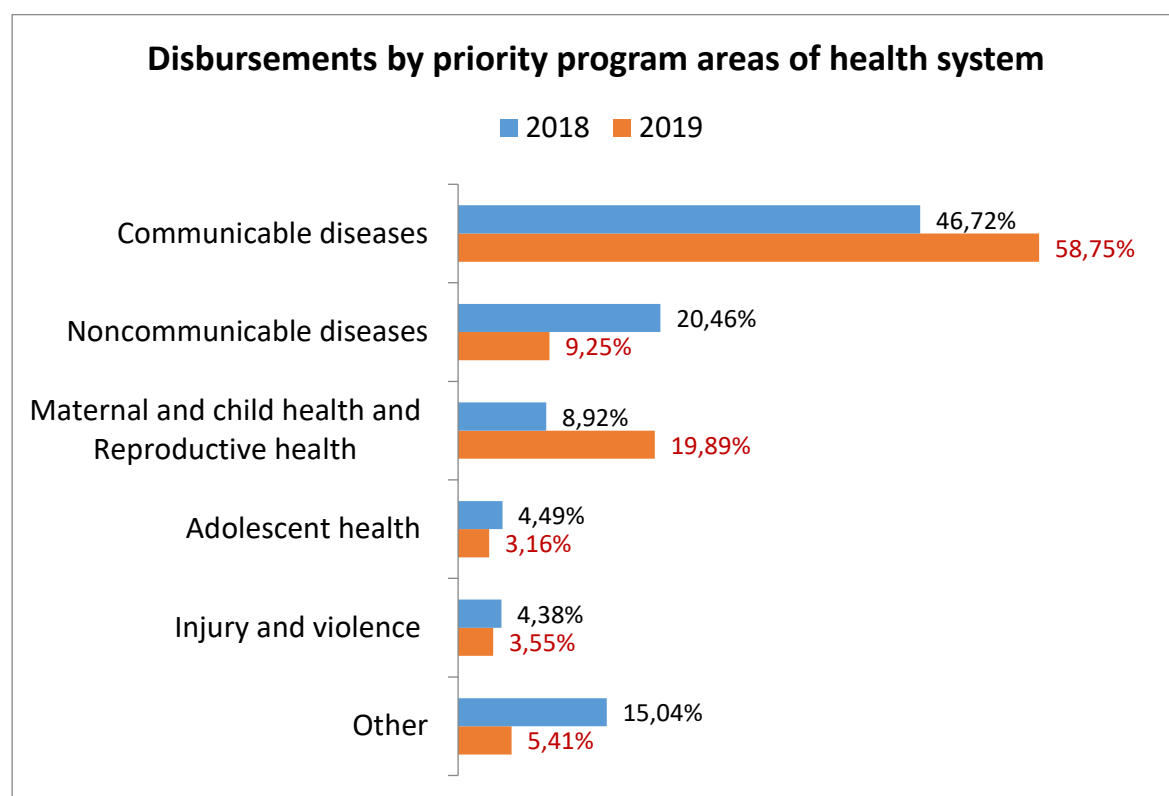


Figure 12. Distribution of ODA according to priority health areas, 2018-2019

6.4 Alignment with national and international priorities

This section outlines the commitment of development partners towards the implementation of certain health sector policies, strategies and programs, as well as the achievement of particular Sustainable Development Goals. Almost all of the development partners interviewed are implementing their projects in line with the objectives outlined in the national strategies: "Den Sooluk" National Health Reform Programme of the Kyrgyz Republic for 2012 - 2018, the National Development Strategy of the Kyrgyz Republic for the period of 2018 - 2040, and the Programme of the Government of the Kyrgyz Republic on health protection and health system development "Healthy person – prosperous country" for 2019-2030. The only difference is that in 2018 the "Den Sooluk" National Health Reform Programme was active national programme in health sector, while in 2019 it was replaced by the Programme of the Government of the Kyrgyz Republic on health protection and health system development "Healthy person – prosperous country" for 2019-2030.

Table 7: Alignment of partners with national programs and strategies for 2018-2019

General (national) strategies	
The National Development Strategy of the Kyrgyz Republic for the period of 2018 - 2040	GIZ, JICA, KfW, SFD, UNAIDS, UNFPA, UNICEF, USAID, WHO
"Den Sooluk" National Health Reform Programme of the Kyrgyz Republic for 2012 - 2018 ⁸	GIZ, KfW, SDC, UNAIDS, UNFPA, UNICEF, USAID, WHO
Programme of the Government of the Kyrgyz Republic on health protection and health system development "Healthy person – prosperous country" for 2019-2030 ⁹	GAVI, GIZ, JICA, KfW, SFD, SDC, UNDP, UNFPA, UNICEF, USAID, WHO
Sub-sectorial strategies	
Health Sector Investment Strategy for 2016-2025	KfW
«Tuberculosis-V» National program	KfW, UNDP, USAID, WHO
The State program on stabilization of the HIV epidemic in the Kyrgyz Republic for 2017-2021	KfW, UNAIDS, UNDP, UNFPA, UNICEF, USAID, WHO
The State program on prevention and control of non-communicable diseases in the Kyrgyz Republic for 2013-2020	KfW, SDC, UNAIDS, UNFPA, UNICEF, WHO

⁸ This Program was active until the end of 2018

⁹ Implementation started in 2019

Programme of the Government of the Kyrgyz Republic for Mental Health Protection for 2018-2030	WHO
State Guaranteed Benefits Programme to ensure health care for the citizens of the Kyrgyz Republic	GAVI, KfW, UNFPA, USAID, WHO
The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic	UNAID, UNFPA, USAID, WHO
Kyrgyz Republic program to develop the sphere of drug circulation in the Kyrgyz Republic for 2014-2020	UNAIDS, WHO
Program for provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas	USAID
Regulations on the sanitary protection of the territory of the Kyrgyz Republic and the Comprehensive Plan of Anti-Epidemic Measures for the sanitary protection of the territory of the Kyrgyz Republic against the importation and spread of quarantined, highly dangerous infectious diseases that pose a danger to public health and population health for 2018-2022	GAVI, USAID, WHO

Table 8 summarizes the contributions of donors in support of the health-related Sustainable Development Goals. The table shows that most donors contribute to reducing maternal mortality (SDG 3.1), preventing newborn and under-5 mortality (SDG 3.2), eliminating AIDS, tuberculosis, and malaria (SDG 3.3), and achieving universal health coverage (SDG 3.8). None of the SDGs has been neglected, and WHO, as the leading and coordinating agency for international health within the UN system, seeks to cover all of the health-related SDGs in its activities.

Table 8: Contribution of partners to the Sustainable Development Goals.

1	3.1. By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	GIZ, SDC, UNFPA, UNICEF, WHO
2	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	GAVI, GIZ, SFD, SDC, UNFPA, UNICEF, WHO
3	3.3. By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases	UNAIDS, UNDP, UNFPA, USAID, WHO
4	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through	SDC, UNFPA, WHO

	prevention and treatment, and promote mental health and wellbeing	
5	3.5. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	WHO
6	3.6. By 2030 halve global deaths from road traffic accidents	WHO
7	3.7. By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	GIZ, UNFPA, WHO
8	3.8. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	GAVI, GIZ, UNFPA, USAID, WHO
9	3.9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	WHO
10	3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate	SDC, WHO
11	3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	WHO
12	3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	JICA, SDC, WHO
13	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	SDC, WHO
14	Other SDG targets related to health	JICA, UNFPA, WHO

A more schematic coverage of the SDGs is shown in Figure 13.

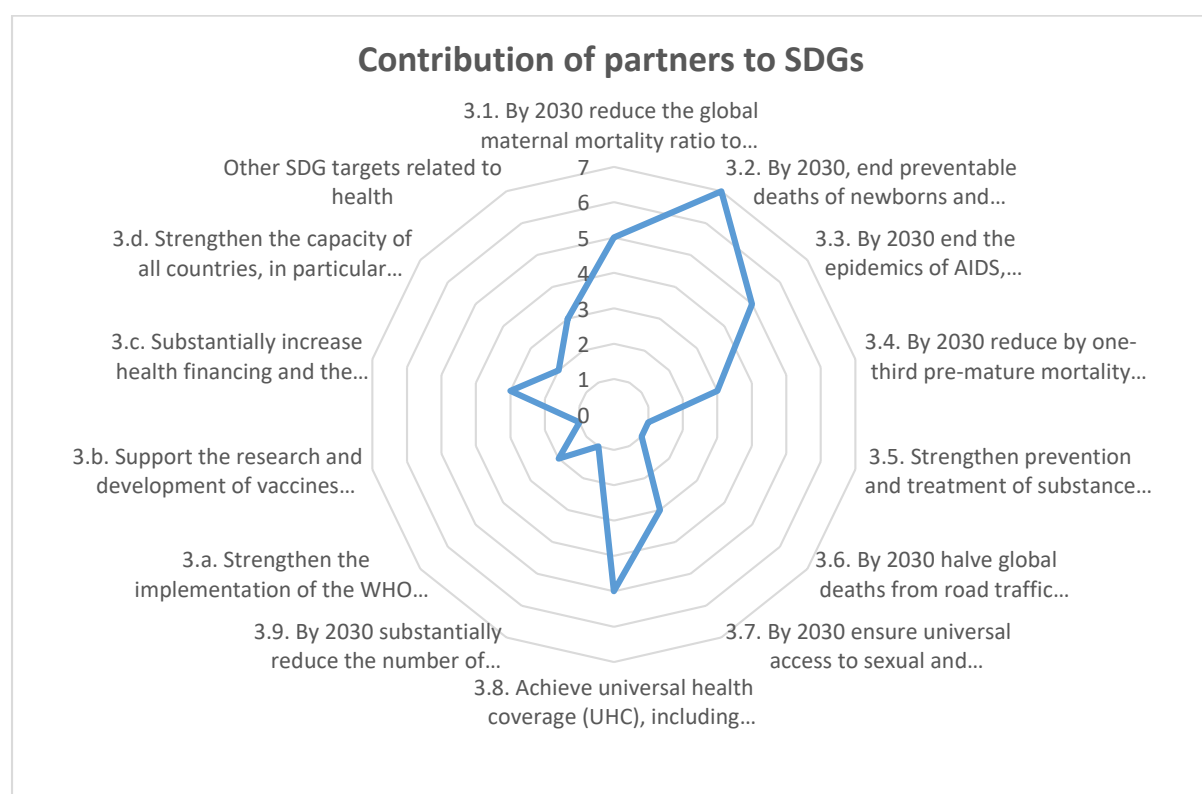


Figure 13. Contribution of partners to SDGs (coverage)

6.5 Financial management systems

Section VI of the questionnaire requested Development partners to indicate what national financial instruments, accounting systems, and/or national procurement systems they utilize. In 2018, 6 of 12 development partners indicated their recording of their ODA in the national health budget, six development partners did not have this information. In 2019, 9 of 14 donors answered this question; 5 partners had no information in this regard.

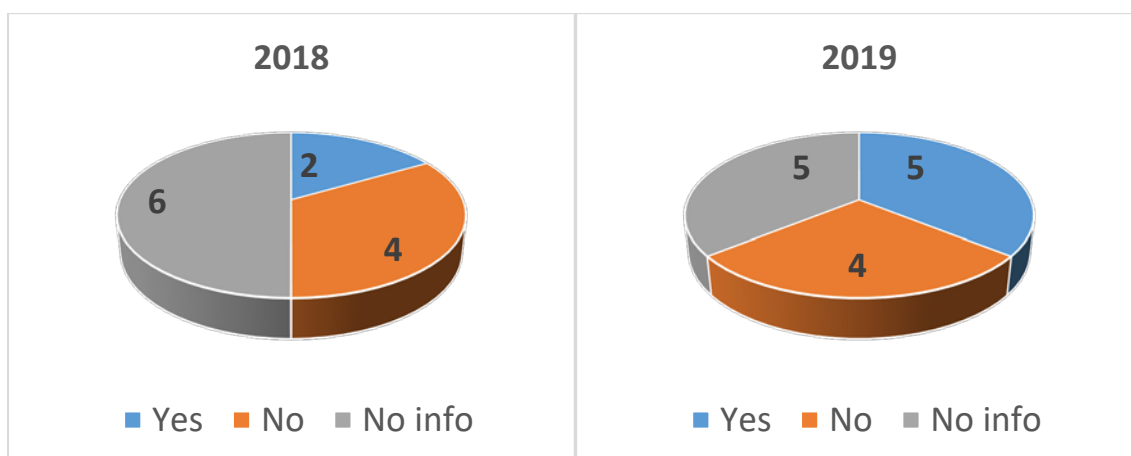


Figure 14. ODA recorded in the annual budget for 2018-2019

6.6 Aid Predictability

Figure 15 shows the commitments of the development partner community to support Kyrgyz health sector in the upcoming years up to 2024.

10 organizations planned to provide support in 2019 - based on the fact that their projects were present in the analysis for 2019, we can conclude that they have fulfilled their commitment. Only two organizations have long-term plans for support - the Saudi Fund for Development and WHO. They plan to support the health sector until 2024.

it should be separately noted the PHC Quality Improvement Program will soon be launched within the framework of the Programme of the Government of the Kyrgyz Republic on health protection and health system development “Healthy person – prosperous country” for 2019-2030, which will become the successor of SWAp project. This Program will be supported by Joint Financiers - the World Bank, the KfW Development Bank and the Swiss Agency for Development and Cooperation (SDC). The total amount of funding commitments to the Program for the five-year period up to 2024 is estimated at \$37 million.

The World Bank has allocated \$20 million for the project including \$10 million grant and \$10 million loan. Swiss Agency for Development and Cooperation pledged \$9 million, and KfW Bank - €9 million. All financing agreements have passed the ratification procedures.

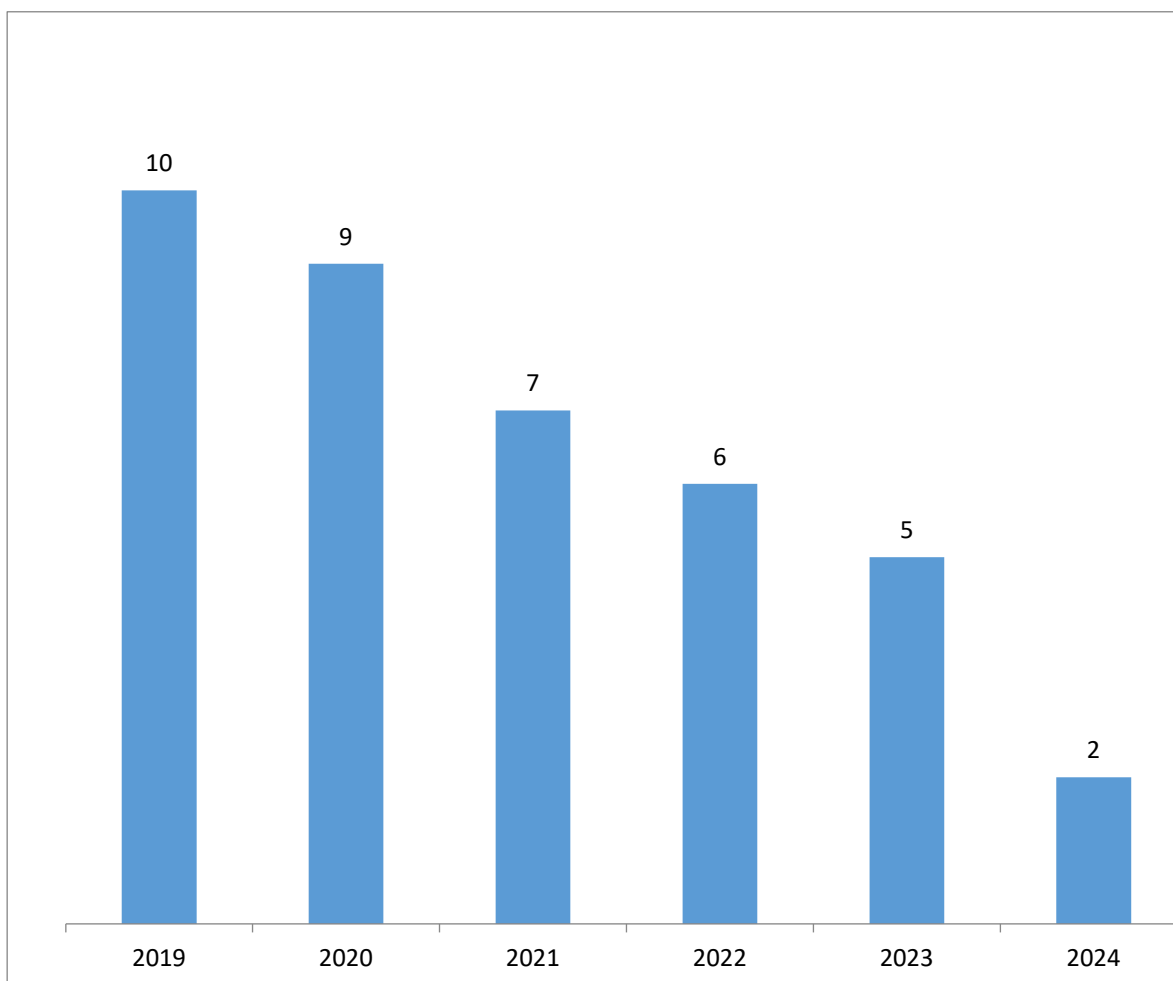


Figure 15. Commitment of the development partner community to support Kyrgyz health sector in future.

6.7 Coordination and Complementarity

Nine development partners reported a total of 35 missions during 2019. In addition, GAVI, UNAIDS, UNFPA, USAID, and WHO reported a total of 16 analytical works undertaken in 2019.

For 2018, the partners reported much fewer of both joint missions and analytical works - 17 and 6, respectively.

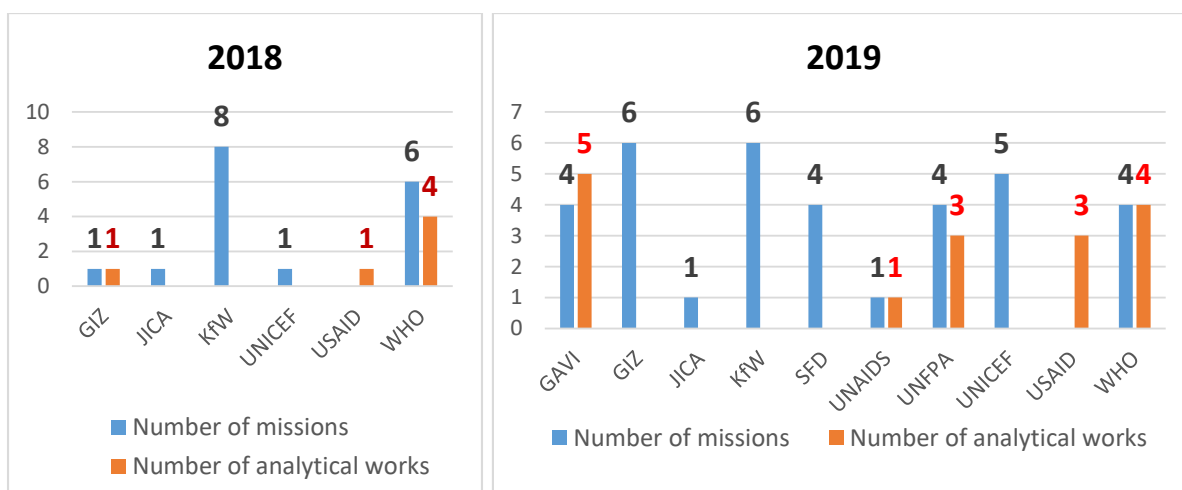


Figure 16. Missions and analytical works of development partners in health sector, 2018-2019

All organizations provided their feedback on partner coordination in health sector for 2018 and 2019. Six of twelve development partners in 2018 reported a good level of coordination. Nine of the fourteen partners in 2019 also rated the level of coordination as good. One partner was very satisfied with the quality of coordination and rated it as excellent.

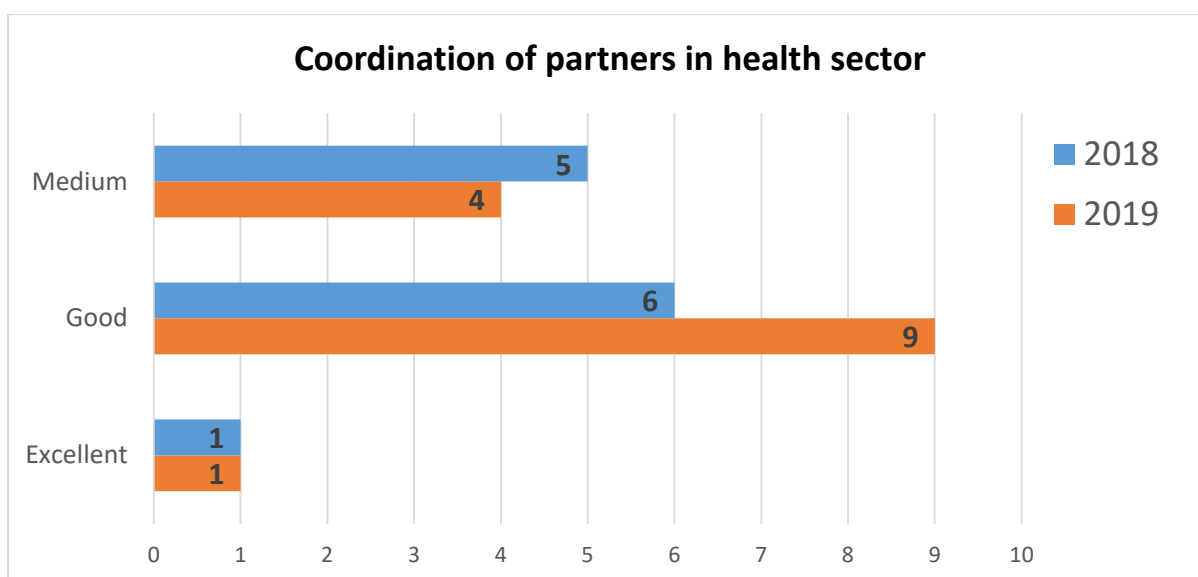


Figure 17. Partners' opinions on coordination in the health sector

Opinions regarding the effectiveness of the policy dialogue between the Ministry of Health of the Kyrgyz Republic and partner organization were provided by ten partners for 2018 and 11 partners for 2019. Overall, development partners believe that policy dialogue has a medium to high impact on the effectiveness of collaboration between the Ministry of Health and their organization.

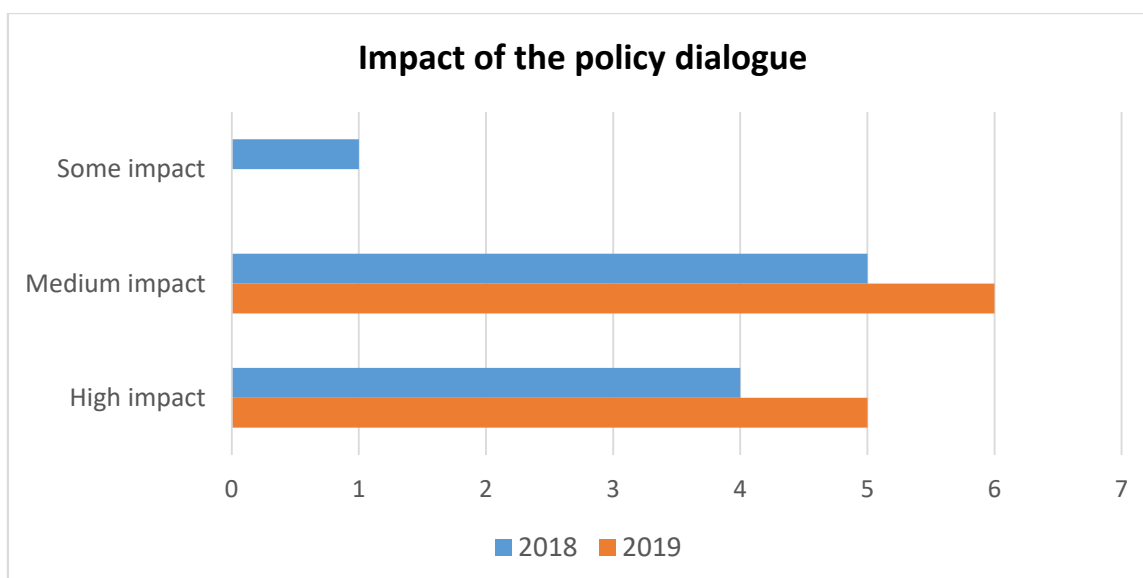


Figure 18. Perceived impact of the policy dialogue in 2018 - 2019

According to partners, the main problems that prevent full alignment and harmonization with health sector priorities are:

- Peculiarity of the cooperation schemes of each development partner and the peculiarities of the public system;
- Decreasing capacity to implement the health sector reforms and activities at national and local levels as well as staff reshuffling including the senior management positions;
- Poor political vision on the sectoral reforms and weak capacities of policy makers;
- Different interests of the donor countries and agencies;
- Weak capacity of the Government to coordinate and provide technical and data inputs, which makes it heavily reliant on the active contributions of development partners;
- Limited capacity and resources at the national and local levels do not allow to further implement successful programmes;
- Outbreaks and overall vulnerability of the country to disasters;
- Unaligned investment strategies and technical assistance package.

Resolution of these problems, especially in terms of capacity building, would allow the Ministry of Health to ensure more effective implementation of projects and programs of the donor community for the benefit of the country.

7 Summary of results

This survey covers the period of 2018-2019. According to the data submitted for 2018, 12 development partners implemented 34 health projects for a total of **\$46,739,638**, representing 22% of total health expenditures. In 2019, 14 development partners (additional data from GAVI and Saudi Fund for Development) were implementing 40 health projects for a total of **\$39,546,260**, representing 19% of total health expenditures. There is a 15% decrease in funding in 2019 compared to 2018. If we compare the 2018 figures to the same figures for 2017, funding decreased by 13.4% (**\$53,974,277** in 2017).

Of the total ODA funds for 2018, only ~ 4% (\$2,000,000) were received in form of loan, with the rest being grants. In 2019, the loan element is even lower - 1%.

In recent years, there has been a significant downward trend in the loan element of ODA - for example, in 2015, 10% of total ODA was loan, and in 2017 it was 6%.

Since the implementation of one of the largest projects in the health sector (SWAp) was almost completed, a separate analysis of SWAp funds in this round of the study was not conducted. It should be recalled that in previous years (2015, 2017), SWAp funds accounted for 18-28% of total donor funds in the health sector.

Almost all of the respondents implement their projects in line with the goals set out in national strategies: "Den Sooluk" National Health Reform Programme of the Kyrgyz Republic for 2012 - 2018, the National Development Strategy of the Kyrgyz Republic for the period of 2018 - 2040, and the Programme of the Government of the Kyrgyz Republic on health protection and health system development "Healthy person – prosperous country" for 2019-2030.

Regarding the UN Sustainable Development Goals, partner agencies are placing greater emphasis on goals related to reducing maternal mortality, preventing infant mortality and under-5 mortality, eliminating AIDS, tuberculosis and malaria, and achieving universal health coverage. Seven of the 14 development partners are involved in achieving these goals.

Geographically, development partners covered all areas of the country. In both 2018 and 2019, almost all partners worked at the national level. Separate projects focused on specific regions. Only one donor had a project focused only on Bishkek, with no national coverage.

In both 2018 and 2019, investments account for the largest share of payments, at 69% in 2018 and 54.9% in 2019. However, the structure of investments differs in these years. For example, while in 2018 more than half of the investments were allocated for construction and refurbishment, in 2019 more than 83% was spent for the provision of medical supplies and medical equipment. It can be assumed that the construction and renovation of facilities have been completed and the stage of equipping has been started.

Technical assistance funds, as the second most important funding category, are primarily allocated for capacity building. In 2019, the share of technical assistance increased by 9% compared to 2018.

In terms of health system functions, 73% of ODA in 2018 and 60% of ODA in 2019 was disbursed for the health services delivery area. In 2018, within this category, there was more emphasis on public health services (52%) and slightly less on PHC (37.1%). In 2019, these categories have rough parity (42.6% for public health and 40.6% for PHC). Referring back to a similar study in 2017, hospital care was the primary focus in 2017 (37.2% of total ODA). Over the 2 reviewed years, the focus of development partners has shifted significantly toward public health services and primary health care.

In terms of priority health areas, communicable disease prevention and control receives the largest share of ODA, accounting for 46.72% of total ODA in 2018 and 58.75% of ODA in 2019.

In-depth analysis of donor use of the country's financial instruments was not possible this time, as almost half of development partners had no information about whether or not their aid was recorded in the annual budget for the relevant year. Perhaps this is due to the peculiarities of public recording of donor proceeds. In any case, local institutions should consolidate information and share information about existing mechanisms, and the development community should work more closely with them.

Most agencies noted that the level of coordination in the health sector is good and policy dialogue has some impact. However, they highlighted a number of challenges that, if addressed, would allow to achieve full alignment and harmonization with health sector priorities.

Despite these challenges, the donor community remains committed to supporting Kyrgyzstan's health sector in the medium and long term.

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