



Ministry of Health  
Kyrgyz Republic



World Health  
Organization

**Monitoring official development  
assistance  
to the health sector  
of the Kyrgyz Republic – 2020  
(fourth edition)**

Bishkek, 2022

## **Keywords**

Kyrgyz Republic; health sector; official development assistance; COVID-19; inistry of Health; data collection; questionnaire; interviews; disbursements (financing); geographical coverage; investments; technical assistance; administrative costs; health sector areas; alignment; national policies; national strategies; public financial systems; procurement systems; aid predictability; joint missions; accountability.

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# Abbreviations

ADB	Asian Development Bank
COVID-19	Coronavirus infection
EFSD	Eurasian Fund for Stabilisation and Development
FAO	Food and Agriculture Organization of the United Nations
FMC	Family Medicine Center
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
IOM	International Organisation for Migration
IsDB	Islamic Development Bank
JICA	Japan International Cooperation Agency
KfW	German Development Bank
KOICA	Korea International Cooperation Agency
Mercy Corps	Mercy Corps in Kyrgyz Republic
MTBF	Medium-term budgetary framework
NSC	National Statistical Committee of the Kyrgyz Republic
ODA	Official Development Assistance
OECD	Organization for Economic Cooperation and Development
OSCE	Organization for Security and Co-operation in Europe
SBS	Sector Budget Support (Health)
SDC	Swiss Agency for Development and Cooperation
SGBP	State Guaranteed Benefits Programme
TIKA	Turkish International Cooperation Agency (Türk İşbirliği ve Koordinasyon Ajansı)
UN OHCHR	Office of the United Nations High Commissioner for Human Rights
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
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

# Acknowledgements

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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The authors would like to express their gratitude to all international partner agencies, embassies, and non-governmental organizations that provided detailed input on the projects funded and implemented in the health sector of the Kyrgyz Republic.

Special thanks should also be extended to all those who provided comments and feedback during previous rounds of ODA monitoring in the Kyrgyz Republic from 2015 to 2019.

This document was elaborated within the framework of a Biennial Collaborative Agreement for the period 2020-2021 between the Ministry of Health of the Kyrgyz Republic and the WHO Regional Office for Europe. The study was coordinated by the WHO Country Office in the Kyrgyz Republic with the financial support of the "Promotion of the State Programme on health protection and health system development "Healthy person – prosperous country" for 2019-2030" project of the Swiss Agency for Development and Cooperation.

## Foreword

All stages of Official Development Assistance (ODA) evaluation in the Kyrgyz Republic covering activities for 2015-2019 with reports, are published on the website of the Ministry of Health of the Kyrgyz Republic (<http://www.med.kg>).

A separate ODA-related website has been developed this year <https://oda2.health.site.kg>

This document is the fourth 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 tool for enhancing the capacity in monitoring and analysing information on resources flowing into the health sector and their use by categories.

In order to conduct an ODA assessment in the health sector, it was decided to conduct an analysis for 2020, taking into account the COVID-19 pandemic

The 4th round of the ODA assessment involves several steps:

1. revision of the questionnaire and expansion of the glossary;
2. creation of a second questionnaire on humanitarian aid and its separate recording due to the specifics of 2020;

3. expansion and harmonisation of the list of Development Partners and donors (including embassies and donors who have not previously supported the sector) to participate in the fourth round of the study;
4. preparing an online version of the questionnaire;
5. invitation to Development Partners to participate in the study;
6. regular communication with Development Partners;
7. ensuring participation in data collection and analysis, organising data cross-checks with each Development Partner;
8. preparing the final report and its publication, which due to the invitation of a new range of participants was multi-stage and required multiple extensions.

We acknowledge the continued support of Development Partners and express our sincere appreciation to international organizations for their extremely valuable contribution to this survey. 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.

# 1 Country context

Coronavirus has become a major global challenge that has forced most nations to take emergency measures such as closing their borders and declaring a quarantine and self-isolation regime for their citizens.

In our country, since January 2020, a set of measures have been taken in connection with the situation caused by the outbreak of coronavirus. The Government has developed an Action Plan for the organization of sanitary and anti-epidemic measures to prevent the importation and spread of coronavirus.

On March 18, 2020, the first three cases of coronavirus were confirmed in the country. On March 24, 2020, the Kyrgyz Republic declared a state of emergency in the country. On May 11, 2020, the state of emergency was elevated and restrictive measures (quarantine) were introduced instead in Bishkek city, Osh city, At-Bashi district of Naryn oblast, Chatkal district of Jalal-Abad oblast until a special order.

For the entire period, a total of - 78,415 cases were registered, of which 41,304 cases were laboratory-confirmed and 37,111 cases were clinico-epidemiologically confirmed.

In the republic there were 1321 cases registered with lethal outcome, of them laboratory confirmed - 401, clinico-epidemiologically confirmed - 920.

Among medical workers there are 4057 cases diagnosed with COVID-19. In total, 3805 medical workers have recovered in the country.

The peak of morbidity of medical workers coincided with the peak of morbidity of the general population, so for June-July 2.4 thousand medical workers were infected, of which in Bishkek - 728 (30%).

At the beginning of the year there were 13,699 doctors (21.0 per 10,000 population), including 22.6% of retirement age, 33,824 nurses (51.4 per 10,000 population), including of 14.2% retirement age and 12,508 nursing staff in the health system.

During the pandemic, the greatest need in the health system was for family physicians - 981 (Jalal-Abad oblast - 166, Osh oblast - 154, Chui oblast -204 and Bishkek city - 169), radiologists, resuscitators. There was an acute deficiency of anesthesiologists-resuscitators (265), pediatricians (94), neonatologists (88). The situation with pediatric anesthesiologists - resuscitators remains difficult in Tokmok city (4), Talas city (7), Issyk-Ata (8), Kemin (4), Nookat (6), Kara-Suu (5), Karakulja (8), Kadamjai (12) districts, in Osh oblast organizations - 10, in Interoblast clinical pediatric hospital - 7.

In order to record, promptly obtain and provide data on hospitalized patients with COVID-19 in health organizations of the Kyrgyz Republic, an automated online information system was developed in March 2020. The program takes into account the total number of hospitalized with suspected COVID, including confirmed, discharged with recovery, deceased, resuscitated. Output reports have also been developed by gender, age, patient's health status. This system has been implemented throughout the country and all responsible persons have been trained to work with the software. To date, it has been installed in more than 110 health organizations of the inpatient service. This system is integrated with the interactive map <https://map.covid.kg> in order to automatically update the availability of vacant beds in health organizations of the Kyrgyz Republic.



**During the tense epidemiological situation in the country on the basis of the City Health Department, since April 6, 2020 the "118" hotline has started working,** since May 11 in all regions of the country 7 call centers at the oblast FMCs were launched to provide remote medical consultation on COVID-19 for the population of the country.

In order to organize telemedicine consultations and distance education of medical workers in 2020 with the support of partners, the necessary equipment was purchased for primary health care organizations of the republic. In 2020, the equipment was installed in health care organizations (PHC) and relevant specialists were trained. As part of the implementation of telemedicine projects with the support of partners and donors, equipment and software for telemedicine rooms in 20 inpatient health care organizations were procured.

Open Data Portal was developed and 36 initial datasets of the Ministry of Health were uploaded (these are demographic indicators, morbidity, health resources, financial resources and medicines) for publication on the Open Data Portal of the Ministry of Health of the Kyrgyz Republic [www.opendata.med.kg](http://www.opendata.med.kg).

In March 2020, an automated online information system was developed on the SimBase platform. The program took into account the total number of hospitalizations with suspected COVID-19, including data on confirmed, discharged with recovery, lethal, resuscitated cases and data on patient condition. Output reports were also developed by gender, age, patient status. This system has been introduced and all responsible persons have been trained on the software. By the end of the year, the system has been installed in more than 110 health organizations of the inpatient service. In addition, this system is integrated with the online platform ([map](https://map.covid.kg)) <https://map.covid.kg> in order to ensure automatic updating and obtaining information on the availability of vacant beds in health care organizations of the Kyrgyz Republic.

During the COVID-19 pandemic, the "Laboratory" information system was developed and implemented in state virology laboratories to ensure effective recording and prompt provision of data on the results of PCR tests (polymerase chain reaction) for COVID-19. In order to increase the convenience for citizens and reduce possible contacts, a digital solution was developed that allows citizens who have taken tests for COVID-19 to receive their test results online via SMS and a specialized website.

**In order to provide patronage, mobile teams have been created,** which involved doctors of 104 FMCs, 21 epidemiologists, 31 assistant epidemiologists, 60 nurses, 39 laboratory technicians and 117 drivers. To date, 123 mobile teams are working in the country, including 12 in Bishkek, 3 in Osh, 22 in Osh oblast, 17 in Jalal-Abad oblast, 15 in Batken, 15 in Naryn, 8 in Issyk-Kul, 5 in Talas, 26 in Chui.

Mobile teams were created to organize monitoring of quarantined persons at home and for the effective use of resources and minimization of contact of medical workers. A total of 169,497 visits have been made within the country as of December 2020.

**In order to incentivize health workers working in focal areas,** mechanisms for financing compensation payments were developed in accordance with the Government of the Kyrgyz Republic Resolution No. 194 of 03.04.2020 "On Approval of the Regulations on the procedure for spending funds received for activities to prevent and combat epidemics". From March to December 2020, 101,159 medical workers were paid 1,584,535,300 soms (one billion five hundred eighty-four million five hundred thirty-five thousand three hundred) soms, including: the republican budget-1,324,978,300 (one billion three hundred twenty-four million nine hundred seventy-eight thousand three hundred) soms, voluntary donations, as well as

humanitarian aid - 259,556,900 (two hundred fifty-nine million five hundred fifty-six thousand nine hundred) soms.

In addition, the Government of the Kyrgyz Republic in order to provide support to medical workers, adopted the Decree of the Government of the Kyrgyz Republic (dated May 4, 2020 № 161), established a one-time cash compensation:

- in the amount of 200,000 (two hundred thousand) soms - to medical and other employees of health organizations infected with the "COVID-19" during the performance of their work duties, professional duty during the provision of medical care or conducting scientific research in the state of emergency;

- in the amount of 1,000,000 (one million) soms - to families of medical and other employees of health organizations who died because of COVID-19 infection during the performance of their work duties, professional duty while providing medical care or conducting scientific research in the state of emergency.

As of December 31, 2020, compensation has been paid:

- to the families of the 32 deceased medical workers - 1,000,000 (one million) each;
- 925 medical workers 200,000 (two hundred thousand) soms each.

As part of the fight against COVID-19, emergency projects have been launched in the Kyrgyz Republic, such as:

1. The World Bank's "Enhancing Resilience in Kyrgyzstan (ERIK-CERC)" project for a total amount of US\$9.0 million, including a loan of US\$4.5 million and a grant of US\$4.5 million.

2. World Bank's COVID-19 project totaling US\$12.15 million (US\$6.075 million loan and US\$6.075 million grant).

3. Islamic Development Bank project totaling 15.0 million (loan)

4. Asian Development Bank project for 20.0 million (loan - 10.0 million and grant - 10.0 million).

5. Japanese grant for USD 4, 0 mln. US Dollars.

**Within the framework of the project "Enhancing Resilience in Kyrgyzstan" (ERIK-CERC),** the WB awarded contracts for the amount of 7,027,493 USD. The following were procured:

- PPE in the amount of 123,505 pcs. - USD 348.154 thousand;
- Laboratory reagents in the amount of 37,916 pcs. - 67.66 thousand USD;
- Consumables for PCR analyses in the total amount of 181.94 thousand USD;
- Medicines in the amount of 673,550 pcs- 1,938,576 USD;
- 13 Ambulance vehicles - 764.9 thousand USD;
- 121 pcs of medical equipment for respiratory support - 1, 452,281.2 USD;
- Medical equipment (diagnostic equipment for rapid response teams, 24 hospitals designated for observation, Primary Health Care Centers, for intensive care units) - 712.138 thousand USD;
- Equipment for disinfection and medical waste reduction totaling 823, 143 thousand USD.

**Within the framework of the COVID-19 Emergency Project (WB),** the total

- v a - Class B ambulances (with and without ventilator), for the amount of l \$764,900.00.
- u - Functional beds for the total amount of \$84,240.64
- e - Medicines, for a total amount of \$636,805.3.

- Medical equipment, respiratory and oxygen therapy equipment for a total of US\$ 1,464,287.
- Laboratory reagents for a total amount of US\$ 244,268.00.

**Within the framework of the COVID-19 Pandemic Emergency Project (ADB):**

- PPE for a total amount of USD 3,132,700;
- Laboratory consumables for a total amount of USD 150,000.

**Within the framework of the project " Addressing the Impacts of the COVID-19 Pandemic in the Kyrgyz Republic" (IsDB):**

- PCR laboratories made of lightweight structures were erected in 10 health care organizations;
- Vehicles (pickup type) for transportation of laboratory samples - 66 pcs for the amount of 298,500.00 USD.
- Class B (4X4) ambulance for regions - 66 pcs for the amount of USD 2,504,898.00;
- Class B ambulance (+ ventilator) - 12 pcs for the amount of USD 1,083,600.00;
- Patient monitor for adults in the amount of USD 522,043.90.

## **Demographic situation**

The average annual number of permanent population of the Kyrgyz Republic as of 01.12.2020 amounted to 6,193.4 thousand people. In the age structure of the population, children (0-14 years) account for 31.8%, persons of working age - 59.3% and persons over working age (7.1%).

In 2020, the infant mortality rate was 18.6 per 1,000 live births, which is 8.7% lower than in 2019 (19.7 per 1,000 live births).

The infant mortality rate in 2020 was 14.9 per 1,000 live births, down 11.2% from 2019 (16.8 per 1,000 live births).

The maternal mortality rate in 2020, taking into account cases with COVID 19 and SARS, amounted to 44.1 per 100k live births or 68 women died in labor and postpartum. There is an increase in the indicator by 58.4%, for the same period of 2019 the indicator is 27.4 or 44 dead women.

In the Kyrgyz Republic there is a decrease in the incidence of tuberculosis. In 2020, 53.6 cases per 100 thousand population were registered, against 79.8 per 100 thousand population in 2019.

The indicator of tuberculosis mortality rate in the republic, in recent years, also tends to decrease. In 2020, the mortality rate in the republic amounted to 3.2 per 100 thousand population against 3.9 per 100 thousand population in 2019.

In 2020, there was an upward trend in the mortality rate from cardiovascular diseases of - 18.1% (310.6 per 100,000 population in 2020, in 2019 - 262.9). The increase was due to the growth of mortality rates from hypertension by 30.5% and ischemic heart disease by 23.4%, which indicates the insufficient quality of medical care for acute conditions.

As of January 1, 2021, according to preliminary data, 57761 (in 2019 -65635) patients with diabetes mellitus (type 1 and type 2) were registered in the republic, including 400 children (in 2019 - 439), including 20043 (in 2019 - 20841) with insulin-dependent and insulin-demanding form.

In the republic in 2020 there was an increase in the incidence of malignant neoplasms. A total of 5389 patients were detected for the first time, which is 220 less than in 2019, the incidence rate for 2020 amounted to 82.0 per 100.0 thousand population (in 2019 -86.9). More than 25% of newly diagnosed patients with malignant

neoplasms are detected at stage 4 of the patient's disease and more than 50% die without living a year after diagnosis, which indicates insufficient oncological vigilance of PHC specialists and low literacy in early detection of malignant neoplasms.

*(Source: Data from the eHealth Center under the Ministry of Health of the Kyrgyz Republic for 2020.)*

## 2 Study process

This section describes the research process, data collection and analysis. Data were collected through an online interface and telephone interviews. Data were analyzed by an expert group in close collaboration with an IT specialist.

The expert group consisted mainly of staff from the Department of Strategic Planning and Program Implementation of the Ministry of Health of the Kyrgyz Republic. Other departments/divisions of the Ministry of Health of the Kyrgyz Republic also contributed to the study by providing inputs on the budget description and structure, as well as amending the overall analysis.

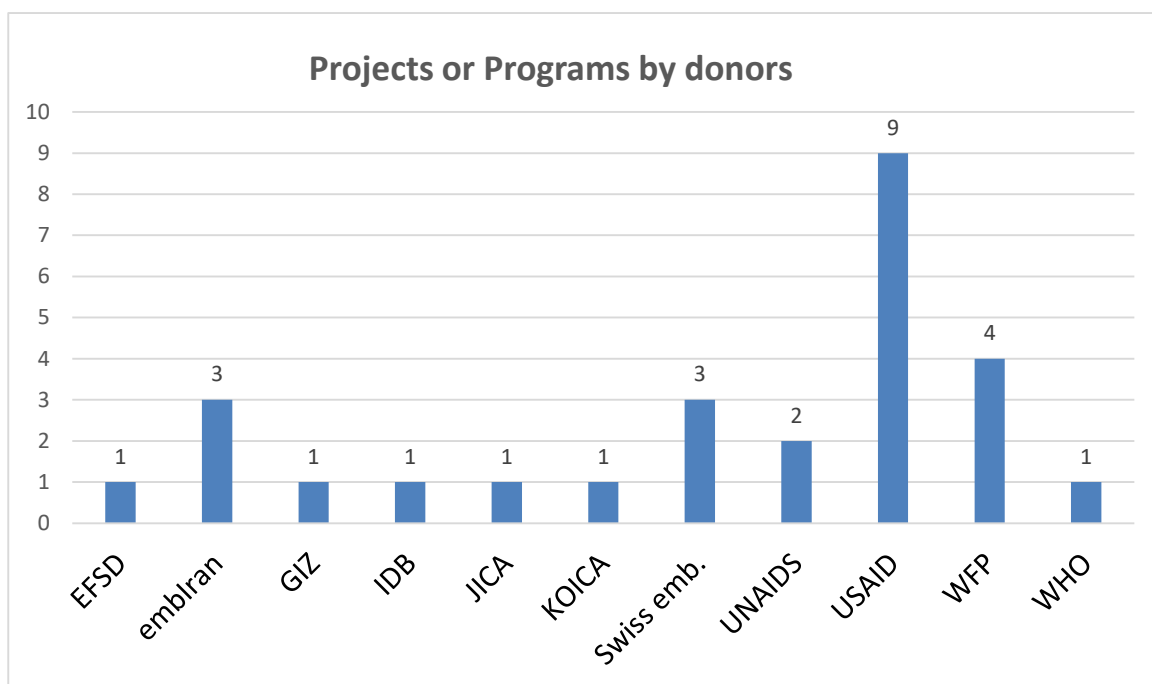
**Table 1.** Plan and milestones for the 2022-2023 evaluation.

<b>Date</b>	<b>Activity</b>
February 2022	MoH appeal to WHO Country Office in KR regarding technical support for conducting the fourth round of the study
April-August 2022	Preparatory works
September 2022	Distribution of invitations to development partners and embassies (through the MFA) to participate in the study and re-sending reminders and invitations
October 2022 - May 2023	Regular communication with Development Partners and extension of consultation deadlines
November 2022 - June 2023	Data collection through a web-based platform. Validation interviews with representatives of development partners
December 2022	Presentation of preliminary results to development partners
January - October 2023	Data analysis and report writing

The 2020 web platform introduced a new revised questionnaire on ODA, separately on humanitarian aid as well as on projects to combat COVID-19 and introduced additional development partners. Exchange rates for 2020 were set.

### 3. Results

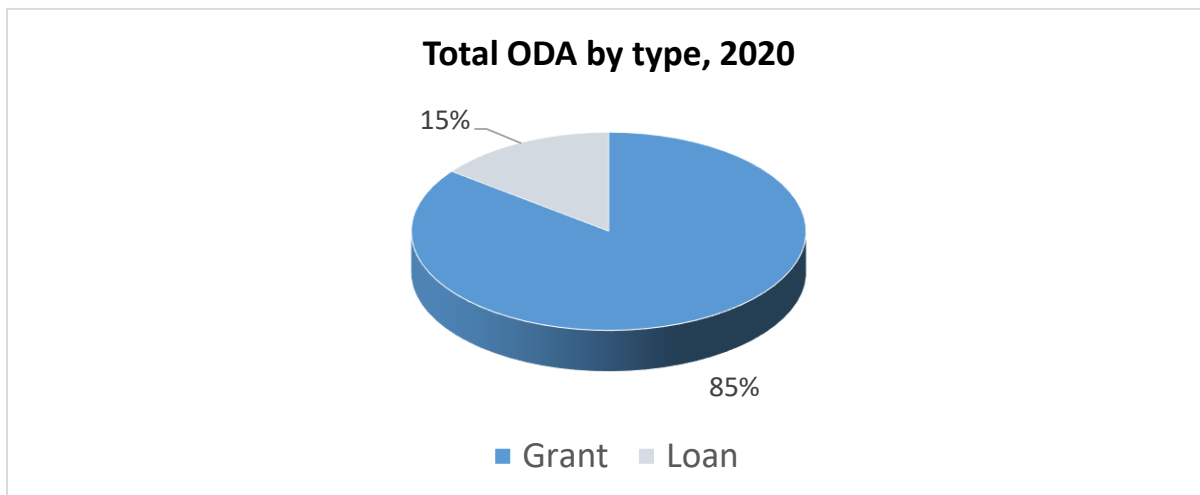
In order to ensure participation in the ODA study for 2020, invitations were sent to 52 organizations that traditionally provide ongoing official development assistance in the health sector. Of these, only 11 organizations provided information about their projects in the health sector. We believe that this is due to the fact that during the pandemic period, many projects were frozen or official assistance was reallocated to fight the COVID-19 pandemic.



**Figure 1.** ODA projects or programs per donor, 2020

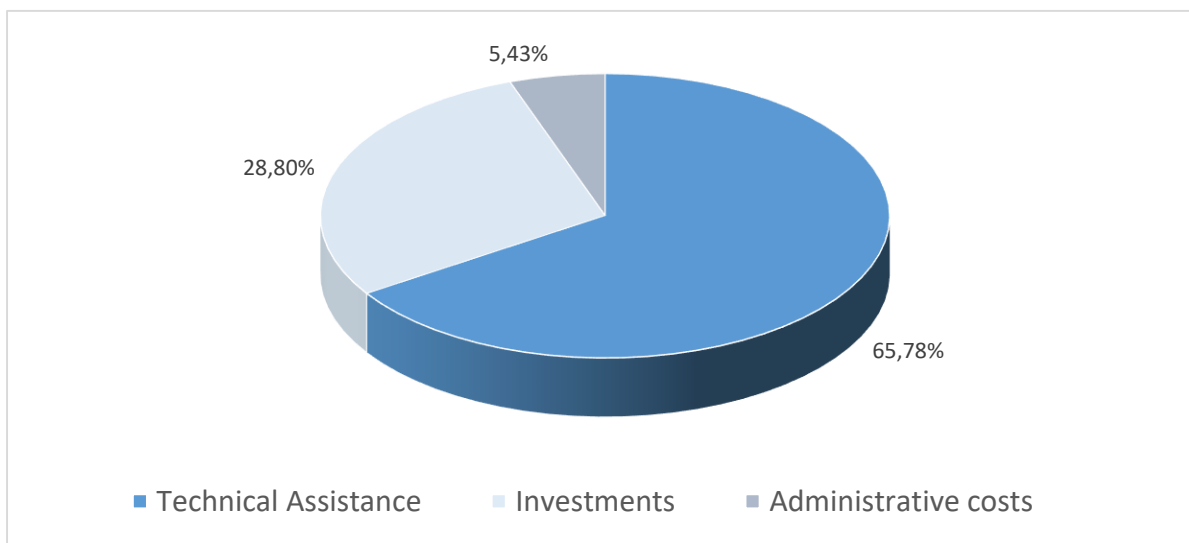
In terms of ODA allocated under bilateral and multilateral agreements, the United States of America (USAID) provided the most significant financial assistance to the Kyrgyz Republic. The United Nations World Food Program turned out to be the organization with the largest number of projects in 2020. The Embassy of the Islamic Republic of Iran and the Swiss Embassy are in third place with 3 projects each.

As shown in Figure 2 below, only 15 percent of the USD 15,537,153 was disbursed as concessional loans, while 85 percent was provided as grants. Which respectively amounted to US\$ 3,000,000 and US\$ 12,537,153 respectively.

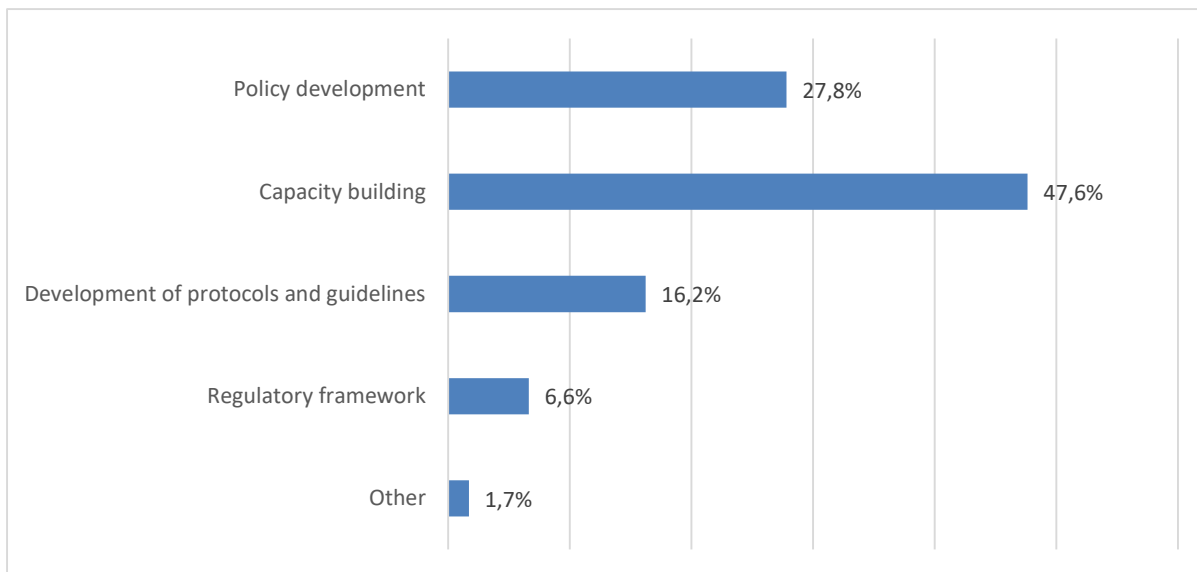


**Figure 2.** Total ODA by type

Regarding the distribution by funding category, the majority of funds in 2020 were allocated to Technical assistance (65.78%), 28.8% was allocated as Investments, and 5.4% for administrative costs related to the implementation of projects and programmes.

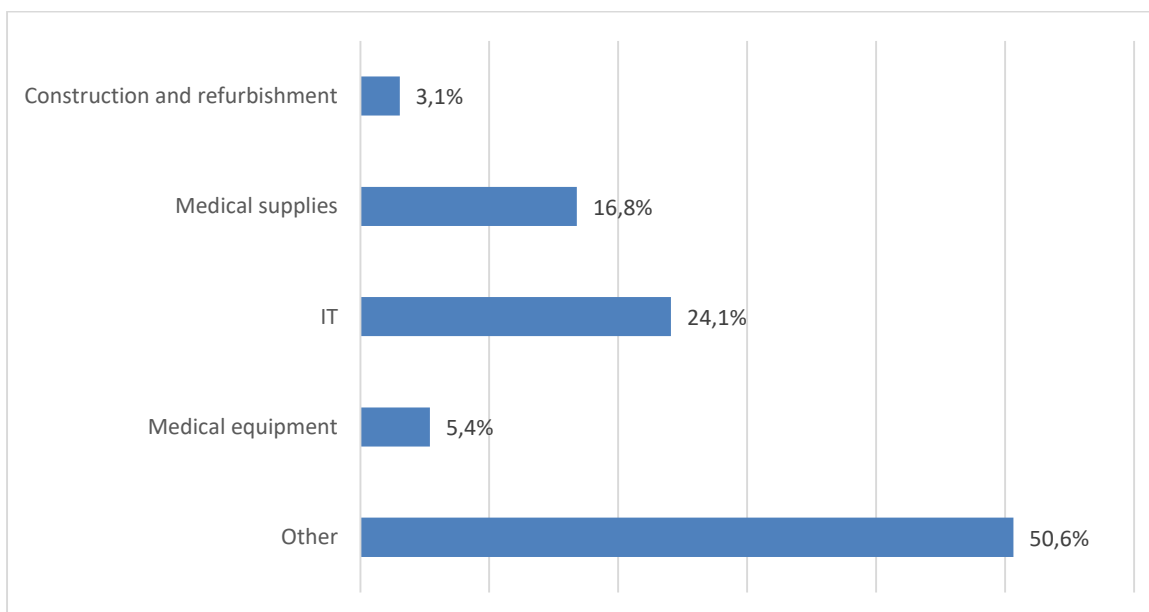


**Figure 3.** Total disbursements by funding category, 2020



**Figure 4.** Technical Assistance by components, 2020

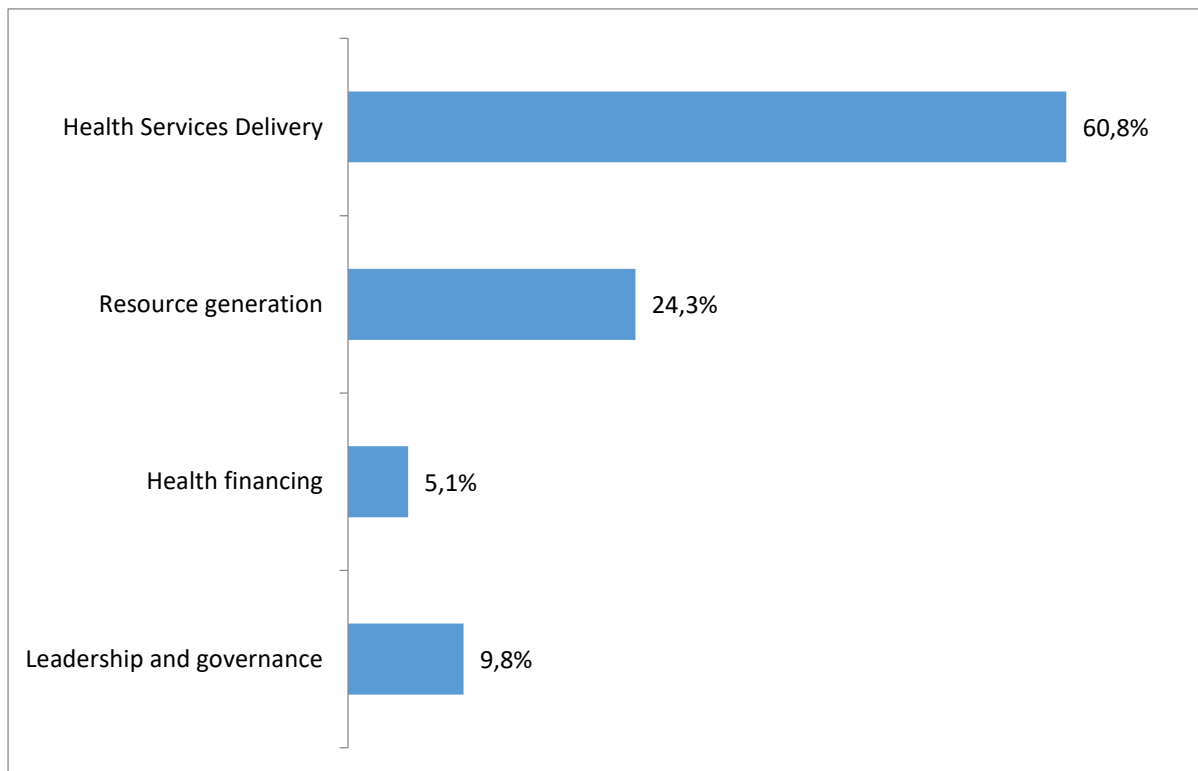
Most Technical Assistance funds were allocated to capacity building, which was particularly relevant during the pandemic (47.6%). 27.8% of Technical Assistance funds were allocated to policy development, nearly 16.2 % were allocated to the development of guidelines and protocols, and 6.6 % to the development of legal and regulatory frameworks.



**Figure 5.** Investment funds by components, 2020

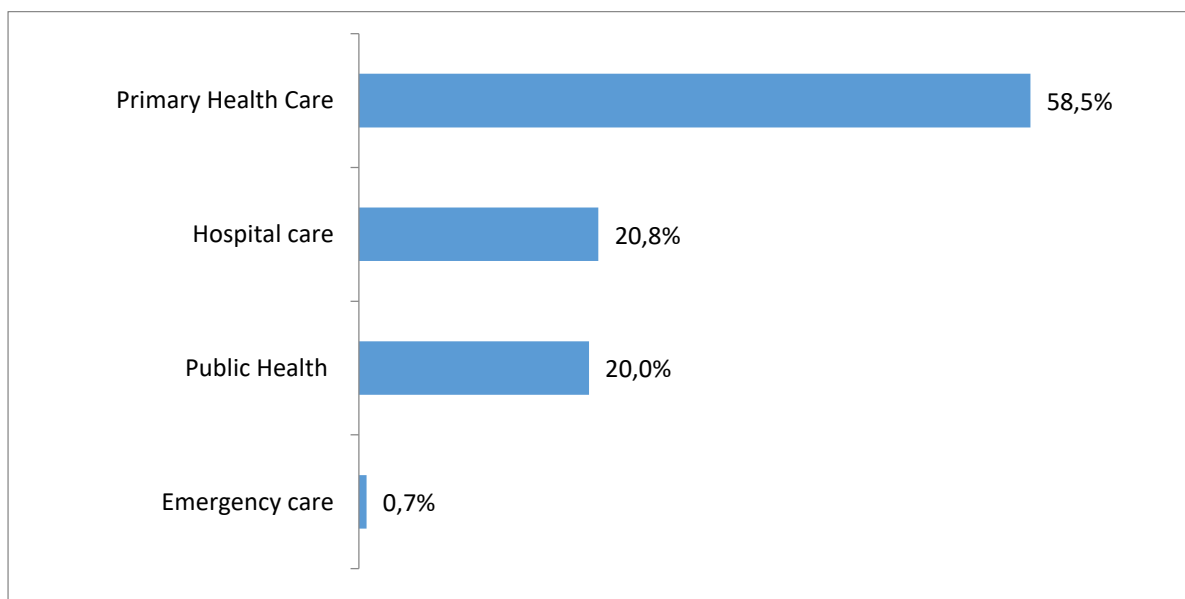
The investment component is distributed as follows: 3.1% was allocated to construction and refurbishment, while medical supplies and medical equipment accounted for 16.8% and 5.4%, respectively. 24. 1% was allocated to IT infrastructure development, which is much higher compared to previous years. The category with the most significant share of financing was "Other investments" - 50.6% of the total share of investment expenditures. One of the possible reasons for such a sharp

increase in the share of other investments is the inclusion of a part of humanitarian aid in this component.



**Figure 6.** Disbursements by health system functions, 2020

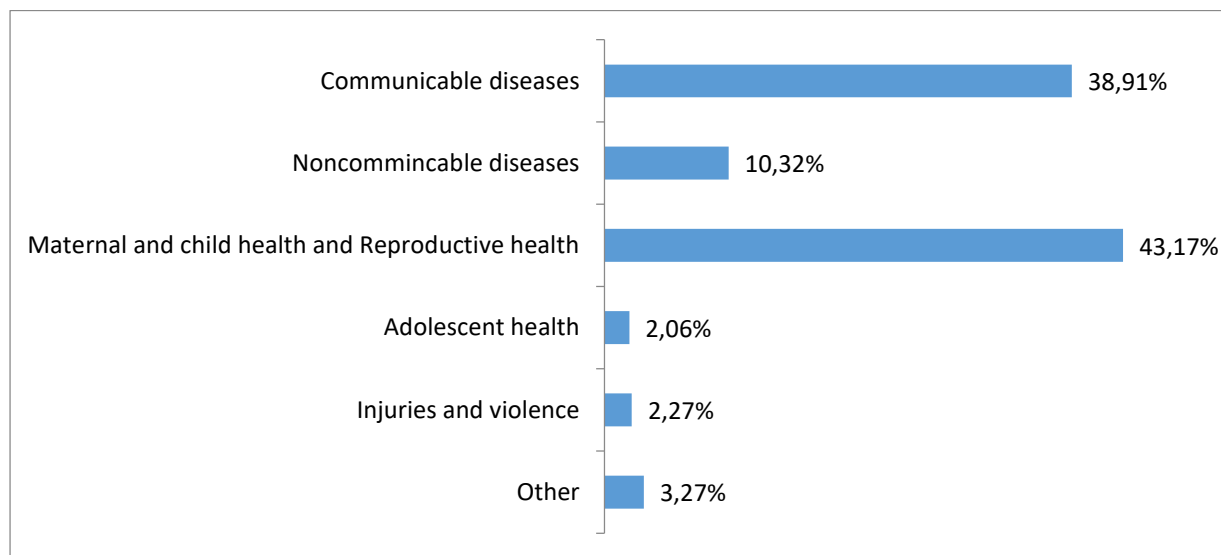
Health service delivery was the main focus in 2020, with 60.8% of funds allocated there. According to the data presented, 24.3 % of the funds were allocated to resource generation, while 9.8 % were allocated to strategic leadership and governance of the health sector in 2020.



**Figure 7.** Distribution of health services delivery quota, 2020.



Regarding the distribution of the quota for the health service delivery, most of the funds in this category were allocated to the development of Primary Health Care - 58.5 percent. Development partners allocated 20.8% of funds to the development of hospital care. Public health services received slightly less - 20.0%.



**Figure 8.** Distribution of ODA according to priority health areas, 2020

Development partners have been active in promoting maternal and child health - 43.17% of funds were allocated to this priority area. Control of noncommunicable and communicable diseases received 10.3 per cent and 38.9 per cent respectively. Partners participating in the study allocated only 2.06 % to adolescent health in 2020, and 2.2 % to injury and violence prevention. If these figures are compared with those for 2018-2019, the emphasis has shifted in favour of maternal and child health (8.92% in 2018). There has been a strong decrease in the share of noncommunicable diseases prevention from 20.46% in 2018 to 11.9% in 2020. This is because the fight against coronavirus infection has shifted the focus in favour of communicable diseases. Funding for communicable diseases as a percentage of funding has decreased with traditional donors, but a huge proportion is reflected in the humanitarian aid section.

Comparison of aid flows with health sector policies, strategies and programmes is indicated in the table: almost all interviewed development partners implement their projects taking into account the goals set out in the national strategies: the 2026 Development Programme of the Kyrgyz Republic, as well as the the Programme of the Government of the Kyrgyz Republic on health protection and health system development “Healthy person – prosperous country” for 2019-2030.

**Table:** Alignment of partners' activities with national priorities.

General (national) strategies	
2026 Development Programme of the Kyrgyz Republic.	emblan, JICA, USAID, WFP

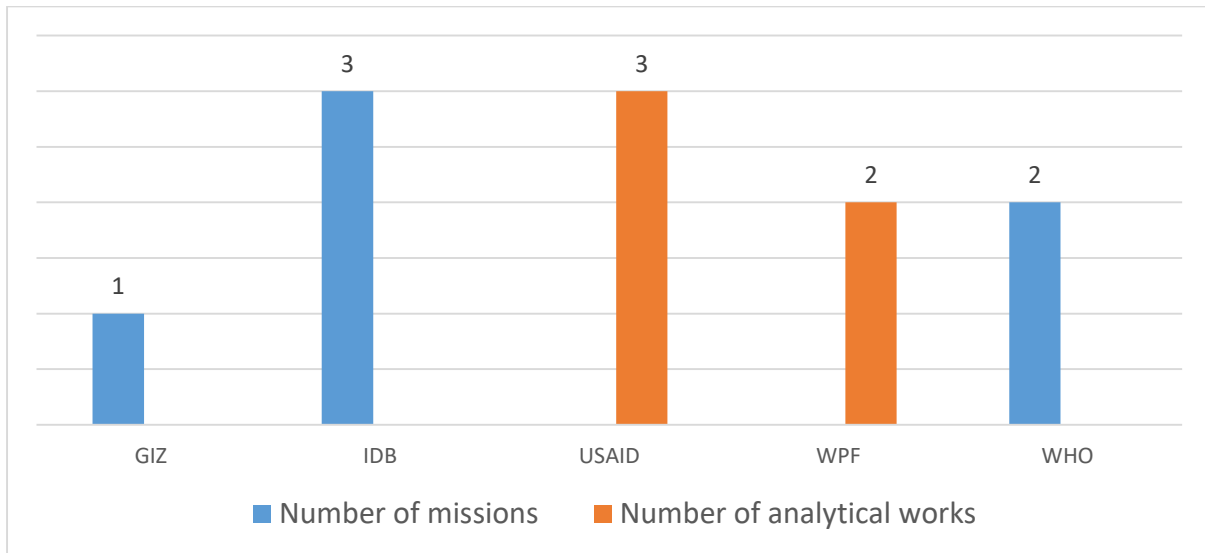
Programme of the Government of the Kyrgyz Republic on health protection and health system development “Healthy person – prosperous country” for 2019-2030	EFSD, GIZ, JICA, Swiss emb., USAID, WFP
<b>Sub-sectorial strategies</b>	
National COVID-19 vaccination deployment plan	USAID
Communication Strategy Plan for Immunization against COVID-19	USAID
«Tuberculosis-V» National program	USAID
The State program on stabilization of the HIV epidemic in the Kyrgyz Republic for 2017-2021	UNAIDS, USAID
Programme of the Government of the Kyrgyz Republic for Mental Health Protection for 2018-2030	
State Guaranteed Benefits Programme to ensure health care for the citizens of the Kyrgyz Republic	GIZ, Swiss emb., USAID
Strategy for Combating Viral Hepatitis in the Kyrgyz Republic for 2017-2022	
Diabetes Mellitus Programme in the Kyrgyz Republic for 2018-2022	
Palliative care for adults and children in the Kyrgyz Republic for 2017-2022	
Programme for the Development of Emergency Care in the Kyrgyz Republic for 2018-2027	
Dental Service Development Concept in the Kyrgyz Republic for 2017-2022	
The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic	Swiss emb., USAID
Program for provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas	Swiss emb.
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	USAID

**Table:** Contribution of partners to the Sustainable Development Goals in 2020

№	Goals	
1	3.1. By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births	GIZ, 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	GIZ, USAID, 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, USAID, WHO
4	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing	Swiss emb., WHO
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, 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	GIZ, Swiss emb., 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	Swiss emb., 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	Swiss emb., USAID, 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	USAID, WHO
14	Other SDG targets related to health	WFP, WHO

Figure 9 below shows the number of missions and analytical work undertaken by health sector donors in 2020.



**Figure 9.** Missions and analytical work

## 4. Summary of results for ODA

The data contained in this report reflects the commitments of 12 development partners who funded a total of 27 projects in the Kyrgyz health sector in 2020. The total amount of ODA committed by development partners to the Kyrgyz health sector amounts to **15,537,153 US dollars**.

As part of the distribution of the health services delivery quota, the majority of funds in this category were allocated to the development of primary health care - 58.5%. Development partners allocated 20.8% of the funds to the development of hospital care. Public health services received only 20.0% of these funds, and emergency care received 0.7%.

Of the funds allocated for technical assistance, the largest portion was for capacity building, which was particularly relevant during the pandemic. Some part of technical assistance focused on the development of policies, guidelines and protocols. A small percentage of the assistance was directed towards the development of legal and regulatory framework.

In terms of priorities, the health areas receiving the largest share of ODA are communicable diseases prevention and control, maternal and child health, reproductive health, and noncommunicable disease control. Development partners participating in the study allocated nearly half of all ODA disbursements in 2020 to improving maternal and child health.

Regarding forecasts for further assistance, the following should be noted: most partners will continue to work in the Kyrgyz health sector until 2024. However, according to the data received, there is an intention to reduce the volume of financial contributions starting from 2025.

## 5. Humanitarian aid section

As part of public investment to prevent the spread of COVID-19, 4 agreements worth US\$ 56.15 million were signed, including US\$ 35.575 million in loans and US\$ 20.575 million in grants..

1. "Enhancing Resilience in Kyrgyzstan (ERIK-CERC)" project of the World Bank for a total amount of USD 9.0 million, including USD 4.5 million as a loan and USD 4.5 million as a grant. As of the end of 2020, contracts worth **USD 7,027,493** were concluded, of which deliveries were made for a total amount of **USD 6,906,512:**

- PPE in the amount of 123,505 pcs. - USD 348.154 thousand;
- Laboratory reagents in the amount of 37,916 pcs. - 67.66 thousand USD;
- Consumables for PCR analyses in the total amount of 181.94 thousand USD;
- Medicines in the amount of 673,550 pcs- 1,938,576 USD;
- 13 Ambulance vehicles - 764.9 thousand USD;
- 121 pcs of medical equipment for respiratory support - 1, 452,281.2 USD;
- Medical equipment (diagnostic equipment for rapid response teams, 24 hospitals designated for observation, Primary Health Care Centers, for intensive care units) - 712.138 thousand USD;
- Equipment for disinfection and medical waste reduction totaling 823.143 thousand USD.

2. World Bank's COVID-19 Project for a total amount of US\$ 12.15 million (US\$ 6.075 million loan and US\$ 6.075 million grant).

The total value of contracts awarded is **USD 4,614,562**, of which deliveries totalled **USD 4,476,465:**

- Class B ambulances (with and without ventilator), for the amount of \$764,900.00.
- Functional beds for the total amount of \$84,240.64
- Medicines, for a total amount of \$636,805.3.
- Medical equipment, respiratory and oxygen therapy equipment for a total of US\$ 1,464,287.
- Laboratory reagents for a total amount of US\$ 244,268.00

3. Islamic Development Bank project totalling 15.0 million (loan). Total amount of awarded contracts amounts to **USD 6.167 million:**

- PCR laboratories made of lightweight structures were erected in 10 health care organizations;
- Vehicles (pickup type) for transportation of laboratory samples - 66 pcs for the amount of 298,500.00 USD.
- Class B (4X4) ambulance for regions - 66 pcs for the amount of USD 2,504,898.00;
- Class B ambulance (+ ventilator) - 12 pcs for the amount of USD 1,083,600.00
- Patient monitor for adults in the amount of USD 522,043.90.

4. Asian Development Bank project for 20.0 million (loan - 10.0 million and grant - 10.0 million):

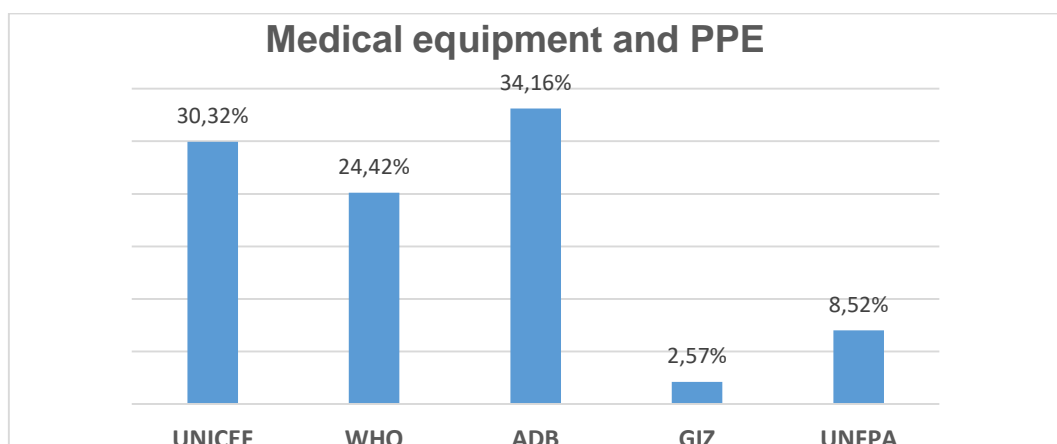
- PPE for a total amount of USD 3,132,700;
- Laboratory consumables for a total amount of USD 150,000.

5. Grant of the Government of Japan for USD 4.0 million.

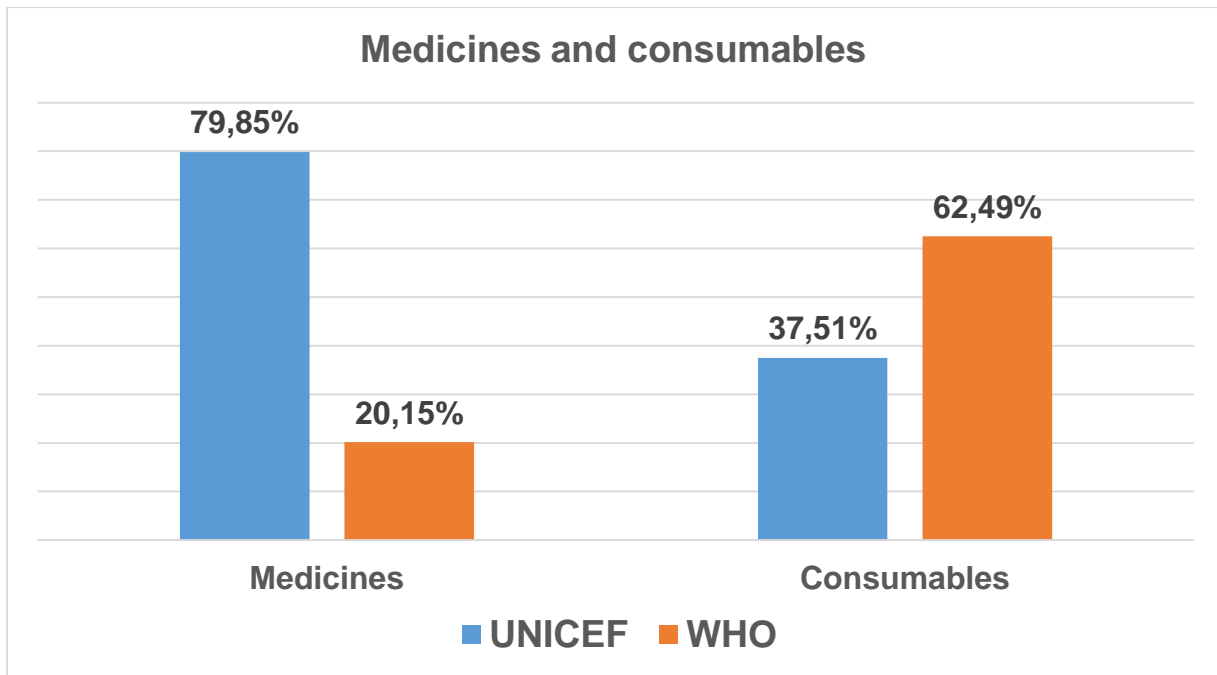
Exchange Notes between the Government of the Kyrgyz Republic and the Government of Japan on the "Socio-Economic Development" Programme within the framework of grant aid of the Government of Japan were signed on 14 July 2020 in Bishkek. The said Exchange Notes were ratified by the Law of the Kyrgyz Republic No. 150 dated 25 September 2020. The Agency Contract between the Ministry of Health on behalf of the Government of the Kyrgyz Republic and Crown Agency Limited on the implementation of grant aid under the Socio-Economic Development Programme of the Government of Japan was signed on 27 October 2020. According to the Banking Agreement between the Ministry of Health of the Kyrgyz Republic and MUFG Bank Ltd on 9 December 2020, the Government of Japan transferred JPY 500 million to the special account of the Ministry of Health of the Kyrgyz Republic in MUFG Bank Ltd.

Development partners, international organisations and other countries also provided humanitarian aid to the health sector as part of the response to COVID-19. Information on the amount of humanitarian aid is provided by international organisations, information on support from other countries was taken from the database of the Department of Medicines and Medical Devices under the Ministry of Health of the Kyrgyz Republic (calculations are taken in Kyrgyz soms, taking into account registration in the database of DM&MD in the national currency).

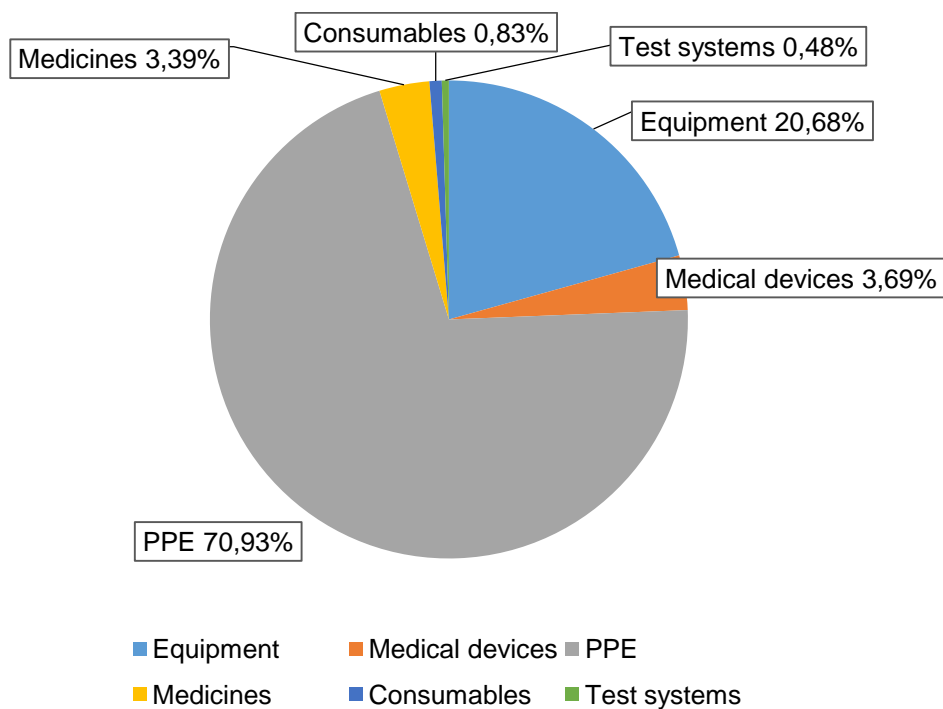
Figures 10, 11, 12 show the volumes and types of assistance provided by international organisations. The main volume of assistance was provided in the form of personal protective equipment (PPE) 71% and medical equipment 21%



**Figure 10.** Medical equipment and PPE from development partners.



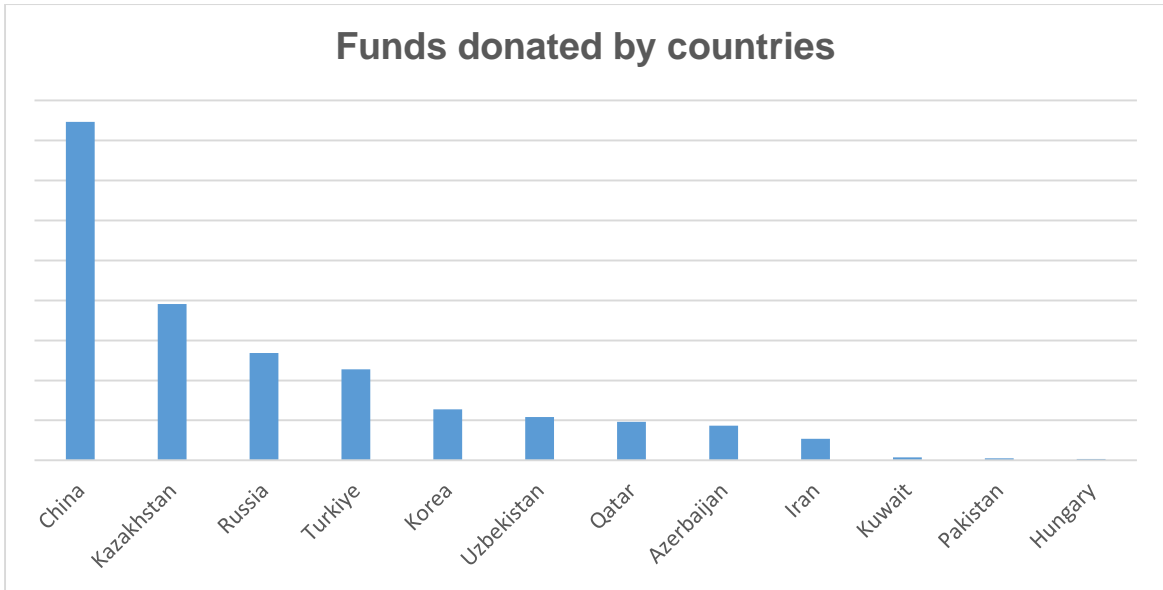
**Figure 11.** Medicines and consumables from development partners.



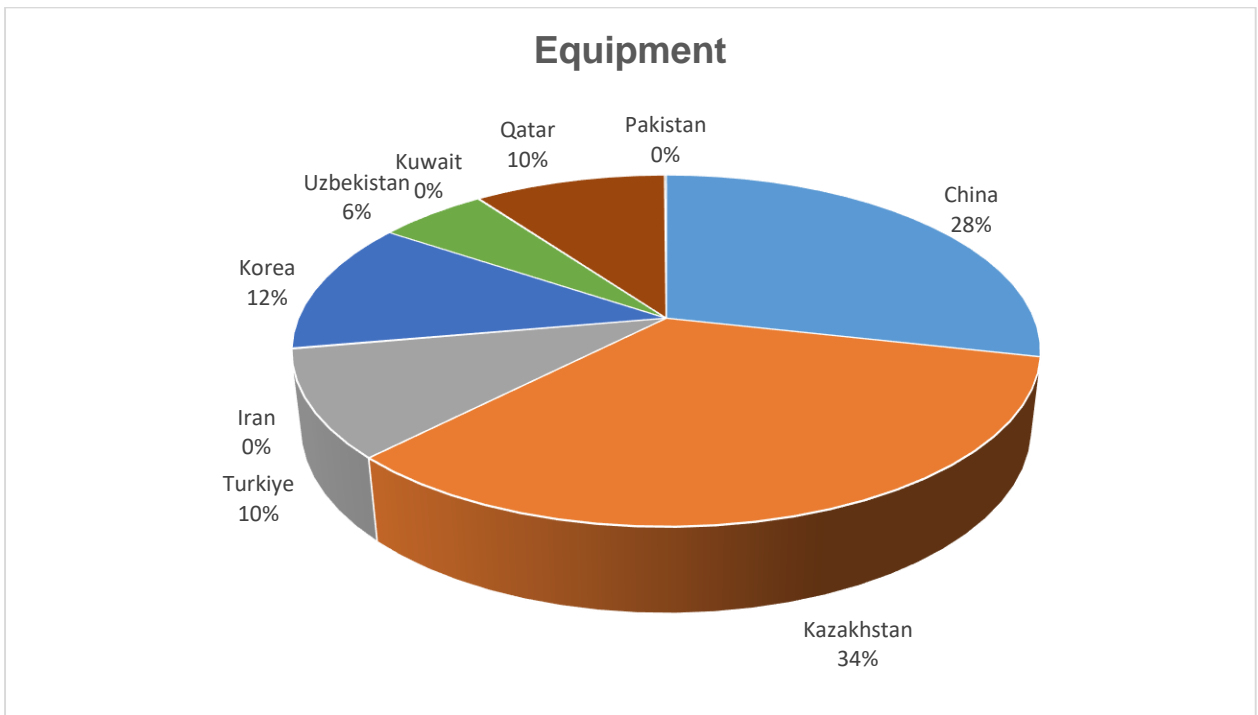
**Figure 12.** Aid modalities from development partners.

Figures 13, 14, 15 show the volume of assistance within the framework of bilateral cooperation with other countries, by type of assistance the main volume was provided in the form of medical equipment 44% and personal protective equipment (PPE) 37%.

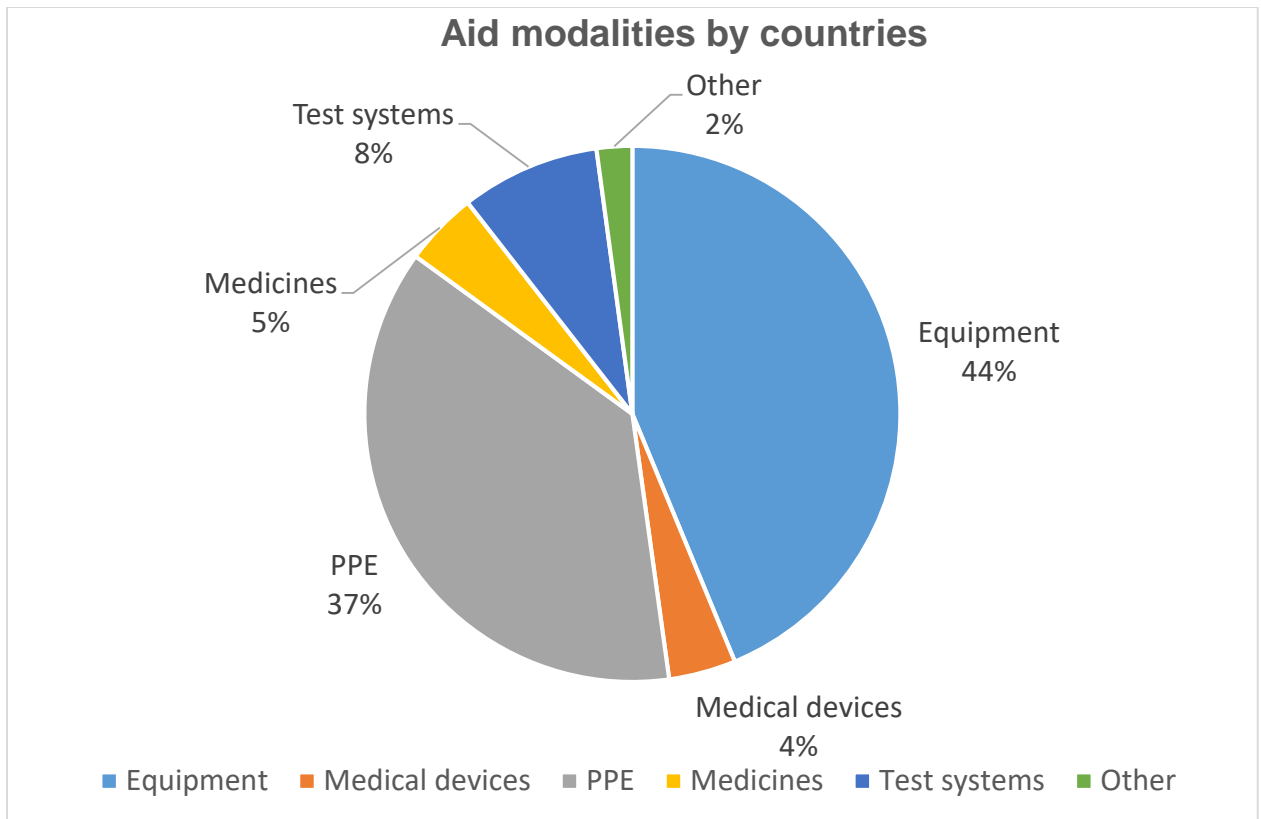




**Figure 13.** Funds donated by countries.

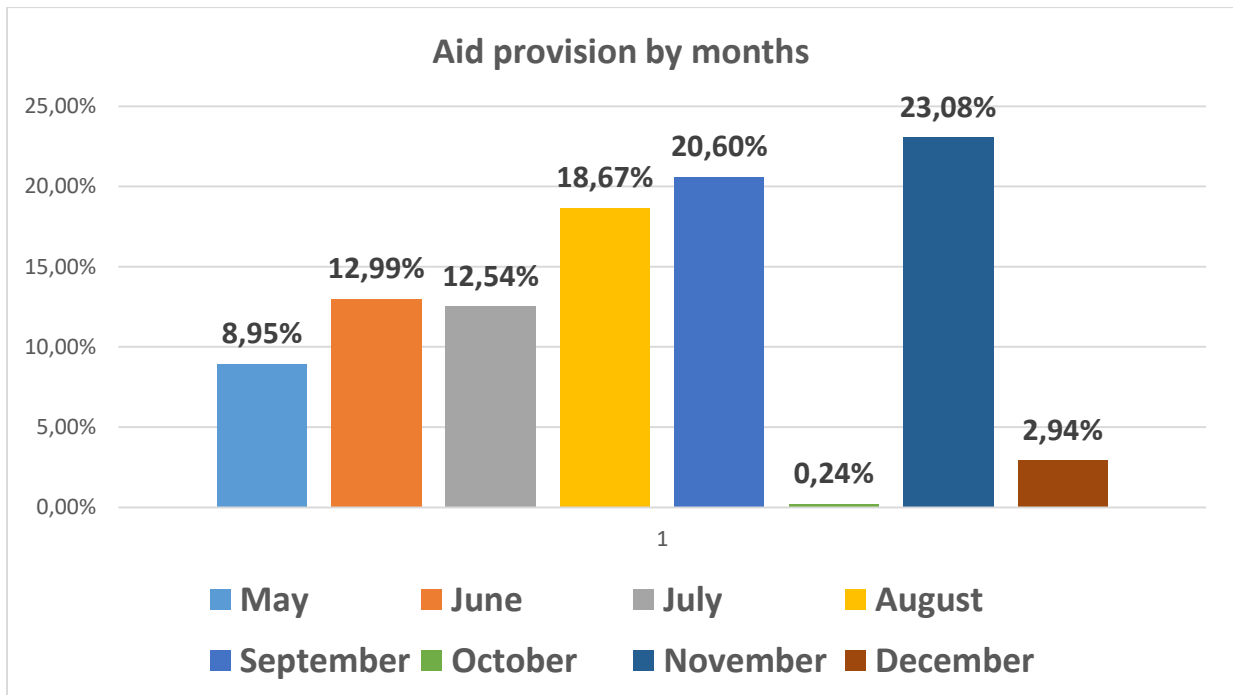


**Figure 14.** Equipment donated by countries.



**Figure 15.** Aid modalities by countries.

The highest volume of aid was received in Q2 and Q3 2020, in months in September (20.6%), November (23.08%) 2020



**Figure 16.** Aid provision by months.

By types of aid, the volumes vary by month (Figure 17), so that in May and September 2020, large volumes of assistance were in the form of medical devices (52.36% and 58.29%), in July and September - test systems (27.93% and 58.29%), in November - equipment (45.98%), and in December - medicines (43.21%).

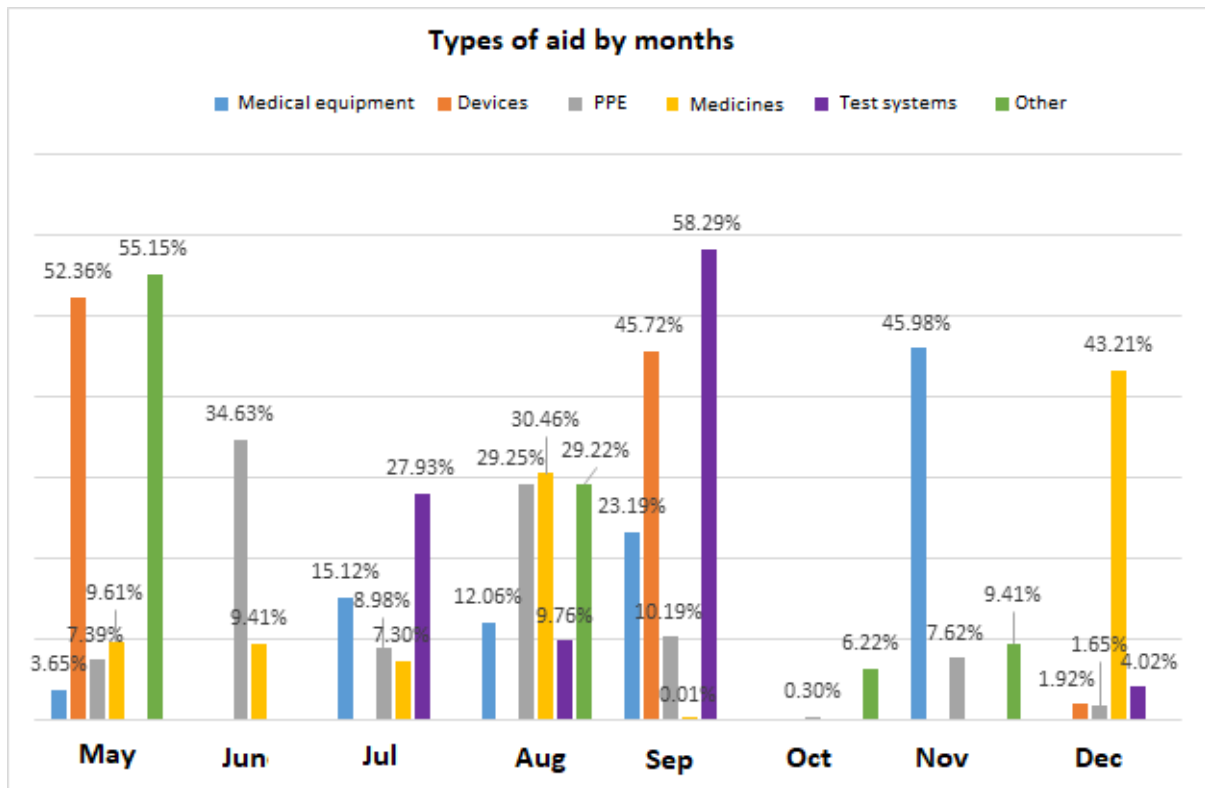


Figure 17. Types of aid by months.