

Data Sheet

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| USAID Mission: | Kyrgyzstan |
| Program Title: | Health and Population |
| Pillar: | Global Health |
| Strategic Objective: | 116-0320 |
| Status: | Continuing |
| Planned FY 2006 Obligation: | \$3,465,000 FSA |
| Prior Year Unobligated: | \$46,000 FSA |
| Proposed FY 2007 Obligation: | \$4,493,000 FSA |
| Year of Initial Obligation: | 2001 |
| Estimated Year of Final Obligation: | 2007 |

Summary: USAID's Primary Health Care (PHC) objective is to help the Kyrgyz Republic institutionalize health system reforms to ensure utilization of quality, client-oriented, cost-effective primary health care services. The Kyrgyz Republic has committed to a process for reforming its health care system, building upon past success and involving intense coordination and collaboration with donors. USAID provides essential technical assistance and support to the country's efforts to control infectious diseases like HIV/AIDS and tuberculosis (TB), and the related scourge of increasing drug use.

Inputs, Outputs, Activities:

FY 2006 Program:

Address Other Health Vulnerabilities (\$1,683,000 FSA, \$41,123 FSA carryover). USAID's health reform program, ZdravPlus II, will continue to support the Kyrgyz Government to increase utilization and quality of primary health care (PHC) services through the implementation of the Manas Taalimi National Health Reform Program. ZdravPlus II will work to improve continuing medical education for doctors, nurses, and feldshers (paramedics). USAID will expand its program to train midwives to provide family planning services to additional districts where there are insufficient gynecologists to reach PHC facilities at least once a week. USAID's maternal and child health program, Healthy Family, will train health providers on antenatal care, newborn care, and integrated management of childhood illnesses. Healthy Family will also develop and roll out national guidelines on infection prevention. Health center supervisors will receive training to upgrade their management and technical skills. USAID will continue to support the implementation of the World Health Organization-recommended live birth definition at the national level. Principal contractors/grantees: Abt Associates (prime), Morehouse University School of Medicine (sub), John Snow Inc. (sub), Boston University (sub), Citihope (sub), Socium Consult (sub), Scientific Technology and Language Institute (sub), Institute for Sustainable Communities (sub), U.S. Centers for Disease Control and Prevention (CDC) (prime), and Project Hope (prime).

Prevent and Control Infectious Diseases of Major Importance (\$683,000 FSA). USAID's TB Control Program will continue to support the implementation of the Directly Observed Treatment, Short Course (DOTS) strategy, and will improve surveillance systems, laboratory quality, and rational drug management. The program will strengthen national commitment and build political support for effective TB control, build human and systems capacity, and raise community awareness. The Centers for Disease Control and Prevention (CDC) will expand its surveillance activities on TB and conduct TB laboratory quality assurance training. CDC will continue to train Kyrgyz professionals through the Applied Epidemiology Training Program (AETP). Principal contractors/grantees: Project HOPE (prime), Johns Hopkins University Bloomberg School of Public Health (sub), John Snow Inc. (sub), New Jersey Medical School National TB Center (sub), and CDC (prime).

Reduce Transmission and Impact of HIV/AIDS (\$1,099,000 FSA, \$4,841 FSA carryover). Through the Central Asian Program on AIDS Control and Intervention Targeting Youth and High-Risk Groups (CAPACITY), USAID will continue its assistance to the Kyrgyz Government in implementing two grants from the Global Fund to Fight AIDS, TB, and Malaria. The project will also increase the capacity of local non-governmental organizations (NGOs) to reach vulnerable groups and will work with other donors to leverage additional resources. Training will be provided to health professionals to improve their skills in

counseling, testing, and antiretroviral treatment. CAPACITY will work to improve resource use through integration of HIV/AIDS services into the overall health system. CDC will continue training Kyrgyz officials to use data from HIV sentinel surveillance, and will continue developing blood screening systems. USAID's Drug Demand Reduction Program (DDRP) will expand peer outreach work in the Fergana Valley, including Osh and Jalalabad. The DDRP Youth Power and Street Choices programs will focus on increased coverage of at-risk youth living along major drug routes in the region. The program will support NGOs working with prisoners and those working on treatment readiness and rehabilitation. The national HIV/AIDS program will employ DDRP's Unique Identifier System for client tracking. Principal contractors/grantees: John Snow Inc. (prime), Population Services International (sub), Abt Associates (sub), International HIV/AIDS Alliance (sub), Howard University (sub), Alliance for Open Society International (prime), Open Society International-Kyrgyzstan (sub), Accord (sub), AIDS Foundation East-West (sub), Internews- Kyrgyzstan (sub), and CDC (prime).

FY 2007 Program:

Address Other Health Vulnerabilities (\$2,987,000 FSA). ZdravPlus II will continue to operationalize the Manas Taalimi National Health Reform Program, incorporate the Sanitary and Epidemiological Services system into these reforms, and ensure that vertical, disease-specific programs are integrated fully within the primary health care system. The program to increase access to family planning services by training midwives will continue to be rolled out. Healthy Family will continue to improve the quality of maternal, child, and reproductive health care services in pilot areas. USAID will continue to support implementation of the World Health Organization-recommended live birth definition at the national level. Principal contractors/grantees: Same implementers as above; additional contractors/grantees TBD.

Prevent and Control Infectious Diseases of Major Importance (\$767,000 FSA). CDC will continue the AETP to support the Ministry of Health with identification, investigation, documentation, and dissemination of information about outbreaks of infectious diseases through a trained cadre of public health epidemiologists, and will continue work to build capacity for TB surveillance. The TB Control Program will continue to work towards building an effective national response to TB. Principal contractors/grantees: same implementers as above; additional contractors/grantees to be determined (TBD).

Reduce Transmission and Impact of HIV/AIDS (\$739,000 FSA). USAID's CAPACITY project will continue activities to strengthen implementation of the national strategy to prevent and control HIV/AIDS. CDC will continue to improve capacity for HIV surveillance and blood screening. In 2007, DDRP will transfer its best practice models for work with vulnerable youth and other target groups to local government and private counterparts. Principal contractors/grantees: same implementers as above; additional contractors/grantees TBD.

Performance and Results: Despite the country's political turbulence in 2005, USAID was able to achieve important results in the health sector. USAID provided technical input and implementation support to the Ministry of Health to develop its new Manas Taalimi National Health Reform Program, a comprehensive five-year effort that builds on the Kyrgyz Republic's past 10 years of health reform. Through this plan, the Government is committed to a national roll-out of health reforms first piloted by USAID. The strategy will be jointly-funded by the Kyrgyz budget and a Sector-Wide Approach that pools donor resources to directly supplement the health budget and parallel project funding from USAID. USAID exceeded its target for the percentage of outpatient visits occurring in PHC clinics. A study conducted this year found that the share of health expenditures allocated to direct patient care expenses increased from 16% in 2001 to 36% in 2003 as a result of USAID's reform efforts. Quality improvement activities over the past year focused on hypertension, a leading cause of morbidity and mortality in the Kyrgyz Republic, and resulted in active screening of 22% of the population. USAID successfully completed the Kyrgyz national behavioral surveillance system for HIV in FY 2005. USAID's TB Control Program exceeded set targets for TB treatment success in the Kyrgyz Republic for this reporting period, contributing to a 7.8% decrease in TB incidence and a 5% drop in TB mortality. By program's end, these activities will help Kyrgyzstan to reform its health system in order to ensure utilization of quality, cost-effective primary health care services, and to control existing HIV/AIDS and TB epidemics.

US Financing in Thousands of Dollars

Kyrgyzstan

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| 116-0320 Health and Population | FSA |
| Through September 30, 2004 | |
| Obligations | 25,063 |
| Expenditures | 19,534 |
| Unliquidated | 5,529 |
| Fiscal Year 2005 | |
| Obligations | 3,900 |
| Expenditures | 0 |
| Through September 30, 2005 | |
| Obligations | 28,963 |
| Expenditures | 19,534 |
| Unliquidated | 9,429 |
| Prior Year Unobligated Funds | |
| Obligations | 46 |
| Planned Fiscal Year 2006 NOA | |
| Obligations | 3,465 |
| Total Planned Fiscal Year 2006 | |
| Obligations | 3,511 |
| Proposed Fiscal Year 2007 NOA | |
| Obligations | 4,493 |
| Future Obligations | 4,150 |
| Est. Total Cost | 41,117 |