

Data Sheet

USAID Mission:	Kyrgyzstan
Program Title:	Health and Population
Pillar:	Global Health
Strategic Objective:	116-0320
Proposed FY 2004 Obligation:	\$5,340,000 FSA
Prior Year Unobligated:	\$2,891,000 FSA
Proposed FY 2005 Obligation:	\$3,600,000 FSA
Year of Initial Obligation:	2001
Year of Final Obligation:	FY 2006

Summary: USAID's quality primary health care (PHC) objective is creating a higher quality, more cost-effective system nationwide through improving health education; awarding of small grants; retraining doctors and nurses; implementing incentive-based provider payment systems; helping professional associations develop and provide member services; developing pre-service and postgraduate education in family medicine; reducing conflict through sports and health education programs; controlling tuberculosis (TB); assisting malaria control efforts; and containing the HIV epidemic among injecting drug users.

Inputs, Outputs, Activities:

FY 2004 Program:

Increase Quality of Primary Health Care (\$3,940,000 FSA, \$762,304 FSA carryover). USAID will promote healthy behaviors with campaigns and award local NGOs small grants for community health projects. The national Family Medicine Residency Program will continue. Family doctors and nurses will be trained, and quality improvement approaches will be established in more PHC clinics and continuing medical education programs in more oblasts. New partnerships will improve pre-service medical education and strengthen nursing leadership. The National Family Group Practice Association (FGPA) will be directly supported to provide more member services and develop its community role. The National Hospital Association will expand training on financial management and initiate quality improvement activities. A pharmaceutical distribution system to deliver donated drugs to remote PHC clinics will continue. USAID will establish the single payer system in five remaining oblasts plus Bishkek. Principal contractors/grantees: Abt Associates (prime), American International Health Alliance (prime); Citihope International (prime); Counterpart Consortium (prime); FGPA (prime), the National Hospital Association (prime), and new partners to be determined.

Improve Maternal and Child Health Services (\$1,458,000 FSA carryover). USAID will train health staff to better manage obstetric and prenatal care and expand Integrated Management of Childhood Illnesses training. USAID's cross-border Sports and Health Education Project will expand to week-long school camps with after-school sports, health education, and school improvement projects. Principal contractors/grantees: Abt Associates (prime) and Project Hope (prime).

Control TB and Other Infectious Diseases (\$550,000 FSA, \$405,292 FSA carryover). USAID will launch a new, five-year TB Control Program to strengthen TB surveillance, lab quality and rational drug management within a reforming health care system. Control of drug resistance and strategies to address HIV/TB co-infection will be emphasized. Improved coordination will be sought between the health and penal systems and between organizations and donors, including the Global Fund to Fight AIDS, TB and Malaria (GFATM). The Applied Epidemiology Program will continue. Principal contractors/grantees: U.S. Centers for Disease Control and Prevention (CDC) (prime) and a new partner to be determined.

Prevent the Spread of HIV/AIDS (\$850,000 FSA, \$265,180 FSA carryover). CDC will continue establishing HIV sentinel surveillance sites with modern virology lab equipment. A new comprehensive

HIV/AIDS prevention activity will help NGOs expand their service coverage, targeting high risk groups. USAID will assist with antiretroviral use, treatment for opportunistic infections, and counseling and testing services. Social marketing of condoms will continue. The government will be supported to implement a planned grant from GFATM. Principal contractors/grantees: CDC (prime), Population Services International (prime), and new partners to be determined.

FY 2005 Program:

Increase the Quality of Primary Health Care (\$1,590,460 FSA). USAID will award a new contract to intensify health promotion activities, expand quality improvement across levels of care, and extend health finance and reform efforts to the public health system. USAID will continue support of the FGPA and the National Hospital Association, and small grant support to health sector NGOs community projects. The pre-service medical education and nurse leadership partnerships will continue. Principal contractors/grantees: same as above.

Control TB and Other Infectious Diseases (\$512,708 FSA). USAID's new program will continue specialists' training in electronic surveillance and lab diagnostics, train oblast-level monitoring teams to monitor lab and facility quality, and train PHC doctors to diagnose and treat patients in the community. USAID will continue funding Applied Epidemiology training. Principal contractors/grantees: same as above.

Prevent the Spread of HIV/AIDS (\$866,285 FSA). HIV/AIDS surveillance will begin expansion to a national program. Building on sector reform, integrated surveillance will be pursued to increase efficiencies. Lab quality will be enhanced and activities in support of GFATM continued. USAID's drug reduction program will create regional links in the Ferghana Valley with Tajik and Uzbek NGOs and related drug demand prevention activities. Principal contractors/grantees: same as above.

Improve Maternal and Child Health Services (\$630,547 FSA). USAID will continue training physicians and nurses to better manage obstetric and pre-natal care and to manage serious childhood illnesses. USAID's cross-border Sports and health education project will expand the number of school camps conducted. Principal contractors/grantees: same as above.

Performance and Results: Reformed primary health care practices now make up a nationwide system and the first laws have been passed that establish the health financing system for the entire country. People are increasingly relying on family doctors for outpatient care, with PHC visits comprising 58.2% of total outpatient visits (56% target). Nationwide, 73% of family doctors and 64% of family nurses have completed standard retraining programs in oblast-level Family Medicine Training Centers. Quality improvement approaches are being practiced by 54 clinics, up from 3 clinics-2 years ago. The Ministry of Health is ready to integrate sexually transmitted infection (STI) treatment into PHC services nationally due to results from pilot projects on STIs. PHC is producing a greater share of total health expenditures, 29% compared with 25% last year. The new small grants program awarded grants to 48 NGOs for improving drinking water and other health projects-benefiting more than 7,000 people. TB deaths are increasing as are the numbers of people diagnosed, while drug shortages during the year may have led to the lack of change in cure rates. Results from monitoring indicate that TB labs' and facilities' average scores on minimum standards checklists are meeting targets. With the successful completion of this program, Kyrgyzstan will have country-wide health finance and health information systems, improved quality of health care, a continuing medical education system for family doctors, a public health structure with new payment and management systems, a coordinated comprehensive HIV/AIDS program that includes prevention, care and treatment, and a firmly established TB control program.