

KYRGYZSTAN

Mid-term Assessment

Global Fund Breaking Down
Barriers Initiative

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DISCLAIMER

Towards the operationalisation of Strategic Objective 3(a) of the Global Fund Strategy 2017-2022, this mid-term assessment was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

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Breaking Down Barriers Initiative Countries

The following 20 countries are part of the *Breaking Down Barriers* Initiative. As the mid-term assessments take a differentiated approach, they are categorized by assessment type: rapid, program or in-depth. Kyrgyzstan is a program assessment.

| Mid-term Assessment Type | Countries | | |
|--------------------------|---|------------------------------------|---|
| Rapid | Benin Democratic Republic of Congo (rapid +) | Honduras Kenya Senegal | Sierra Leone Tunisia Uganda (rapid +) |
| Program | Botswana Cameroon Cote d'Ivoire | Indonesia Jamaica Kyrgyzstan | Mozambique Nepal Philippines |
| In-depth | Ghana | South Africa | Ukraine |

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Summary

Introduction

The Global Fund's Breaking Down Barriers initiative provides support to countries to scale-up to comprehensive levels programs to remove human rights-related barriers to HIV, tuberculosis (TB) and malaria services so as to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. The initiative was launched in 2017 in 20 countries and runs for the length of the current Global Fund Strategy which ends 2022. This report presents results from the mid-term assessment regarding the impact of the BDB initiative in Kyrgyzstan. It seeks to: (a) assess Kyrgyzstan's progress towards putting in place comprehensive programs to remove human rights-related barriers to HIV and TB services, (b) describe emerging evidence of impact these programs, and (c) inform future investments towards this objective.

Breaking Down Barriers Theory of Change

The theory of change for the Breaking Down Barriers initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services¹ increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions.² This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

Methods

To assess progress towards comprehensiveness, quality, and impact of BDB Initiative to date, the mid-term assessment incorporated a mixed-method analysis approach which included a desk review of program documents, collecting data with help of questionnaire based on the Baseline Research recommendations, remote interviews, and follow up email exchanges. Countries under review for the mid-term assessment have been divided into three tiers reflecting the level of assessment: rapid, program and in-depth assessments. The mid-term assessment in Kyrgyzstan was a program assessment. It was conducted primarily between May and December 2020.

¹ The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

² **For HIV and TB:** Stigma and discrimination reduction; Training for health care providers on human rights and medical ethics; Sensitization of lawmakers and law enforcement agents; Legal literacy ("know your rights"); Legal services; Monitoring and reforming laws, regulations and policies relating to the 3 diseases; Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity. **Additional programs for TB:** Mobilizing and empowering patient and community groups; Ensuring privacy and confidentiality; Interventions in prisons and other closed settings; Reducing gender-related barriers to TB services (TB).

Progress towards Comprehensive Programming

The Breaking Down Barriers initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Creating a supportive environment to address human rights-related barriers

At mid-term, Kyrgyzstan achieved all of the envisioned milestones identified as necessary to create a national landscape that could deliver on comprehensive programs to remove human rights-related barriers to HIV and TB services (see Table 1). The approval of a five-year intersectoral plan to eliminate legal barriers related to HIV and TB for 2020-2025 was repeatedly postponed during 2020 and 2021 as a result of shifted priorities because of COVID-19. In 2021 the plan was approved by the CCM and submitted to the Global Fund as an annex to the funding request for 2021-2023.

Table 1: Key milestones

| Milestone | Results | Date |
|---|--|------------------------|
| Baseline assessment | Literature review, key informant interviews and focus groups conducted | April 2017 |
| | Report finalized | October 2018 |
| Multi-stakeholder meeting | 73 participants from representatives of government, civil society – including members from key and vulnerable population communities, technical partners and donor agencies discussed and validated the baseline assessment report | October 2018 |
| Working group on a comprehensive response to human rights-related barriers | Establishment of working group on a comprehensive response to human rights-related barriers under the auspices of the Health Protection Committee | October 2018 |
| National plan to reduce human rights-related barriers | A five year intersectoral plan to eliminate legal barriers related to HIV and TB in the Kyrgyz Republic for 2020-2025 was developed and approved by the CCM. Further approval by the Ministry of Health, the Ministry of the Interior, and the Ministry of Justice is expected in 2021 | October 2019 |
| Matching human rights funds | US\$1 million of matching funding allocated to programs to reduce human rights-related barriers into general Global Fund grant. Matched with US\$500,000 from within the general Global Fund allocation | Disbursed in June 2018 |

Scale-up of Programs: Achievements and Gaps

Overall, scale up of programs to remove human rights-related barriers since 2017 was modest but noticeable with score card scores for HIV programs increasing from 2.43 at baseline to 2.96 at midterm. Key informants noted progress in HIV-related stigma reduction towards most of key and vulnerable populations among police officers and medical practitioners, improved legal literacy among key populations, including on TB-related legal barriers, as well as increased community-led monitoring and efforts to reform laws. Kyrgyzstan made progress in institutionalization and integration of interventions to address legal and human rights barriers in the access to HIV services for key populations. Law enforcement, public health, and criminal justice sectors have integrated HIV related issues, including those related to key populations, into their policy documents and training curricula, although with significant variation for the latter. The monitoring and evaluation framework for a comprehensive response to human rights and gender barriers is yet to be fully operationalized; capacity to measure the impact of human rights and gender interventions on uptake and retention in HIV services remains weak.

For TB programs, the scale of programs remains limited, although progress was noticeable. Score card scores went from an average 1 for TB programs to 1.8. Many recommendations of the baseline assessment were implemented, albeit some to a very limited extent and geographic reach. TB People in Kyrgyzstan officially registered as an organization to unite people affected by TB and their relatives. The development of stigma reduction programs for the general population and the development of training programs for health practitioners were most noticeable. Gender sensitivity of TB programs remains low. Much emphasis is placed on bringing modern TB medicines to Kyrgyzstan and training health practitioners on the use of these medicines, with less focus on human rights barriers that may impede the access.

Table 2: Baseline vs. Mid-Term Scores of Program Comprehensiveness

| Program areas | HIV | | TB | |
|--|-------------|------------------|------------|------------|
| | Base line | Mid-Term | Base line | Mid-Term |
| Stigma and discrimination reduction | 3.0 | 3.2 | 1.0 | 1.5 |
| Training for health care providers on human rights and medical ethics | 3.0 | 4.0 | 1.0 | 2.0 |
| Sensitization law-makers and law enforcement agents | 3.0 | 3.5 | 0.0 | 1.0 |
| Legal literacy (“know your rights”) | 1.0 | 2.0 | 2.0 | 2.5 |
| Legal services | 2.0 | 2.5 | 0.0 | 1.0 |
| Monitoring and reforming laws, regulations and policies relating | 3.0 | 3.5 | 2.0 | 2.5 |
| Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity | 2.0 | 2.0 | 1.0 | 1.5 |
| Ensuring confidentiality and privacy | | | 0.0 | 1.0 |
| Mobilizing and empowering patient and community groups | | N/A ³ | 1.0 | 2.0 |
| Programs in prisons and other closed settings | | | 2.0 | 3.0 |
| Average score | 2.43 | 2.96 | 1.0 | 1.8 |

Key

0 – no programs present

1 – one-off activities

2 – small scale

3 – operating at subnational level

4 – operating at national level (>50% of geographic coverage)

5 – at scale at national level (>90% geographic coverage + >90% population coverage)

N/A – Not applicable

For detailed scorecard key, see Annex II

³ Note that these programs are built into the other HIV program areas.

Cross-cutting Issues related to Quality Programming and Sustainability

In examining programs, the mid-term assessment reviewed cross-cutting indicators of quality⁴, and whether they are being implemented in accordance with lessons learned over previous years of implementation. Based on key informant interviews with implementers, community organizations, UN agencies, and donors, as well as reviews of program data for certain programs and activities, a number of key components of quality are discussed below.

Considerations related to achieving quality of programs to remove human rights-related barriers to HIV and TB services

The MTA identified several key elements to suggest the improved quality of programs to remove legal and human rights barriers in the access of key populations to HIV and TB services. The multi-year plan establishes clear goals for human rights programs, identifies stakeholders responsible for their implementation, and defines strong indicators to measure progress. Kyrgyzstan made some progress linking human rights activities to service delivery programs and connecting different types of human rights programs to one another. Community-based monitoring has been strengthened and played an important role in advocacy for policy and legal reform. At the same time, more efforts are needed to accelerate integration of HIV-related human rights activities into the TB components; to improve human rights and gender sensitivity of TB programs; to put in place a monitoring and evaluation system that can measure impact on uptake and retention in services of programs to remove human rights-related barriers; and to link human rights and stigma reduction training for law enforcement and health professionals with effective accountability mechanisms.

Community involvement

Civil society and community organizations have been deeply engaged in the development, implementation, and supervision of HIV and TB programs. The *Breaking Down Barriers* initiative improved this engagement and made it more sustainable by integrating community involvement with national human rights and stigma reduction activities. Community organizations were engaged into research for the baseline study, the development of the multiyear plan, and networks of key populations received funding for community involvement in all human rights program areas in HIV and TB components. At the same time, the MTA identified a number of challenges that impede meaningful community engagement, including the fact that donors privilege large professional NGOs over community organizations; a lack of balance between pragmatic programs favored by the government and professional NGOs and politically sensitive goals, such as decriminalization, sought by communities; and a lack of support for organizational development of community organizations that would enhance their capacity to effectively implement and scale up programs to remove human rights-related barriers.

⁴ Linking programs to barriers; Making programs follow and support national plan and strategy; Integrating programs in prevention, treatment, key population programs; Combining programs; Avoiding duplication and gaps; Avoiding one-off activities; Building capacity and sustainability; Using local capacity and build on good existing programs; Making programs gender-responsive; Addressing safety and security; and robust M&E systems

Political engagement

The *Breaking Down Barriers* initiative has played a crucial role in engaging the government in discussions about the importance of removing human rights-related barriers to HIV and TB services. The government has played an active role in the multi-stakeholder meeting, the development of the multi-year plan, and the development of the matching funding proposal. Coordination of activities aimed at stigma and discrimination reduction has been integrated into various interagency working groups and mechanisms. The alignment of the state procurement system, which contracts non-governmental organizations to provide services to key and vulnerable populations, with international standards has been a key achievement. At the same time there are negative conservative trends in Kyrgyzstan that prevent more effective operationalization of human rights implementation across all sectors of the government and the society. Often the political will to respect, promote and protect human rights is expressed at the national level but does not trickle down to day to day activities of law enforcement and health professionals.

Donor landscape

Kyrgyzstan enjoyed financial support for HIV and TB programs from donors such as the Global Fund to Fight AIDS, TB, and Malaria, USAID, Government of the Netherlands, Open Society Kyrgyzstan, German Agency for International Cooperation (GIZ), and Russian Aids Agency (through UNAIDS). Although some of these donors do not fund human rights and gender programs directly, their activities influence the overall commitment of public health and law enforcement counterparts to stigma reduction and other human rights components. The majority of respondents noted a positive role of the *Breaking Down Barriers* initiative in highlighting the overall importance of human rights in HIV and TB programming, as well as in improving coordination between different donors.

Emerging Evidence of Impact

At mid-term, the assessment documented emerging evidence regarding the impact of scaled-up programming to remove human rights-related barriers on HIV and TB services. These programs are contributing to the development of dialogue between the state and civil society to reform laws and policies in accordance with international human rights standards and evidence generated through community-based monitoring mechanisms.

Creating the space for sustainable and meaningful human rights dialogue between the state and the civil society

All key informants noted that the *Breaking Down Barriers* initiative lifted issues of human rights and non-discrimination to the appropriate level of importance in all segments of the dialogue between the state and civil society. The MTA identified a number of examples of positive effects of this human rights dialogue. Among others, the dialogue contributed to preventing the adoption of laws and policies that would have interfered with the HIV and TB response, including laws to curb civil society space and information about LGBT. Human rights programs, particularly community-based monitoring and advocacy, helped mitigate potential harmful impacts of new criminal justice legislation and reduce violations of LGBT and sex worker rights. Furthermore, human rights programs helped reduce stigma and discrimination against people who use drugs and foster integration of international standards into national laws and policies. These positive changes, however, are under increasing pressure in the unstable political, cultural, and social environment of Kyrgyzstan, making initiatives like *Breaking Down Barriers* especially important.

Conclusion

The MTA found that Kyrgyzstan has made modest but noticeable progress in scaling up programs to remove human rights-related barriers to HIV services and in strengthening their quality. These programs are showing early signs of impact. Key informants emphasized the importance of the *Breaking Down Barriers* initiative in sustaining and strengthening a meaningful dialog between civil society and the government to entrench and move forward human rights agenda focused on key populations at a time of growing conservative trends in the society and political instability. Kyrgyzstan is ahead of many other countries in the region in terms of law and policy reforms and recognition of the importance of human rights of key and vulnerable populations for ending the HIV and TB epidemics. However, these achievements are fragile in the current unstable political, cultural, and social environment of Kyrgyzstan, making the *Breaking Down Barriers* initiative particularly important for continued progress. Further investments, including from domestic budgets, are needed to scale up these programs and strengthen their quality. A sustained effort is also needed to strengthen the organizational capacity of community-based organizations as they are essential to any effort to scale up human rights program to national reach.

Key Recommendations (see Report Annex for a full set of recommendations)

Creating a Supportive Environment

- Promote the Multi-year Plan as the core program document among all stakeholders and as part of all phases of HIV and TB Program implementation, monitoring, and evaluation
- Improve the sense of joint ownership of the Multi-year Plan by promoting the expertise of the Working Group, explaining the rationale behind all parts of the Multi-year Plan, and seeking the involvement of key populations groups and all other stakeholders in its implementation.
- Integrate and coordinate the implementation of the Multi-year Plan with the National Human Rights Strategy and national HIV and TB programs.
- Develop and implement a comprehensive monitoring and evaluation framework for the Multi-year Plan, with a particular focus on measuring the impact of programs to remove human rights-related barriers on HIV and TB prevention, treatment and care.

Programmatic Scale-up

- Significantly strengthen the role and capacity of community-based organizations in the conceptualization, design, implementation and evaluation of programs to remove human rights-related barriers.
- Provide TA for small community groups and grass roots organizations to improve their access to funding, reduce the power imbalance between them and professional NGOs, and enable them to more meaningfully engage with professional organizations and government officials on sensitive issues such as human rights and gender.
- Provide training for state officials and large professional NGOs about the importance of the community-based monitoring and how to use its results for the development and implementation of law and policy reforms.

Programmatic Quality and Sustainability

- Strengthen the integration of human rights activities, such as the access to legal aid, into services. Make sure that services to overcome legal barriers are available to all clients of HIV and TB service projects.
- Develop M&E mechanism that would be able to register health impact of human rights activities in HIV and TB areas and synergetic effect of coordination of projects funded by different donors

Introduction

In 2017, the Global Fund launched the *Breaking Down Barriers* (BDB) initiative to help 20 countries, including Kyrgyzstan, achieve comprehensive programs to remove human rights-related barriers to services for HIV, TB and malaria. This report comprises the mid-term assessment conducted in Kyrgyzstan in May-December 2020, on behalf of the Global Fund to Fight AIDS, TB and Malaria (Global Fund), to: (1) assess progress towards putting in place comprehensive programs to remove human rights-related barriers to HIV and TB services, (2) describe emerging evidence of impact of these programs, and (3) inform future investments towards this objective.

Breaking Down Barriers Initiative's Theory of Change

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services⁵ increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions (see Text Box 1). This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

The *Breaking Down Barriers* initiative seeks to operationalize Strategic Objective 3 in the 2017-2022 Strategy of the Global Fund to “introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria service”, and Global Fund Key Performance Indicator 9a that measures, “the extent to which comprehensive programs are established to reduce human rights barriers to access with a focus on 15-20 priority countries.”⁶

“Comprehensive” programs are programs that: (a) comprise a set of activities that are internationally recognized as effective in reducing human rights-related barriers to health (see Text Box 1); (b) are accessible or serve the majority of the estimated numbers of key and vulnerable populations affected by such barriers; and (c) are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce human rights-related barriers to services (a sustained, mutually-reinforcing, broadly protective package at scale).⁷

⁵ The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

⁶ See Strategic Objective 3 in the Global Fund Strategy. Global Fund. *The Global Fund Strategy 2017-2022: Investing to End Epidemics*. https://www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf

⁷ This definition was developed by the Working Group on Monitoring and Evaluating Programmes to Remove Human Rights Barriers to HIV, TB and Malaria Services. Paper available on request from the Global Fund

Text Box 1: Program Areas to Remove Human Rights-related Barriers

For HIV and TB:

- Stigma and discrimination reduction;
- Training for health care providers on human rights and medical ethics;
- Sensitization of lawmakers and law enforcement agents;
- Legal literacy (“know your rights”);
- Legal services;
- Monitoring and reforming laws, regulations and policies relating to the 3 diseases;
- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity.

Additional programs for TB:

- Mobilizing and empowering patient and community groups;
- Ensuring privacy and confidentiality;
- Interventions in prisons and other closed settings;
- Reducing gender-related barriers to TB services (TB).

As part of the *Breaking Down Barriers* initiative, the Global Fund also provided increased technical support to the 20 countries to achieve milestones in a national process that contributed to the success of scale up of comprehensive programs. These milestones have involved: (a) getting sufficient data on the barriers, populations affected and existing programs (through a baseline assessment); (b) getting increased funding to scale up (through applying for and receiving matching funds), (c) getting country engagement and ownership (through a multi-stakeholder meeting to review the baseline assessment and other sources) and (d) getting consensus and buy-in on the way forward (through the establishment of a technical working group on human rights and the development of a national multi-year plan to remove human rights-related barriers to services through comprehensive programs).

In November 2019, the Global Fund supported a Mid-term Assessment of its Breaking Down Barriers Initiative, and included Kyrgyzstan among countries for a program assessment to examine the country’s progress towards putting in place comprehensive programs to remove human rights-related barriers to HIV and TB services, as measured against the baseline assessment and through achievement of the milestones.

Methods

The mid-term assessments take a differentiated approach, categorizing the 20 countries into three tiers: rapid, program and in-depth assessments. All approaches include a desk review of relevant documents. The rapid assessment also includes remote key informant interviews. The program and in-depth assessments involve country visits to meet with key informants and conduct site visits (where feasible due to the COVID-19 pandemic). The data was analyzed using qualitative, quantitative and semi-quantitative methods centered on the question of the comprehensiveness of programs. The Kyrgyzstan mid-term program assessment was conducted between May and December 2020 (Table 1). More information on the assessment’s methods, including a list of key informants and more in-depth explanation of the country scorecard, are provided in Annex II.

Table 3: Kyrgyzstan Mid-Term Assessment Timeline

| Assessment Component | Researchers | Dates |
|--|---|---------------------|
| Desk review of available program reports, epidemiological information, and other background documents | Mikhail Golichenko Diederik Lohman Nina Sun | May 2020 |
| Key informant interviews conducted remotely | Mikhail Golichenko Diederik Lohman | June – October 2020 |
| Presentation of the report to the Global Fund | Researchers | January 2021 |

Limitations

Measuring increases in the scope, scale, quality, impact and potential for sustainability of programs after only a short period of time is a challenge. Measuring change in a short period of time for programs that seek to overturn human rights barriers that are embedded in institutions, attitudes and laws is even more challenging. Successfully assessing this amidst the most severe global health pandemic in a century speaks to the willingness and dedication of the many people who provided us with interviews and reports of their work.

During the mid-term assessment, the evaluation team sought diverse perspectives from a wide range of key informants. However, the limitations in terms of resources (human, time and financial), require the evaluation team to ask that these findings and recommendations be understood as being the best measurement possible for a diverse, dynamic and complex initiative influenced by many political, economic and social forces. Kyrgyzstan features a great number of actors operating in the field of HIV and TB, posing challenges to comprehensively mapping programs to remove human rights-related barriers. This report may not fully reflect regional diversity and/or the benefits of the first-hand experience with different programs because we were unable to travel to Kyrgyzstan and had to conduct all data collection via zoom, phone calls, email exchange, and a questionnaire. Nonetheless, by carefully selecting and interviewing a diverse set of key stakeholders, including persons from all groups of key affected populations, we have tried to overcome these limitations as much as possible and hope that the information contained in this report provides an accurate snapshot and basis for further development of programs seeking to ensure a robust, comprehensive and effective response to the HIV and TB epidemic in the country.

Part I. Background and Country Context

Epidemiologic Context

While Kyrgyzstan has a low overall prevalence rate of HIV (0.2%), the total number of HIV cases has almost doubled from 2013 (4,819 cases) to 2019 (9,135 cases). The HIV epidemic in Kyrgyzstan continues to be concentrated among key populations, mainly people who inject drugs (12.4%), sex workers (2%), men who have sex with men (6.3%), transgender persons (no official data available) and prisoners (11.3%).* In 2019, sexual transmission accounted for 70% of newly registered HIV cases.† Coverage of adults and children receiving ART in 2019 was 40%, with total 4,058 adults and children receiving ART in 2019; about 500 adult and child died due to AIDS in 2019.‡

In 2018, the World Health Organization (WHO) estimated that Kyrgyzstan has a total TB incidence rate of 116 per 100,000.§ The TB mortality rate for people who are not co-infected with HIV was estimated at 6.2 per 100,000, a decrease from 2015 when it was 8.7 per 100,000.** The treatment success rate of new and relapse TB cases (as registered in 2017) is 82%.†† Kyrgyzstan is one of the 30 countries globally with high multi-drug resistant TB (MDR-TB), with an estimated share of 29% of all TB cases.‡‡ TB affects more men than women (55.5% men vs. 45.5% women).

Legal and Policy Context

The national HIV response is guided by the *Program of the Government of the Kyrgyz Republic to overcome HIV infection in the Kyrgyz Republic for 2017-2021*.§§ Within this program, Strategic Direction 3 addresses the enabling environment around HIV, explicitly acknowledging and planning for activities to reduce stigma and discrimination, as well as address laws, regulations and practices that discriminate against people living with HIV and other key populations.*** Moreover, the Program aims to increase the meaningful participation of communities within the HIV response.††† The 2005 Law on HIV/AIDS provides for a right to access confidential HIV testing and counseling and affordable treatment, as well as the realization of sexual and reproductive rights by people living with HIV.‡‡‡

The *TB-V* program guides the national TB response for 2017-2021; a new national strategy for 2021-2023 is being developed. The current TB program has no specific references to human rights, but does include engagement with civil society as one of the five key priorities as well as a reference to stigma and discrimination as a reason for late diagnosis and poor adherence to treatment.§§§ The 1998 Law *On Protection of the Population against Tuberculosis* provides for access to TB testing and treatment services, as well as social support for people with TB and people who become disabled due to TB.****

According to a 2017 study on socio-economic factors that affect TB services in Kyrgyzstan, stigma towards TB patients remains strong.†††† Patients often fear that information on their TB status will be disclosed; patients also lack education and trust in health personnel. Cases when doctors demand out-of-pocket payments still exist, including for over diagnostic test medications

that are supposed to be free of charge. The lack of stable public procurement of medications adds to uncertainty.^{###}

Other Key Considerations for the HIV and TB Responses

Political instability

Over the last two decades, Kyrgyzstan has faced significant political instability. In 2010, the country adopted a new constitution and shifted to a parliamentary system of government and, in 2017, Kyrgyzstan had the first peaceful transition of power to a new president in its modern history. However, parliamentary elections in October 2020 were so marred by allegations of fraud that their results were ultimately annulled, throwing Kyrgyzstan into a new political crisis. With the election of a new president in January 2021, the situation appears to have stabilized somewhat but it is unclear how long the relative calm of the moment will last.

Increasingly complex social environment for women and key populations

The majority of key informants expressed the view that Kyrgyz society has become less tolerant to people from key and vulnerable populations, especially women and LGBT, echoing observations UNDP reports began making in 2010. On 8 March 2020, a large group of masked men attacked participants in a women's march against the gender-based violence to mark International Women's Day; instead of protecting the women, police allowed the attack to happen and subsequently arrested some of the march' participants.^{§§§§}

Key informants pointed to the increasing Islamization of Kyrgyzstan as a key factor in this deteriorating environment.^{****} Politicians, high level officials and law enforcement officers increasingly, they said, adhere to so-called "traditional values," with which people who use drugs, sex workers, or men who have sex with men and efforts to promote gender equality are considered to be in conflict. While the Kyrgyz constitution and national laws promote human rights, including gender equality and non-discrimination, and the government approved a human rights program and a gender equality strategy (2012-2020), key informants said that attacks on human rights increasingly happen with tacit approval of the state authorities and in some cases with their open support. Russian influence on Kyrgyz politics, laws and policies has grown. In some cases, attempts have been made to introduce legislation in Kyrgyzstan that is copied verbatim from restrictive Russian laws; the recent bill on foreign agents, which failed to garner enough support in parliament but differed from the analogous Russian law by just one letter, is but one example.^{††††}

Conflicting demands on law enforcement officers

Law enforcement officers in Kyrgyzstan face conflicting pressures in dealing with drug use and sex work. On one hand, Kyrgyz health authorities and international health donors seek law enforcement approaches to both issues that favor engagement over punitive action as this improves adherence to HIV and TB prevention practices and access to health services. On the other hand, Kyrgyz politicians and international law enforcement partners, such as Russia and the United States, seek forceful action against drug trafficking or trafficking in persons, often conflating drug use with drug trafficking and sex work with human trafficking. Several people

interviewed for the MTA reported that police depicted raids on sex workers that directly interfere with HIV prevention activities as part of anti-human trafficking operations. High ranking police officers equate sex work to human trafficking.^{††††} For example, Kyrgyzstan referred to “investigations of trafficking-related crimes, including pimping and brothel maintenance” in a report on anti-human trafficking activities to the US embassy.^{§§§§} In 2021, Russia, which promotes harsh drug enforcement practices that violate human rights norms^{*****}, pledged US\$5.2 million to support drug control efforts in Kyrgyzstan in 2021-2022.^{†††††} While the exact conditions for this aid are unknown, it is unlikely that respect for human rights and HIV prevention are among Russia’s priorities. During the COVID-19 pandemic the situation worsened because law enforcement was charged with enforcing the initial lockdown and subsequent restrictions, which had an outsized impact on some key populations such as sex workers and people who used drugs.

Part II: Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Creating a Supportive Environment to address Human Rights-related Barriers

At mid-term, Kyrgyzstan achieved all of the envisioned milestones identified as necessary to create a national landscape that could deliver on comprehensive programs to remove human rights-related barriers to HIV and TB services (see Table 1). A five-year intersectoral plan to eliminate legal barriers related to HIV and TB for 2020-2025 was developed with the active engagement of civil society organizations and key populations. Approval of the Plan was repeatedly postponed during 2020 and 2021 as a result of shifted priorities because of COVID-19. In 2021 the plan was approved by the CCM and submitted to the Global Fund as an annex to the funding request for 2021-2023.

Table 4 – Key milestones towards comprehensive programs

| Milestone | Results | Date |
|---|--|------------------------|
| Baseline assessment | Literature review, key informant interviews and focus groups conducted | April 2017 |
| | Report finalized | October 2018 |
| Multi-stakeholder meeting | 73 participants from representatives of government, civil society – including members from key and vulnerable population communities, technical partners and donor agencies discussed and validated the baseline assessment report | October 2018 |
| Working group on a comprehensive response to human rights-related barriers | Establishment of working group on a comprehensive response to human rights-related barriers under the auspices of the Health Protection Committee | October 2018 |
| National plan to reduce human rights-related barriers | A five year intersectoral plan to eliminate legal barriers related to HIV and TB in the Kyrgyz Republic for 2020-2025 was developed and approved by the CCM. Further approval by the Ministry of Health, the Ministry of the Interior, and the Ministry of Justice is expected in 2021 | October 2019 |
| Matching human rights funds | US\$1 million of matching funding allocated to programs to reduce human rights-related barriers into general Global Fund grant. Matched with US\$500,000 from within the general Global Fund allocation | Disbursed in June 2018 |

Baseline Assessment (2017-2018)

Respondents said that the Baseline Assessment was of a very good quality, especially with respect to HIV. The assessment's sections on TB were less detailed which respondents attributed to the more limited development of TB programs in Kyrgyzstan. Civil society organizations and representatives of key affected populations reported being duly engaged in the research for the baseline assessment. Some respondents pointed out some inaccuracies in the baseline assessment but these examples primarily concerned statistics that had become outdated. Numbers used in the baseline study for the estimated size of key populations were shown to be inaccurate after the study was published. As a result, conclusions concerning the coverage of key populations by HIV interventions were not correct.

Matching Funds (2018)

Kyrgyzstan applied for and received US\$1 million of matching funds for programs to remove human rights-related barriers. These funds were integrated into the overall Global Fund grant in June 2018, matched with US\$500,000 of funding from the general allocation. The matching fund request was developed in line with the results of the Baseline Assessment and drew on preliminary work by the Working Group on Human Rights, HIV and TB. The Matching Fund request is closely aligned with the strategy that underpins the multi-year plan that was subsequently developed, focusing on mounting a concerted effort to overcome legal and policy barriers and promote human rights of key affected populations in the context of HIV and TB with a particular emphasis on the empowerment of key populations to address such barriers and to promote human rights.

Table 5: Breaking Down Barriers Matching Fund Investments by Program Category

| Intervention | Total Funding (USD) |
|---|---|
| Stigma and discrimination reduction | 0 (mainstreamed throughout interventions) |
| Training of health care workers | 34,072 |
| Legal literacy | 197,276 |
| Legal services | 430,355 |
| Sensitization of law enforcement | 126,668 |
| Improving laws, policies and regulations | 140,012 |
| Reducing discrimination against women | 42,918 |
| Technical assistance with HR implementation | 99,051 |
| Total Funding for HR modules (for all PRs) | 1,070,353 |

Multi-Stakeholder Meeting (2018)

The multi-stakeholders meeting took place in September 2018 with 73 participants from the government, responsible ministries, health institutions, civil society organizations, members of key and vulnerable populations, technical partners and donor agencies. The results of the Baseline Assessment were presented, discussed and endorsed during the meeting. Also during the meeting, the Draft National Plan on human rights (approved by the government on 15 March 2019) was for the first time linked to recommendations of the Baseline Report and the future Multi-year Plan on human rights and HIV.

Working Group on Human Rights, HIV and TB (2018-2020)

The Working Group was established in 2018 to develop a multi-year plan to remove human rights-related barriers to HIV and TB services, with participation of civil society organizations, key populations and community groups, representatives of public health authorities, and international technical partners. Most stakeholders described the process to develop the plan as transparent and inclusive, although some key populations groups saw the process as excessively diplomatic and expressed concerns that critical but politically sensitive issues, such as decriminalization of drugs or sex work, had to be put aside to avoid irritation on the part of government agencies.

Multi-year Plan (2020)

In September 2019, Kyrgyzstan's Country Coordinating Mechanism approved the five-year intersectoral plan to eliminate legal barriers related to HIV and TB in the Kyrgyz Republic for 2020-2025. Additional approval by the Ministry of Health, the Ministry of the Interior, and the Ministry of Justice, delayed as a result of the COVID-19 pandemic, is expected in 2021.

Stakeholders described a tension between ensuring that the plan addressed all key human rights-related barriers to HIV and TB services and ensuring that it could be approved at the highest possible level of the government. As a result, some key issues, such as further destigmatization and decriminalization of key populations, are addressed only indirectly. Ensuring that these barriers are properly addressed in practice will be a key challenge during its implementation; otherwise the plan's implementation will not comprehensively address human rights barriers.

High level government officials, including the vice-prime minister and several members of the parliament participated in the plan's development, securing overall government support for it. The decision to submit the plan for the approval through an inter-ministerial order allows the CCM to negotiate approval with each of the responsible ministries while retaining control over the process.

The MTA found that the sense of ownership of the multi-year plan among key and vulnerable populations was limited, in part because the plan does not directly address key goals such as decriminalization of drug possession. A strong effort to coordinate implementation with different key populations groups, civil society organizations, expert groups, and international stakeholders is important to improve ownership.

The multi-year plan is not yet well integrated into other government HIV and TB programs although, encouragingly, key components of the plan have been included in the National Human Rights Strategy. Efforts should be made to integrate the multi-year plan into the new programs on HIV and TB that are scheduled to start in 2021. The plan identifies responsible actors and the expected deliverable for each activity, providing a solid starting point for comprehensive monitoring and evaluation. However, the plan does not include an overall comprehensive monitoring and evaluation activities that would allow for an assessment of the impact of programs to overcome legal and human rights barriers on utilization of HIV and TB prevention, care and treatment services among key and vulnerable populations.

Recommendations

- Promote the Multi-year Plan as the core program document among all stakeholders and as part of all phases of HIV and TB Program implementation, monitoring, and evaluation
- Improve the sense of joint ownership of the Multi-year Plan by promoting the expertise of the Working Group, explaining the rationale behind all parts of the Multi-year Plan, and seeking the involvement of key populations groups and all other stakeholders in its implementation.
- Integrate and coordinate the implementation of the Multi-year Plan with the National Human Rights Strategy and national HIV and TB programs.
- Develop and implement a comprehensive monitoring and evaluation framework for the Multi-year Plan, with a particular focus on measuring the impact of programs to remove human rights-related barriers on HIV and TB prevention, treatment and care.

Scale-Up of Programming: Achievements and Gaps

This section reports the findings of the mid-term assessment with regard to the scale up towards “comprehensiveness” of programs to remove human rights-related barriers to HIV and TB services. It uses a scorecard system providing scores from 0 to 5. The full scorecard can be found in the Summary above (see also Annex II for an explanation of the methodology used for the scorecard calculations). In addition, it looks at certain elements of quality of programs, such as whether individual programs are gender-responsive, integrated into prevention or treatment programs where that makes sense, or combined strategically for maximum impact. Other overarching elements of quality of programming on HIV and TB overall are discussed in the section below on “Ensuring Quality Programming”.

Programs to Remove Human Rights-related Barriers to HIV

Overall, scale up of programs to remove human rights-related barriers since 2017 was modest but noticeable with score card scores for HIV programs increasing from 2.43 at baseline to 2.96 at midterm. Key informants noted progress in HIV-related stigma reduction towards most of key and vulnerable populations among police officers and medical practitioners, improved legal literacy among key populations, including on TB-related legal barriers, as well as increased community-based monitoring and efforts to reform laws.

Kyrgyzstan made progress in institutionalization and integration of interventions to address legal and human rights barriers in the access to HIV services for key populations. Law enforcement, public health, and criminal justice sectors have integrated HIV related issues, including those related to key populations, into their policy documents and training curricula, although with significant variation for the latter. Community-based monitoring activities were further developed and integrated into regional monitoring platforms such as ReACT and Oneimpact.

Key informants universally noted political instability and the fast rise of conservative movements in Kyrgyzstan during the last five years as a significant challenge. The fact that all human rights programs managed to survive in this challenging political environment and that some were scaled up is itself an achievement and an indicator of resilience.

| HIV Program Area | Score | |
|-------------------------------------|----------|----------|
| | Baseline | Mid-term |
| Stigma and Discrimination Reduction | 3.0 | 3.2 |

Kyrgyzstan made progress in scaling up programs to reduce stigma and discrimination, in scope and the geographic coverage. The goal to reduce stigma and discrimination is present in all other program areas as defined by UNAIDS.#####

The MTA found that Kyrgyzstan has a variety of different programs to reduce stigma and discrimination consistent with UNAIDS recommendations, including community mobilization, public engagement with opinion leaders on HIV, media campaigns, peer mobilization and support groups, and the stigma index study. Following the baseline assessment, programs were expanded to cover all key and vulnerable populations and all regions of the country. Research for the stigma index study, completed in June 2020, shows a reduction in stigma towards people living with HIV compared to 2016.

Public outreach campaigns to reduce stigma and discrimination include public events with public opinion leaders, people living with HIV and other key and vulnerable populations, senior state officials and members of parliament around World AIDS Day. The “Be Better” media campaign reached more than a million users of social networks in 2018 and 2019.

The government’s commitment to effective action to reduce stigma and discrimination against key populations remained uneven. On the one hand, progress was made towards integrating stigma and discrimination into formal agendas at the national and local level and dialogue between community groups and the government improved. In 2019, a public foundation "Rans Plus" received modest state funding as part of state procurement of services stigma and discrimination reduction, know your rights trainings peer-to-peer education activities. On the other hand, operationalization of stigma and discrimination reduction strategies by the government was weak. For example, key informants said that it remained unclear how the government would implement the outcome of a dialogue with key populations organizations. Similarly, key informants expressed concern that discussions of stigma and discrimination in government meetings were mostly declaratory and resulted in little action.

Moreover, key informants from key and vulnerable populations expressed concerns that government officials often objected to explicit references to certain key populations. For example, officials in City Hall in Osh objected to direct references to sex workers and LGBT populations in a declaration on HIV stigma and discrimination. In some meetings, key informants said, key populations representatives were not allowed to present on sensitive issues, such as sex work or discrimination against LGBTI. In one case, police detained sex workers shortly after they participated in a meeting with regional police leadership.

An October 2019 study tour to Berlin, which included law enforcement, penitentiary, public health officials, and civil society activists, offers a positive example of development of constructive relations between civil society organizations and government officials.

Technical assistance to NGOs working with people living with HIV, sex workers, MSM and people who use drugs included participation of civil society and key populations representatives from Bishkek, Osh, Chui Oblast, Jalalabad and Karakol in training sessions for street lawyers, training and the engagement of civil society activists in community led monitoring.

Community mobilization among the LGLBTI population continued and expanded to include transgender sex workers. Two or three day training programs for sex workers were expanded to include trainees from all regions of Kyrgyzstan but there were concerns about the lack of sustainability after 2021. Key informants said that key populations networks had developed good sustainable relations with the Republican AIDS Center to address stigma and discrimination by medical doctors.

Activities to sensitize journalists on key and vulnerable populations’ issues continued. At least four sessions with journalists were organized in 2019. Key informants said that these sessions focused mostly on people living with HIV and that sensitive issues like sex work and drug policy were addressed only indirectly. They noted that sex workers worker groups were reluctant to organize sessions focused specifically on sex work because of safety concerns.

Table 6 – Example of mix of programs for reducing stigma and discrimination against key and vulnerable populations

| Intervention Type | Implementer | Location |
|---|--|--|
| Training sessions for capacity building for PLWH, SWs, PWID, LGBT to engage meaningfully with the state authorities to promote HIV and TB prevention programs without stigma and discrimination | Bridging the Gaps (BtG, AIDSfonds), SWAN и NSWP, UNDP, Opens Society Kyrgyzstan, Voice of Freedom, Alliance for Public Health (REACT), Sheikh-Aim, Kyrgyz-Indigo | National |
| Support for NGO/Government dialogue and assistance for the development of advocacy agendas for key populations NGOs | OSK | National |
| Media briefings for journalists concerning people living with HIV and one training workshop for journalists concerning sex workers | Tais+, Network of PLWH, BtG). | National |
| Community mobilization and education on stigma and discrimination for all HIV key populations | Tais+, OSK, BtG, | Bishkek and Chui Oblsat, Karakol, Jalalabad, Osh. |
| Launch of a Facebook profile (https://www.facebook.com/aidscenter.kg/) to address stigma and discrimination towards people living with HIV on Kyrgyzstan’s AIDS center’s website (2017) | SWAN/RCF) | National |
| Civil society representatives joined Public councils of the Penitentiary Agency, the Ministry of Health, and HIV Council at the Office of Ombudsman. From 2018 Civil society Boards of Trustees were established at the National AIDS Center, TB Center, Drug Treatment Center, and National Center of Oncology | OSK, UNDP, Republican AIDS Center | National |
| People Living with HIV Stigma Index was conducted in 2019-2020 to track changes to the experience of stigma by PLHIV and members of key populations living with HIV. | Government agencies | National. For the first time, not only PLWH but other KPs were included. However some interviewees reported that the research was not enough sensitive to KPs other than PLWH. |
| Research concerning attitude of medical practitioners, social workers, and law enforcement officers to LGBT | GNP+, GF, UNAIDS, APH, CANPLWH | National |

Recommendations

- Ensure that representatives of all key populations have a meaningful voice with Public Councils at the Ministry of the Interior, the Penitentiary Service, and the Ministry of Health. Introduce the checklists and the feedback forms for the key populations’ representatives to be able to use after each of the Public Councils meetings in order to identify the difficulties for key populations to engage into dialogue with the state officials without the fear of retaliation. Provide technical assistance to key populations’ representatives to enable their meaningful participation in the Public Councils as well as the Boards of Trustees at the AIDS Center and other institutions of the Ministry of Health.
- Ensure that Stigma Index studies focus not just on stigma and discrimination experienced by people living with HIV but by all key and vulnerable populations irrespective of their HIV-status; alternatively conduct another study to measure general stigma and discrimination toward key populations.
- Engage with independent international actors, such as UNODC or regional/global law enforcement networks, such as Law Enforcement and Public Health Association⁸ to help key populations to include into the government’s law and policy reform agenda important but sensitive topics as stigma and discrimination reduction through decriminalization of drug possession with no intention to sell, as well as creation of effective mechanisms for protection of sex workers’ rights.
- Introduce a simple questionnaire with three to five stigma-related questions for HIV projects clients to fill in quarterly in order to track the progress in stigma reduction. Questions should reflect attitudes and practices of state bodies and officials towards key populations.

| HIV Program Area | Score | |
|--|----------|----------|
| | Baseline | Mid-term |
| Training of health care workers in human rights and medical ethics | 3.0 | 4.0 |

Kyrgyzstan has made significant progress in ensuring health workers are trained in human rights and medical ethics. Important steps were taken toward institutionalization of this kind of training in pre- and in-service educational curricula while multiple organizations conducted trainings for current health care providers, including specialists and general practitioners, on care for people living with HIV, LGBTI and sex workers. Monitoring of health services by civil society organizations helped to prevent or address violations of human rights in health settings.

AFEW, funded by the Government of Netherlands, supported the development of the training program «Overcoming stigma and discrimination in the access to health services» for the National Professional Development Training Institute in October 2019 which focuses on key population access to HIV and TB prevention services. This program built on an earlier continuing medical education training module on rights and stigma that was piloted as an in-service training for all medical practitioners, both generalists and specialists, in Bishkek and Osh.

Outside formal continuing education programs, training for health workers continued through a variety of initiatives focused on different populations. For example, as part of a larger human rights and stigma reduction agenda in 2019, Kyrgyz Indigo conducted training and sensitization sessions for 40 doctors about providing services for LGBT people, including based on such tools such as the MSM Implementation Toolkit (MSMIT). UNAIDS and ICAP supported distance learning programs, zoom workshops on stigma and discrimination for more than 100 of medical practitioners. The Network of PLWH held two training for health for staff members of AIDS Centers and primary health workers.

⁸ Centre for Law Enforcement and Public Health. Webpage: <https://cleph.com.au/>

UNFPA supported the development of clinical guidance on sexual and reproductive health, including HIV prevention among key populations for medical practitioners and civil society service organizations⁹ in addition to the Clinical Guidance on sexual and reproductive health in key affected populations for medical practitioners.^{§§§§§§} In an effort to reduce discrimination in health services for key and vulnerable populations, the ministry of health has begun contracting the delivery of HIV services to nongovernmental organizations that run family medical centers. To ensure sex worker friendly services, the government has mandated that the Sex Worker Implementation Tool (SWIT) for effective HIV and STI programming for sex workers must be observed in the provision of these contracted services. Some of the contracted centers offer an integrated approach to services for people living with or at risk of HIV through interdisciplinary teams that include not just an infectious disease specialist but also a drug dependence expert and legal services provider and address the needs of clients in a holistic manner. Kyrgyzstan plans to expand these types of services.

More than ten civil society and key populations organizations monitored the quality of services of healthcare facilities, regularly reporting their findings to authorities and facilities and insisting that specific challenges be addressed. These organizations noted that this kind of monitoring had successfully prevented human rights violations in a number of situations. For example, it helped protect medical and personal data of Uzbek citizens who received care at the AIDS center in Osh in 2019 from being disclosed to law enforcement officials. In 2018, this monitoring—and subsequent sensitization—stopped plans by some AIDS Centers to expand involuntary HIV testing.

Recommendations

- Engage key populations in regular training for medical practitioners as part of the official curricula on medical ethics, human rights, stigma and discrimination.
- Use the results of human rights monitoring activities for the training of medical practitioners on regular basis as case studies
- Reward doctors who demonstrate zero stigma and discrimination during the training and during the follow up assessments in practice.

| HIV Program Area | Score | |
|--|----------|----------|
| | Baseline | Mid-term |
| Sensitization of lawmakers and law enforcement officials | 3.0 | 3.5 |

Significant progress was made in this program area with all recommendations from the baseline assessment implemented at least partially. Progress on sensitization of law enforcement officers and judges was particularly impressive, with significant steps toward institutionalization into routine training programs for police officers and judges.

The Ministry of Internal Affairs issued an internal order in December 2017 with an updated instruction for law enforcement officers how to deal with people from key populations in order to facilitate their access to HIV prevention, care and treatment services and to avoid stigmatizing or discriminatory treatment. The State Drug Control Committee and the State Penitentiary

⁹ Adopted for the implementation in medical training by the Order of the Ministry of Health No № 748 of 08.07.2019

Service also signed this order and committed to HIV prevention among key affected populations. Police training curricula were updated in line with the December 2017 order and is now used in police academy training for police cadets and service officers.

Twelve training modules for judges were developed to ensure sustainable in-service training for judges concerning new criminal laws, including those related to drug control and those related to sex work. More than 500 handbooks with modules, in Kyrgyz and Russian, were distributed to all law enforcement and penitentiary agencies and law enforcement/penitentiary training institutions. Although these modules are not directly related to HIV/TB, they are important tool for the promotion of human rights to people who use drugs and sex workers.

While sensitization activities toward lawmakers were not as structured, program implementers maintained constant contact with lawmakers because of the ongoing law reforms in Kyrgyzstan. Civil society directly contributed to improved protections for key populations in cornerstone legal acts, such as the Criminal Code and the Code of Misdemeanors through engagement with lawmakers. It also helped thwart efforts to adopt legislation on foreign agents and “non-traditional” sexual relations—inspired by similar Russian laws—that would have significantly obstructed HIV prevention services among key affected populations.

The MTA found multiple examples of how human rights programs that focus on community-based monitoring or training of health workers on human rights indirectly contributed to sensitization of law enforcement officials. For example, community-based human rights monitoring has meaningfully fed into training activities for judges and law enforcement, offering practical examples of human rights violations key and vulnerable populations face. Monitoring has also played a role in securing amendments to national laws and law enforcement practices (see the case study about the key populations monitoring of the implementation of the new Criminal Code and the Code of Misdemeanors). The installation of video cameras at all OST sites with the goal of improving security resulted in a decrease in arbitrary police stops of clients without probable cause simply because they exited an OST site.

Sensitization activities also contributed to the impact of other human rights programs. For example, a current member of parliament played a key role in the decision to allocate state funding to NGOs to provide comprehensive social and medical support services after learning about the programs seen by participants of the study tour to Germany.

AFEW monitoring of the implementation of the above-mentioned ministry of interior order and the influence the order and police sensitization activities have on police conduct related to harm reduction, suggests that police knowledge and practices with respect to people who use drugs has improved after sensitization activities. While legal changes contributed to this progress, key informants felt that police training and sensitization activities had played an important role in bringing about changes into police attitude, behavior and practices in respect to key populations.

AFEW conducts monitoring of police knowledge about Ministry of Internal Affairs Order No. 946-r of 14 December 2017 (about the role of police in HIV prevention), before and after its police sensitization and training activities. Such monitoring helps examine how such training effects the knowledge of trained officers in the longer term and whether and how it changes their

conduct toward people who use drugs and sex workers. Available monitoring data from 12 cities demonstrate that training and sensitization activities improved knowledge of police officers by 16%.¹⁰ Similarly, LGBT groups report positive changes in police response to cases of violence against LGBT people.

Sex workers and drug user groups report that, as a result of reforms of the criminal code, police can no longer detain sex workers and that violence against people who use drugs by law enforcement officials had decreased. However, more training and sensitization activities are necessary to inform police officers about the legal changes. Cases of strategic litigation would also help to counteract the atmosphere of impunity concerning the misuse of power by police against key populations. Several key informants asserted that the impunity drives the continuous violations of key populations' rights, despite all efforts invested in policy reforms and sensitization activities.

In 2018-2019 sex workers and people who use drugs reported an increase in cases of extortion by police officers. Monitoring by sex workers found that police stopped sex workers to attempt to extort money from them 2.4 times more frequently in 2018 than 2015, often using allegation of public order violations as a pretext. Police continued to be the main source of violence against female and male sex workers with monitoring suggestion that police officers were responsible for 82% of all documented cases of violence against sex workers.

The MTA suggests that sensitization activities have helped reduce the negative impacts of policing on some key populations; sex workers continue to report routine human rights violations by police. But such activities can only mitigate but not eliminate the overall negative impacts of criminalization of such populations, the negative impacts of the entrenched culture of impunity that police officers enjoy with respect to abuses against key populations, and the increased conservatism in Kyrgyzstan

Table 7 – Examples of Activities to sensitize of lawmakers and law enforcement officials

| Description of Activities | Implementer | Location |
|--|--|----------|
| Police training curricula was updated to incorporate positive changes that were introduced by the Ministry of Internal Affairs Order No. 946-r of 14 December 2017. The curricular is fully integrated into police academy training for police cadets and service officers. Representatives of PLHIV and other key populations participated in train the trainer sessions and participated in training activities for police officers as resource persons, albeit not regularly. | OSK, UNDP, AFEW, Network of PLWH, Kyrgyz-Indigo. | National |
| More than 700 police cadets and officers received training concerning HIV prevention among key populations between 2018 and 2020. The training was based on the Ministry of Internal Affairs Order No 946-r. | AFEW, Tais-Plus, OSK, Network of People Living with HIV, Kyrgyz Indigo | National |

¹⁰ Союз граждан и органов внутренних дел во имя профилактики ВИЧ-инфекции. AFEW.KG. Online: http://afew.kg/projects_FSK2_end.html

| | | |
|--|--------------------------|----------|
| A study tour to Germany took place in October 2019 with high ranking officers, including the Chief of Staff of the State Penitentiary Service, Chief Police responsible for public order, Drug treatment doctors, and representatives of key affected populations. The main focus of the study tour was to demonstrate corruption free practices of police engagement with key populations in the context of HIV prevention. | AIDS Hilfe, UNDP | National |
| The Office of the Prosecutor General developed guidelines for prosecutors on how to ensure the precise and uniform implementation of the Act on HIV/AIDS in the Kyrgyz Republic, which also deals with the issues of forced HIV testing (as part of criminal investigation) ¹¹ , and the stigmatization of and discrimination against persons living with HIV/AIDS | Prosecutor General, OSK. | National |
| The Office of National Ombudsman revamped a Council to promote and defend human rights of key populations 2019. All members of this Council are either persons from key populations or persons working at NGOs that provide services for key populations | OSK | National |
| More than 50 judges received training concerning the implementation of the new Criminal Code, Code of Misdemeanors, and the Criminal Procedural Code. This included issues concerning the adjudication on drug offences and the respect for human rights of people who use drugs and other key populations. | OSK, AFEW | National |

Recommendations

- Continue sensitization and training activities for law enforcement, judges, and lawmakers. Use these training activities as a vehicle to bring key populations monitoring results to the attention of law enforcement, judges, and lawmakers. Establish a pattern of continuous in-service refresher courses for law enforcement officers. Improve the engagement of key populations in such training activities
- Engage with UNDP Regional Office for Eastern Europe and Central Asia (EECA) in order to facilitate the engagement of senior justices from Kyrgyzstan with the Regional Workshops for EECA judges
- Support police, penitentiary, justice agencies in promoting the achievements of criminal law and police reforms by engaging with regional and global networks, such as the Global Law Enforcement and Public Health Association.
- Enable civil society, including journalists and lawyers, to fight against police corruption and abuse of power against key affected populations, including by way of strategic litigation against such practices with the support of professional human rights lawyers.

¹¹ Such testing is permitted only if sanctioned by the court in response to the request from a police investigator or a prosecutor (Article 7 of the Law № 149 of 3 August 2005 On HIV/AIDS in Kyrgyz Republic)

| HIV Program Area | Score | |
|-------------------------------------|----------|----------|
| | Baseline | Mid-term |
| Legal Literacy (“know your rights”) | 1.0 | 2.0 |

In line with baseline assessment recommendations, there has been a significant expansion of “Know your rights” education and legal literacy interventions to reach all key populations for HIV. The rapid pace of change of key legislation in Kyrgyzstan posed a challenge to “know your rights” programs because of the frequent need to update training materials and retrain trainers and members key populations on national legal standards and rights. Confidence of key populations in their ability to protect their rights was also a barrier. All stakeholders from key populations reported that legal literacy among key populations had significantly increased as a result of legal literacy trainings and day-to-day interaction with street lawyers.

The scale up of legal literacy activities was achieved through sensitization workshops for members of different key populations, the distribution of “know your rights” materials online and in-print, and the ongoing work of peer paralegals working with key population communities. Key informants noted that at least 800 persons from key populations had received in-class legal literacy training or obtained printed “know your rights” materials. All key populations networks conduct at least one in-person training session per a year for 30 to 50 members each, although in 2020 such trainings had to be replaced by a combination of small in-person training and online activities due to COVID-19; the Network of People Living with HIV holds three or four workshops in different provinces annually, including for parents of children living with HIV.

While improved legal literacy should enable key populations to increasingly assert and seek protection for their rights, some key populations representatives expressed skepticism about their actual ability to do so. For example, a 2019 study among sex workers found that while sex workers were overwhelmingly aware that sex work is not criminalized in Kyrgyzstan, they also asserted that they were not able to defend and restore their rights in cases of police violence or extortion because neither the prosecutor’s service nor the justice system acts on complaints from sex workers. Just a few pro-bono lawyers are ready to support sex workers in cases concerning police abuse. With the little chance of professional legal support and insensitivity of criminal justice system to their complaints, sex workers are not ready to fight for their rights against police.

Ongoing legal reform required frequent updates to training curricula and materials, as well as retraining of trainers, paralegals and populations. Some key informants reported that paralegals and even professional lawyers had trouble keeping up with these rapid changes in legal standards.

Key affected populations also improved their human rights monitoring skills and the capacity of the meaningful engagement with the authorities.¹²

¹² See the example of monitoring of the implementation of the newly adopted Criminal Code by people who use drugs in the section about monitoring and reforming policies, regulations and laws below.

Recommendations

- Encourage and enable people from key populations to seek formal legal training and licensing in order to create a pool of key populations professionals able to cascade legal knowledge to their communities
- Continue creating easily accessible online video/podcasts on essential legal issues that key populations face in their daily life. Invite national and international practicing lawyers, well-known persons from key populations groups to deliver short video/podcast presentations in accessible and practical language.
- Promote success stories of members of key populations seeking and receiving a remedy for violations of their rights, including as a result of legal cases, mediation and other types of interventions, in order to encourage people to seek redress. Put emphasis on the importance of an ongoing constructive dialogue between the state officials, civil society, key affected populations, and health professionals in order to promote respect for the rights of all groups of populations.

| HIV Program Area | Score | |
|------------------|----------|----------|
| | Baseline | Mid-term |
| Legal Services | 2.0 | 2.5 |

Noticeable progress was achieved in this program area, with all baseline recommendations implemented fully or partially.

Although the number of street lawyers was reduced from 36 to 27, the program increased its population coverage to key populations in Bishkek, Osh, Jalalabad and Karakol, providing paralegal services to people whose rights had been violated and legal literacy training for communities broadly. Street lawyers, most of whom are from key populations themselves or have extensive experience working directly with them, are now available at least via the internet to all HIV NGOs working with key populations . According to some key informants, although the reduction of the number of street lawyers was the result of budget cuts, ultimately the optimization of the street lawyers’ services made them more cost effective and thus more attractive for the government to support in the future.

Key informants noted that the quality of legal services by street lawyers had improved. They attributed this to better monitoring of street lawyers activities by technical assistance providers, such as Open Society Kyrgyzstan, and the appointment of four professional lawyers to serve as mentors to street lawyers. Interviewees also said that street lawyers had helped improve the capacity of people from key populations to defend their rights themselves.

Access to legal aid has, however, not yet become part of routine HIV service delivery. Many respondents still considered the work of street lawyers as an advocacy activity rather than as an integral part of services, a sentiment shared by street lawyers themselves. The fact that access to legal services is not part of routine monitoring and evaluation activities for HIV services is an indication of the lack of integration of these services.

A draft law was introduced in parliament that would include paralegals as part of the state system of free legal aid. If this becomes a law, paralegals receive official recognition and some

of their services will get remunerated by the state; paralegals will act as a bridge between clients from vulnerable groups of populations and professional legal aid lawyers.

The Office of Ombudsman revamped the council to defend human rights of key populations in 2019 as a conduit to transmit human rights monitoring results to the office. To date, the ombudsman has not included information about or from key populations groups in its annual reports to the National Parliament.

Table 8 – Illustrative Example of legal services

| Description of Activities | Implementer | Location |
|---|----------------------------------|---|
| Street lawyer/paralegal program was optimized in order to improve its cost effectiveness. With 27 street lawyers the program expanded its coverage to educate and offer services to key populations in Bishkek, Osh, Jalalabad and Karakol. Four professional lawyers mentor street lawyers to improve the quality of their services. | OSK, Networks of key populations | National. All NGOs working with key affected populations have access to street lawyers, at least by the phone/internet. |
| A special roster of 24 professional lawyers with training on key populations was created in 2020 to provide free legal aid to people who use drugs. The roster was sent to all police stations and courts in Bishkek and Chui Oblast so police officers and judges can contact them when a person who uses drugs is detained or prosecuted. Expansion to all regions is planned for the future. | OSK, Lawyers for Human Rights | Bishkek, Chi Oblast |
| A Bill to amend the Law of 16.12.2016 № 201 “On the state guaranteed legal aid” was introduced to the National Parliament in April 2020. The Bill introduces paralegal services as part of the legal aid guaranteed by the state. | Members of Parliament | National |

Recommendations

- Integrate access to legal aid into all service projects to ensure that people receiving health services for HIV also have access to legal or mediation services if needed. Ensure that M&E frameworks include indicators on access to legal services and collect data on their impact on the treatment cascade.
- Invite professional human rights organizations such as ADILET to support strategic litigation to advance human rights of key affected populations and hold perpetrators accountable.
- Improve coordination between different human rights monitoring mechanisms, such as the CEDAW coalition, key populations’ networks, the ombudsman, and the roster of lawyers trained on drug cases, street lawyers and their mentors, and human rights monitoring groups to ensure monitoring and advocacy activities are coordinated, cohesive and strategic. A central repository for documented cases, such as ReACT, should be considered.

| HIV Program Area | Score | |
|--|-----------------|-----------------|
| | Baseline | Mid-term |
| Monitoring and reforming policies, regulations and laws | 3.0 | 3.5 |

This area is one of the most advanced, with all baseline recommendations fulfilled to some degree. Since the baseline assessment, human rights monitoring by street lawyers, key populations networks, and civil society organizations has become more influential in discussions about law and policy reforms.

Key populations groups closely monitored the implementation of new criminal laws, focusing specifically on documenting and raising concern about excessive fines in drug cases. The excessive fines as penalties for drug crimes and misdemeanors became an issue as a result of a compromise that parliamentarians reached during the deliberations about the new Criminal Code and the Code of Misdemeanors. The new codes replace incarceration as punishment for minor drug crimes, such as possession of drugs with no intent to sell, with fines but allow for a very high upper threshold for such fines and broad discretion for prosecutors and judges to set them. A 2019 report by representatives of people who use drugs on the results of community-based monitoring highlighted a practice of imposing excessively high fines and demonstrates its negative impact on the rights of people who use drugs, including the right to health. According to several key informants, this report helped shift law enforcement practice away from imposing draconian fines for drug possession.

Several interviewees reported that civil society monitoring and training of health providers had resulted in improved respect for confidentiality of medical information of both people living with HIV and people who use drugs. Kyrgyzstan, however, continues to officially register people who use drugs, which have traditionally resulted in serious breaches of confidentiality.

The Public Council under the Ministry of Health of the Kyrgyz Republic and the Boards of Trustees of AIDS Centres became instrumental in sharing with health authorities the results of community based monitoring of legal barriers for the procurement of ARV drugs and health commodities («pereboi.kg»). This information plays an important role in adjusting of the medicine procurement system and for the government to take action to deal with stock outs.

The MTA found extensive advocacy activities by community organizations to stop harmful legislative initiatives, promote legislation to improve the legal environment for key and vulnerable populations, and to mobilize external pressure on the government to improve its laws and their implementation. Some of these activities have yielded important successes.

Community organizations mobilized against several attempts to pass legislation that would harm the HIV response, including an attempt to re-criminalize sex work, prohibit “gay propaganda,” and introduce a Russian-style “foreign agents” law. Pressure from Kyrgyz civil society organizations and international agencies such as UNDP and the Office of the High Commissioner for Human Rights resulted in these initiatives being dropped.

NGO reports to UN human rights mechanisms contributed to several government commitments to address several HIV-related human rights challenges. The government adopted resolutions in response to recommendations from the UN universal periodic review process and a review by the Committee on the Elimination of Discrimination against Women, the first step towards

reforming national laws in order to ensure gender-sensitive HIV services and allow for HIV and comprehensive sexuality education without parental consent.

Civil society groups also advocated directly for legislative change. As a result, Kyrgyzstan aligned enforcement of its law on domestic violence with the new criminal laws in 2020, increasing sanctions for unlawful registration of marriages and bridal theft. Efforts are also underway to work with parliamentarians on a bill to reduce the age of consent for HIV testing from 18 to 14 years. As of January 2021, that bill had not yet been introduced in parliament.

In 2019 the General Prosecutor’s service reported in the Country Report to CEDAW about the development of the Guidelines for prosecutors to monitor the implementation of the Law on HIV/AIDS, including issues concerning protection of the right to respect confidentiality and the right to be free from discrimination. The CEDAW recommendation to which the Prosecutor’s service alluded was the direct result of the civil society’s advocacy. On the downside, the Prosecutor’s Service so far uses the Guidelines only internally and has not published the document for public view.

Following the recommendations given by CEDAW to Kyrgyzstan, the Prosecutor’s service launched a campaign to verify “the existence of registered statements and complaints regarding violence by police officers against women engaged in prostitution, including forced testing for HIV and other sexually transmitted diseases”.¹³ The verification brought little results because sex workers did not file official complaints, but the Prosecutor’s Office reported that the unofficial information was “taken into account” for further activities on this matter.

By-laws on the state procurement of social services, including those on HIV prevention, provide for the procurement of services for homeless people from key affected populations as well as to shelter victims of gender based violence. However, to date no actual budget had been allocated, and not services contracted. Civil society organizations continue advocacy to allocate budget and begin contracting such services.

Table 9 – Examples of Law and Regulatory Reform Activities

| Description of Activities | Implementer | Location |
|--|---|----------|
| Sex workers groups issued a report based on community-based monitoring that documents how Kyrgyzstan’s new Criminal Code and Code of Misdemeanors affect sex workers, including transgender sex workers, even though sex work is not criminalized.***** The report shows that police continues to extort money for sex workers and transgender people. | Tais+, Podruga, NSWP | National |
| ReACT, a community-based human rights monitoring data base, was launched in 2019. The database includes reported human rights violations against LGBT, sex workers, people living with HIV and people who use drugs. | APH, Network of PLWH | National |
| Civil society organizations conducted a comparative legislative analysis 2017-2019 related to LGBTQ rights and HIV in six Eastern European and Central Asian countries: Armenia, Belarus, Georgia, Estonia Kyrgyzstan and North Macedonia, with participation of Kyrgyz LGBT organizations.†††††† Based on this | ECOM, PO “Kyrgyz Indigo” and the LGBT organization “Labrys” | National |

¹³ This initiative was reported by Kyrgyzstan to CEDAW in 2019. Online: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fKGZ%2f5&Lang=en

| | | |
|--|---------------------------------------|----------|
| analysis in November 2020, Kyrgyz community based NGOs submitted a joint report to the UN Human Rights Committee on human rights violations based on sexual orientation and gender identity in Kyrgyzstan. | | |
| Annual assessment of legal barriers in the access to ART was conducted and the results shared with parliament with a call for appropriate legal amendments | IIPC, Association "Partnership" | National |
| A Ministerial Plan of the Ministry of the Interior was adopted in 2019 as part of the State HIV Program for 2017-2021. The plan was developed with participation of key populations and proposes to update the training module for police officers about human rights and gender issues concerning key affected populations, the development of law enforcement diversion programs for people who use drugs, and participation of law enforcement in the discussion of the Stigma Index results in order to improve their practices concerning different groups of people living with HIV, including people who use drugs, sex workers, and LGBTI. | OSK, Ministry of the Interior | National |

Recommendations

- Continue advocating for the inclusion of the results of community based monitoring into the decision making of the government. Continue the practice of submitting shadow reports to the UN Human Rights Treaty Bodies with the results of human rights monitoring in order to provide the Government with high level experts' feedback concerning law and policy reforms.
- ReACT may serve as human rights monitoring platform if the current one-size-fits-all design of ReACT is further developed to become flexible enough to serve the needs of all key populations as well the needs of service and advocacy projects. Consider supporting all existing effective community-led data-bases and human rights documenting systems, such as those used by Tais+ and OSK, in order to create a two-tier documenting system where simple, user-friendly existing data bases would remain in place as one of many sources of information for ReACTors.

| HIV Program Area | Score | |
|---|----------|----------|
| | Baseline | Mid-term |
| Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity | 2.0 | 2.0 |

Developments in this program area were mixed. On the one hand, the MTA found an increase in activities to address gender-based discrimination. On the other, funding for direct services to women who have experienced such discrimination was sharply reduced. Interviewees did report that they believe that knowledge about gender-based discrimination and violence has improved among service providers, key affected populations, health practitioners, and law enforcement officers. The new Criminal Code and Code of Misdemeanors, as well as the amended family laws, have improved legal protections of women in case of domestic and gender based violence.

The CEDAW Coalition, which unites NGOs around a gender agenda, actively engaged in the periodic review of Kyrgyzstan by the UN Committee on the Elimination of Discrimination against Women (CEDAW); advocated for the implementation of CEDAW's recommendations; and developed and implemented a training module for key populations to improve knowledge of

national and international standards on gender discrimination. This advocacy work resulted in a detailed government response about progress in the implementation of the recommendations.

Since 2016, the Ministry of the Interior has had a Gender Equality Adviser who works to ensure respect for gender equality standards in all aspects of police work. USAID has supported in-service training on community policing and gender issues since 2014, with the most recent session taking place in November 2020 for officers from Chuy, Batken, Zilalabad, and Osh provinces.#####

Following a multi-year advocacy effort by civil society organizations, the Ministry of Health approved a clinical guide which improved access of women who use drugs to reproductive services in 2017.¹⁴ A study of harm reduction services for women who use drugs in Kyrgyzstan, conducted by AFEW in 2019, found that national laws provide for a legal environment that is respectful to gender equality and non-discrimination.#####

Funding for the community-led gender services, however, fell from 2018 to 2020. The organizations Asteria and Podruga, both of which offer services for women from key populations, lost funding, despite the fact that interviewees uniformly reported that women sex workers, women who use drugs, and transgender people continue experiencing stigma and discrimination by law enforcement.

Recommendations

- Make sure that organizations that provide services for people who have experienced gender-based discrimination or violence, including women from key populations, receive adequate funding. This should include providers of legal services such as street lawyers.
- Conduct gender audits of service and advocacy projects to assess and improve their gender responsiveness. This should include using gender sensitive programming models of other large implementers and donors working in Kyrgyzstan or other Central Asian Countries, such as PEPFAR, and making all program indicators gender disaggregated.
- Continue cooperation with the government through the engagement in the constructive dialogue with help of the UN Treaty Bodies, especially CEDAW, to improve the implementation of international standards in gender equality and non-discrimination.

¹⁴ "Management of pregnancy, childbirth and after the birth period for women who use psychoactive substances".

Programs to Remove Human Rights-related Barriers to TB Services

For TB programs, progress was limited. Score card scores went from an average 1 for TB programs to 1.8. Many recommendations of the baseline assessment were implemented, albeit some to a very limited extent and geographic reach. TB People in Kyrgyzstan officially registered as an organization to unite people affected by TB and their relatives. The development of stigma reduction programs for general population and the development of training programs for health practitioners were most noticeable improvements. Gender sensitivity of TB programs remains low. Much emphasis is placed on bringing modern TB medicines to Kyrgyzstan and training health practitioners on the use of these medicines, with less focus on human rights barriers that may impede the access.

| TB Program Area | Score | |
|-------------------------------------|----------|----------|
| | Baseline | Mid-term |
| Stigma and discrimination reduction | 1.0 | 1.5 |

There was some limited progress in this area with baseline recommendations put in practice with various degrees of success. From 2016 to 2019, USAID supported the Red Crescent in Kyrgyzstan and Alternative in Narcology to reach a total of 588,711 people with the education sessions aimed at increasing awareness about TB and addressing stigma and discrimination against TB patients in the community.***** TB People in Kyrgyzstan, established in December 2018 with the support of Partnership Network, works with people from vulnerable communities to disseminate information about TB to combat stigmatizing myths. In 2019, USAID started a five-year project to improve access to MDR TB diagnostics and treatment, which includes training of TB doctors on stigma reduction, human rights and anti-stigma sensitization of general population and vulnerable groups.

Civil society organizations prioritized cooperation with imams to reduce TB-related stigma and discrimination among religious people. TB People in Kyrgyzstan has been working with madrasas and Islamic centers to disseminate leaflets with information on TB. From 2017 to 2020 about 2,000 clerics attended information sessions or received written information about TB, resulting them encouraging followers to seek TB testing and treatment.

Civil society organizations and health authorities periodically organized public outreach campaigns, such as the commemoration of the Day of TB, to inform the general public about TB and reduce stigma, often with participation of religious leaders and celebrities. In December 2019, the Executive Director of the Stop TB Partnership and the Vice-Mayor of Bishkek signed the “Zero TB Cities” declaration that stipulates in particular the reduction of stigma and commitment to human rights in efforts to reduce TB in Bishkek.

Civil society organizations also advocated for better quality and gender disaggregated TB statistics and research data. With the appointment of the new Head of TB Service in 2019 this advocacy is promising to yield better results in reforming the TB Service, including the data gathering and analysis.

Recommendations

- Include anti-TB stigma components into every public outreach campaign related to TB and target all health workers with such information.
- Ensure better integration of TB stigma and discrimination reduction in relevant HIV and TB human rights programs to ensure better coordination and cohesion, and avoid duplication. The programs of organizations like USAID, OSK Public Health, AFEW, and the Global Fund supported programs should be mapped and efforts to improve coordination should be led by a civil society coordination mechanism or the CCM.

| TB Program Area | Score | |
|--|----------|----------|
| | Baseline | Mid-term |
| Training of health care workers on human rights and medical ethics related to TB | 1.0 | 2.0 |

There has been some progress in this program area although the scale of training remains small. USAID is a leading supporter of the in-service training for all medical practitioners, including on medical ethics and stigma reduction. In 2017 USAID supported the development of a new textbook for TB specialists that addresses medical ethics, human rights, stigma and nondiscrimination, duty to treat, confidentiality and informed consent. The textbook was introduced into the curricular by 2019. Due to the advocacy efforts of civil society organizations, multidisciplinary TB teams are covered under the Kyrgyzstan's social contracting program. Civil society groups are providing training to these teams and are monitoring health care provision for discrimination.

Monitoring of stigma and discrimination in TB services significantly increased. The HIV Stigma index study conducted in 2019-2020 included questions related to stigma and discrimination in TB services. Several civil society organizations, including TB People in Kyrgyzstan, conducted regular monitoring of stigma and discrimination in TB services, including through web-based platforms like PEREBOI.KG, OneImpact, and ReACT.

Recommendations

- Integrate modules on human rights, stigma, discrimination and medical ethics into pre- and in-service training for all health workers, including both generalist and specialist providers of TB services.
- Make sure that training sessions for health care workers use recent findings of human rights monitoring by HIV and TB key and vulnerable populations. Trainings should include practical exercises for the trainees based on real life situations and emphasize communication and mediation to overcome situations of lack of trust between doctors and patients.
- Promote examples of how the evidence-based treatment can promote adherence to health worker recommendations without resorting to threats of coercive treatment.

| TB Program Area | Score | |
|--|----------|----------|
| | Baseline | Mid-term |
| Sensitization of lawmakers and law enforcement officials | 0.0 | 1.0 |

Little progress was made in this program area. The in-service training for police was updated in 2019 to reflect changes in the Order of the Ministry of the Interior related to HIV and TB among key populations, especially people who use drugs and people in prisons. This module has broad reach as all police cadets receive this training. However, TB People in Kyrgyzstan was not involved in the development of the training and has not participated in training sessions. While law makers and law enforcement officials are sometimes invited to conference and other meetings, outreach is ad hoc. The revamped Council to defend human rights of key populations at Ombudsman’s Office could be a vehicle for engagement with lawmakers, as it reports annually to parliament, but the Ombudsman’s report last mentioned TB in 2018.

Recommendations

- Consider creating a public access video/audio lectures for law enforcement, lawyers, community leaders and lawmakers with brief explanations of the TB journey, the ways to overcome stigma against key and vulnerable populations, and the best practices from different countries
- Integrate TB People in Kyrgyzstan into the training for law enforcement and law makes; build the capacity of TB people in Kyrgyzstan, including on cross-sectoral issues of HIV and TB prevention, care and treatment, for example to make them understand that TB is also part of harm reduction and harm reduction and human rights is one of the tools to improve outcomes of TB journey.

| TB Program Area | Score | |
|-----------------|----------|----------|
| | Baseline | Mid-term |
| Legal Literacy | 2.0 | 2.5 |

Kyrgyzstan made limited progress in this area. About 75 people affected with TB from across the country attended “know your rights” training sessions in 2019 and 2020, about half of whom worked in the HIV sector or with migrants, and the rest worked directly with people affected by TB. HIV training modules for key populations and service providers were amended to include information about TB-related human rights issues, including stigma and human rights. Street lawyers offer some information on TB and human rights to key populations but a comprehensive training on TB for street lawyers and key populations activists was postponed in 2020 due to COVID. TB People in Kyrgyzstan distributed leaflets on stigma and discrimination among populations affected by TB. It also provided basic legal support to people with TB, such as support to obtain identity documents.

Recommendations

- Integrate TB components in all human rights trainings related to HIV and ensure that this content receives enough time within trainings and is taught by people with specific TB and human rights expertise
- Develop and distribute short step-by-step guidance on the most common forms of discrimination for people affected by TB among key and vulnerable populations. This guidance should include contact information for health authorities, human rights and justice institutions, and civil society groups.

| TB Program Area | Score | |
|-----------------|----------|----------|
| | Baseline | Mid-term |
| Legal Services | 0.0 | 1.0 |

Limited legal services are available for people affected by TB. TB People in Kyrgyzstan provides basic peer-driven legal support for people with TB, such as the assistance with obtaining identity documents or overcoming obstacles to testing and treatment. From 2020, street lawyers extend their services to clients of TB People in Kyrgyzstan and Red Crescent. Key informants reported that the new head of Kyrgyzstan’s TB service, installed in 2019, was more receptive to direct engagement with NGOs on human rights monitoring of breaches of confidentiality and mediation in such cases.

Recommendation

- Make sure every street lawyer and mentor is trained on discrimination in the context of TB and on addressing such cases and understands the specific epidemiological, cultural, and legal context of a region as well as key and vulnerable populations.
- Consider the inclusion of the TB component in professional development training for the territorial Bar Associations and especially for lawyers that provide state guaranteed free legal aid.

| TB Program Area | Score | |
|---|----------|----------|
| | Baseline | Mid-term |
| Monitoring and reforming policies, regulations and laws related to TB | 2.0 | 2.5 |

Civil society and key populations monitoring activities expanded as key populations’ networks, street lawyers, and TB People in Kyrgyzstan became more active. The introduction of such monitoring tools as REACT and OneImpact accelerates the expansion. Civil society advocacy resulted in a Ministry of Health instruction to engage NGOs in monitoring of the quality of TB services, procurement of medicines, and respect for human rights. The Ministry also created trust councils at TB centers which transmit results of community-based monitoring results to health care administrators who are responsible for adjusting health care practices to better meet the needs of patients, including people from key affected populations.

After years of civil society advocacy, the Ministry of Health and the Health Insurance Agency adopted an order in 2019 that compensates family doctors and nurses based on successful treatment of TB cases. Civil society organizations advocate for nationwide implementation as they see the order as key to improving services offered to people affected by TB and reducing the incidence of stigma and discrimination.

As a result of this reform and the advocacy of civil society organizations, the law “On protection of the population from tuberculosis” was amended in February 2019 in order to promote outpatient treatment, treatment of migrants, , economic rights of people with TB, including unemployed people, better accountability of penitentiary and law enforcement concerning TB, and respect for international treaties to which the Republic of Kyrgyzstan is a party.

Advocacy by TB People in Kyrgyzstan and other civil society organizations resulted in a Ministry of Health order to provide TB treatment without requiring residency registration, a step that improves access to internal migrants, who often lack such registration, to TB services.

As a result of multi-year advocacy effort by civil society and human rights lawyers, the Law on Probation went into effect on 1 January 2019. The law provides for measures to enable ex-prisoners to fast resocialization, including by receiving necessary documents and continue medical treatment, such as ART, OST or TB treatment. An Inter-Agency Working Group on Probation at the Ministry of Justice, which includes civil society groups, is working to ensure that pre- and post-release programs assist ex-prisoners to gain access to HIV and TB services in the community.

Recommendations

- Put in place a practice of impact assessment of each and every law and policy documents in the area of TB with a particular focus on the assessment of the impact on stigma, discrimination and other barriers for key and vulnerable populations along the TB journey. The impact assessment should be available for the wide range of stakeholders to inform the constructive dialogue aimed at the reform of the TB service, including such platforms as the Inter-Agency Working Group on Probation and similar platforms.
- Connect use of ReACT, Oneimpact, other CLM tools used by key populations networks, street lawyers, and TB People in Kyrgyzstan together in one monitoring system that would absorb all cases of human rights violations in the context of TB and HIV and provide for the comprehensive analysis of the major obstacles for effective outcomes of the TB journey and HIV continuum of care.

| TB Program Area | Score | |
|--|----------|----------|
| | Baseline | Mid-term |
| Reducing TB-related discrimination against women | 1.0 | 1.5 |

The Coalition against Tuberculosis (Kyrgyzstan) and the Stop TB Partnership conducted the assessment of the human rights, gender, stigma and discrimination barriers to TB services in Kyrgyzstan in 2020^{††††††††} which concluded that women with TB are subjected to physical, emotional and sexual violence because of TB. Women delay diagnosis due to the perception of high cost of treatment whereas men are often the only breadwinner for the family. Women with TB had limited knowledge about TB transmission and limited decision making power in the family. As a result women were more likely to self-stigmatize because of TB. During drug resistant TB treatment, pregnant women were advised to abort their pregnancies.

USAID supported training for health care providers with the Red Crescent Society and the Republican Health Center in new approaches to patient management and psychosocial counseling, and helping patients to avoid and cope with discrimination, and to access and stay on treatment regimens. Gender considerations were integrated into the guideline that was commissioned by USAID for conducting TB training for the population as well as guideline for psychosocial support for TB patients to ensure that male and female patients received psychological support tailored to their specific needs. USAID reported a total of 664 village health committees' members, teachers, students, and other activists were trained using this guideline; and a total of 160 of primary health care medical workers (65 doctors and 95 nurses) received training on gender-specific TB related psychosocial counseling skills. USAID also supported educational sessions for TB patients' support groups on gender equity issues.

USAID also partnered with community leaders in religious schools, mosques, hospitals, and community meetings to deliver positive messages tailored to the different concerns of both men and women. For example, on World TB Day the Khutbah (sermon) in 1,770 mosques across the country highlighted the importance of TB treatment and non-stigmatization of women TB patients. Having support of Islamic community leaders is important for women with TB especially for women from religious families. One key informant reported that in some cases women who practice Islam would not accept DOTS services from non-religious persons except for persons from the TB People Kyrgyzstan.

Recommendations

- Engage TB related projects with all partners that work on women empowerment in Kyrgyzstan in order to improve the gender sensitivity of the TB projects, including the gender sensitivity of all projects by the organization “TB People in Kyrgyzstan”.
- Make sure that every TB project includes gender specific activities that address stigma, discrimination and other barriers to services along the TB journey.

| TB Program Area | Score | |
|--------------------------------------|----------|----------|
| | Baseline | Mid-term |
| Ensuring confidentiality and privacy | 0.0 | 1.0 |

Limited progress has been made in this program area. Health professionals’ duty to ensure medical confidentiality was included in the new textbook supported USAID. Key informants stated that the curriculum at police academy includes issues on confidentiality in the context of HIV and TB. Key informant also stated that human rights training sessions for service NGOs working with people living with or vulnerable to HIV includes confidentiality. TB People in Kyrgyzstan reported that they routinely cooperate with TB specialists and primary care practitioners on issues around confidentiality in the context of contact investigations. However this work appeared to be conducted sporadically on case by case basis. Confidentiality has also become part of training for street lawyers.

Recommendations

- Make sure street lawyers and community-based monitoring projects are sensitive to confidentiality issues related to TB. They should be instructed to be on the outlook for and report on confidentiality breaches.
- Prepare and distribute among TB specialists and primary care doctors a simple message about why the respect to confidentiality is important for public health (public interest), lives of families (family interest), and the respect for private life of every individual in the society (individual interest), including when the contact investigation is conducted

| TB Program Area | Score | |
|--|----------|----------|
| | Baseline | Mid-term |
| Mobilizing and empowering patient and community groups | 1.0 | 2.0 |

The MTA identified a number of small initiatives to mobilize and empower TB-related patient and community groups. HIV organizations and networks provided support and mentoring to people affected with TB to help develop civil society groups working on the needs of people with TB.

In late 2018, TB People in Kyrgyzstan was registered with a mandate to unite and support people with TB. Street lawyers' work specifically with TB communities and the launch of OneImpact in Kyrgyzstan in 2019 provides people affected by TB an additional platform—ReACT is the other—to report stigma, discrimination and other human rights violations. HIV service organizations and key populations networks have worked with Health Insurance Foundation branches to improve access to services without delays and discrimination.

In 2019 the National Lung Center and its branches in every oblast started the process of creating Trust Councils that would consist of representatives of civil society and people with TB with the mandate to review complaints concerning health services.

Recommendation

- Invite TB People in Kyrgyzstan to all human rights training sessions, meeting with stakeholders in the context of HIV, and human rights planning activities, in order to build their capacity to match that of key populations' networks in the context of HIV.
- Invest in TB community groups and strengthening their capacity to work in communities.
- Invite celebrities to promote “Zero TB Cities” initiative together with community groups on the national level at such events as TB day and Human Rights day.

| TB Program Area | Score | |
|--|----------|----------|
| | Baseline | Mid-term |
| Rights and access to TB services in prisons | 2.0 | 3.0 |

The MTA identified a number of ongoing programs that seek to improve rights and access to TB services in prisons or for former prisoners. Geographic coverage and reach of these programs remains limited.

In March 2019, the State Penitentiary Service established a training center for in-service training of all penitentiary officers. A part of the training curriculum is dedicated to TB prevention, care and treatment. The probation law accelerated efforts to improve collaboration between the prison system and public health agencies to improve continuity of HIV and TB-related care for people who are released from prisons through trainings, information sessions, and the distribution of information materials to penitentiary officers. TB People in Kyrgyzstan and street lawyers help former prisoners with restoring documents, regaining property and other rights and legal issues. In 2019 TB People in Kyrgyzstan and the State Penitentiary Service concluded a memorandum of understanding to make social support services by TB People in Kyrgyzstan for ex-prisoners more sustainable.

Recommendations

- Conduct an assessment to examine how TB services can best be addressed for each of the four different probation routes; make sure that the assessment results and recommendations are presented for the Inter-Agency Working Group on Probation and the Ombudsman Office to become a part of measures employed by the Ministry of Justice and the Ministry of Health to protect and promote the right to health.
- Build capacity of TB People in Kyrgyzstan to enable their meaningful engagement with the Penitentiary Service, including the Public Council at the State Penitentiary, in order to ensure that TB related issues present on the agenda of the Public Council.

Cross-Cutting Issues related to Quality Programming and Sustainability

This section looks at several cross-cutting considerations that span HIV and TB program areas and are critical to ensuring the quality and sustainability of programs to remove human rights-related barriers.

The Global Fund's definition of comprehensive programs stresses the importance of quality, stating that activities should be internationally recognized as effective in removing human rights-related barriers to HIV and TB. A number of key elements of quality have been identified, including alignment with national strategies; integration into or linkage with prevention, treatment and key population services; combining multiple human rights programs for enhanced impact; avoidance of duplication and gaps; strengthening rights human capacity towards sustainability; addressing the contexts of beneficiaries; and robust monitoring and evaluation.

The systematic collection of data on quality indicators on individual programs to remove human rights related barriers went beyond the scope of this assessment. However, based on key informant interviews with implementers, community organizations, UN agencies, and donors, as well as reviews of program data for certain programs and activities, a number of key components of quality are discussed below.

Achieving Quality

The MTA identified several key elements to suggest the improved quality of programs to remove legal and human rights barriers in the access of key populations to HIV and TB services:

- **Clear articulation of human rights goals, indicators and responsible stakeholders.** The five-year Intersectoral Plan to Eliminate Legal Barriers Related to HIV and TB in the Kyrgyz Republic for 2020-2025 establishes clear goals for human rights programs, identifies stakeholders responsible for their implementation, and defines strong indicators to measure progress. Moreover, the Plan is well aligned and connected to the National Plan of Action on Human Rights for 2019-2021 and the National Program on HIV for 2017-2021.
- **Improved integration of human rights activities with service programs.** Since baseline, Kyrgyzstan has made progress linking human rights activities to service delivery programs and connecting different types of human rights programs to one another. For example, stigma reduction training, human rights sensitization activities, and the access to legal services with help of street lawyers have gradually become part of all HIV and TB service activities, rather than the advocacy activities. Street lawyers started being available for all HIV and TB service providers in order to overcome legal barriers to HIV and TB services on an individual level.
- **Community-based monitoring has strengthened.** In Kyrgyzstan, community-based monitoring has played an important role in advocacy for policy and legal reform. For example, such monitoring has influenced the implementation of the new Criminal Code, Criminal Procedural Code, and the Code of Misdemeanors by highlighting the negative impact of new legal provisions related to fines for drug use on key populations. The

development of regional human rights monitoring platforms such as ReACT and OneImpact has strengthened community organizations' ability to engage effectively in national debates and international processes, such as UN human rights treaty body reviews of Kyrgyzstan.

The MTA also identified the following key challenges affecting quality of programs:

- **Slow integration of HIV related human rights activities into the TB components.** For example, the MTA found that only two street lawyers were available to provide support to TB people in Kyrgyzstan.
- **Human rights and gender sensitivity of TB programs remains less developed compared to HIV.** The MTA found a poor understanding among some key informants of the role of gender in TB prevention and treatment. Several key informants told the MTA that gender related barriers to TB services did not exist because TB “*does not distinguish man and woman.*”
- **Monitoring and Evaluation of human rights components is not well-developed** to reflect health impact of human rights activities in both HIV and TB areas. In particular, the MTA found that there are no indicators that allow for an assessment of the impact of human rights programs on uptake and retention of HIV and TB services.
- **Human rights and stigma reduction training for law enforcement and health professionals have not been linked with effective accountability mechanisms.** The MTA found that the accountability mechanisms that proved to be effective in the past, such as strategic litigation, have been discontinued and that new mechanisms, such as Trust Councils or the Council to defend rights of vulnerable populations at Ombudsman's Office, have not been developed enough to be effective in holding officials accountable for serious and systemic human rights violations.

Community Involvement

Civil society and community organizations have been deeply engaged in the development, implementation, and supervision of HIV and TB programs. The *Breaking Down Barriers* initiative improved this engagement and made it more sustainable by integrating community involvement with national human rights and stigma reduction activities. The National Human Rights Plan is based on the results of civil society's advocacy efforts on the national level, including with help of the UN human rights mechanisms. Civil society organizations and key populations groups engage with such institutionalized mechanisms as Trust Councils and Ombudsman's Office although the effectiveness of these mechanisms remains in question. The State system for the procurement of HIV and TB services is designed to allow civil society organizations to participate in the delivery of services for key populations. The networks of key populations received funding for the community involvement in all human rights program areas in HIV and TB components.

At the same time MTA identified the following issues with respect to the meaningful community engagement:

- **Donors privilege large professional NGOs over community organizations.** Community organizations noted that much of the funding for human rights programs goes to large, professional NGOs and that, as a result, funding for grass roots community organizations and their ability to design and implement programs is limited. Large professional NGOs are intrinsically better placed to develop requests for funding and administer programs, thus disadvantaging grass roots community groups that are closest to key populations.
- **Lack of adequate balance between ambitious and pragmatic goals.** Some respondents noted that critical goals for community organizations, such as decriminalization of drug use and sex work, were deprioritized for reasons for practical expediency. In some instances, grass roots community representatives were advised by donors and large NGOs to “keep a low profile” during the meetings with high level state officials and not to talk about important human rights advocacy issues, ostensibly to avoid alienating state officials. The unequal power distribution between donors, large NGOs, and community based groups and organizations creates the risk that priorities and tactics become disconnected from communities needs and focused instead on opportunities of lesser importance for key affected populations. Donors and large NGOs should avoid dictating the conversation without cultivating the sense of ownership among key populations’ community groups.
- **Lack of support for organizational development of community organizations.** Key informants expressed concern that community organizations received funding to implement specific activities but had little or no access to funding or other resources to strengthen their organizational capacity, including, for example, their organizational and governance structures, or their accounting practices. Some respondents reported that donors required grant reporting and accounting practices meeting the same standards from community organizations and professional NGOs—and in some cases imposed disciplinary measures when those standards were not met—but did little to help develop and strengthen the capacity of community organizations to do so.

The meaningful engagement of communities in the development, implementation and oversight of the response to HIV and TB, including programs to remove human rights-related barriers—is critical for its long-term sustainability and effectiveness. This requires finding a better balance between the roles of professional NGOs and community groups; international donors and professional NGOs should invest in strengthening the capacity of community organizations through technical assistance and other support.

Political Engagement

The *Breaking Down Barriers* initiative has played a crucial role in engaging the government in discussions about the importance of removing human rights-related barriers to HIV and TB services. The government has played an active role in the multi-stakeholder meeting, the development of the multi-year plan, and the development of the matching funding proposal. Coordination of activities aimed at stigma and discrimination reduction has been integrated into various interagency working groups and mechanisms. The alignment of the state procurement system, which contracts non-governmental organizations to provide services to key and vulnerable populations, with international standards has been a key achievement.

At the same time there are negative conservative trends in Kyrgyzstan that prevent more effective operationalization of human rights implementation across all sectors of the government and the society. Often the political will to respect, promote and protect human rights is expressed at the national level but does not trickle down to day to day activities of law enforcement and health professionals.

COVID-19

COVID-19 had broad impact on the implementation of the *Breaking Down Barriers* initiative. The approval of the five-year plan was pushed back to 2021 because the COVID-19 response was prioritized over other work. The majority of training activities and meetings that were scheduled to take place in 2020 were either postponed or cancelled. Some funding for health services and human rights programs was re-purposed to provide food packages and other direct support to key populations.

The pandemic tested the resilience and adaptability of human rights programs. Several respondents praised the quick decision to repurpose funding to meet the needs of key populations that arose as a result of COVID-related restrictions. Community-based monitors, including street lawyers, began to document human rights violations against key populations that were directly linked to COVID restrictions and, in some cases, were able to quickly resolve these situations.

COVID-19 highlighted the need for legal and policy reform as it showed the acute vulnerability of key and vulnerable populations. For example, sex workers were barred from working as a result of COVID-19 restrictions but were not eligible for government social protection programs because of their unofficial labor status. When sex workers did go out to work, they faced routine police extortion.

As with people with diabetes and cancer, some people with TB and OST clients reported obstacles in accessing TB and substitution treatment services because of the COVID restrictions. Yet, COVID-19's impact on vulnerable and stigmatized populations was arguably greater than on other populations. People who use drugs became more visible and were at greater risk of arrest on empty streets during the lockdown.

Donor Landscape

Kyrgyzstan enjoyed financial support for HIV and TB programs from donors such as the Global Fund to Fight AIDS, TB, and Malaria, USAID, the Dutch government, Open Society Kyrgyzstan, German Agency for International Cooperation (GIZ), and Russian Aids Agency (which supported UNAIDS). Although some of these donors do not fund human rights and gender programs directly, their activities influence the overall commitment of public health and law enforcement counterparts to stigma reduction and other human rights components.

The MTA found that many activities funded by these international donors are aligned in principle with the *Breaking Down Barriers* initiative, with the CCM playing a role of national coordinator. For example, although USAID and GIZ do not fund human rights programs per se, they do promote a focus on stigma and discrimination reduction in the access of key populations to HIV and TB services in the programs they do fund. Key informants stated that donors became more open to potentially funding human rights programs because of the leadership of the Global Fund. As one key informant stated: “We support human rights work in Kyrgyzstan for a long time but our work has a narrow focus. Due to the *Breaking Down Barriers* initiative we can extend our work onto health issues much further in terms of how long we can continue our support and in terms of how many issues we would be willing to cover.” At the same time, some respondents from large donor organizations could not clearly articulate the purpose of the *Breaking Down Barriers* initiative or identify program areas for cooperation with the initiative.

The majority of respondents noted a positive role of *Breaking Down Barriers* initiative in highlighting the overall importance of human rights in HIV and TB programming, as well as in improving coordination between different donors.

Donors have not agreed on shared M&E measures for programs to remove human rights-related barriers. This impedes a coordinated and aligned approach to improve respect for human rights and gender standards in all HIV and TB projects in Kyrgyzstan.

Recommendations

- Significantly strengthen the role and capacity of community-based organizations in the conceptualization, design, implementation and evaluation of programs to remove human rights-related barriers. Provide TA for small community groups and grass roots organizations to improve their access to funding, reduce the power imbalance between them and professional NGOs, and enable them to more meaningfully engage with professional organizations and government officials on sensitive issues such as human rights and gender. Provide training for state officials and large professional NGOs about the importance of the community-based monitoring and how to use its results for the development and implementation of law and policy reforms.
- Strengthen the integration of human rights activities, such as the access to legal aid, into services. Make sure that services to overcome legal barriers are available to all clients of HIV and TB service projects.
- Develop M&E mechanism that would be able to register health impact of human rights activities in HIV and TB areas and synergetic effect of coordination of projects funded by different donors

Part III. Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV and TB services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term of the initiative, there is emerging evidence of impact of programming to reduce human rights-related barriers. These programs are contributing to the development of the dialogue between the state and civil society to reform laws and policies.

Creating space for sustainable and meaningful human rights dialogue between the state and the civil society

All informants noted that the *Breaking Down Barriers* initiative lifted issues of human rights and non-discrimination to the appropriate level of importance in all segments of the dialogue between the state and civil society. This is especially valuable for Kyrgyzstan at a time when conservative and anti-human rights movements gain momentum and may threaten human rights accomplishments. The baseline assessment, the Matching Fund request, the development and approval of the Multi-year Plan contributed to a strengthened joint understanding of the importance of human rights for the prevention, care and treatment of HIV and TB among key and vulnerable populations. According to one key informant “*when everyone starts talking about human rights seriously and professionally, even the most stubborn bureaucrat has to change to match the environment ...*” The following examples demonstrate the positive effect and importance of human rights dialogue in reducing stigma, overcoming barriers to services for key and vulnerable populations, and to prevent the negative impact of conservative trends in Kyrgyzstan.

- **Preventing the adoption of negative laws and policies.** Key informants noted that the 2018-2019 Bill on foreign agents as well as continuous attempts of some groups to prohibit information about “non-traditional sexual relations” were stopped in part because of the engagement of government officials on human rights and the ongoing human rights dialogue between the government and civil society.
- **Mitigating negative effects of punitive laws.** Many key informants noted that negative effects of the 2017 Criminal Code and 2017 Code of Misdemeanors were largely averted because of the timely community-based monitoring of the implementation of these Codes. Community groups quickly alerted law enforcement officials and political leadership about the negative impact that the draconian fines could have on human rights of people who use drugs and their access to health services. This resulted in law enforcement moderating the fines they imposed on people who use drugs. Community-based monitoring conducted by sex workers groups remain a key sources of information on law enforcement corruption and instances of interference by law enforcement officials in the delivery of health services for key affected populations. Counteracting corruption, including extortion of money, features prominently in 2019-2021 national plan on human rights, approved by the Government.

- **Improving respect for and protection of human rights of LGBT.** The number of reported cases of human rights violations against LGBT in Osh province dropped by 50 percent in 2019, likely due to the concerted efforts of LGBT groups supported by different international organizations. LGBT groups engage in police training activities as part of HIV prevention program, conduct community-based monitoring, and use court proceedings in cases of violations. A key informant provided an example of the potential of this work: After local police failed to investigate an attack on several LGBT persons in Osh, community groups reported the case to the UN Committee on the Racial Discrimination which ultimately resulted in the officer responsible for the police's inaction on the case being fired because of misconduct.
- **Integration of international human rights standards into the national laws and policies.** Under the National Plan of actions on human rights for 2019-2021 the Ministry of Health is charged with developing orders and ministerial instructions to reduce discrimination in the access of key and vulnerable populations to HIV and TB services. This commitment is a direct result of civil society organizations with the UN Committee on the Elimination of Discrimination against Women (CEDAW) in 2019. Moreover, the prosecutor's office adopted guidelines to supervise the implementation of the National Law on HIV, including on such issues as the coercive HIV testing, stigma and discrimination against people living with HIV. During the UN Human Rights Council's Universal Periodic Review in January 2020, the Government of Kyrgyzstan accepted more than 20 recommendations from different UN State-Parties concerning non-discrimination, gender equality, and human rights of LGBT.
- **Reduced stigma and discrimination against people who use drugs and people living with HIV.** Preliminary results of the stigma index research, conducted by civil society organizations in 2019-2020, demonstrate a noticeable reduction of stigma towards people living with HIV and people who use drugs in society and in public health settings. The research also found a reduction in self-stigma and fear of disclosure of HIV status in employment and education settings. According to key informant interviewed for the MTA, discrimination and disrespect towards people from key populations was also reduced in TB facilities. Key informants stated that drug treatment doctors were increasingly willing to fight for the privacy rights of OST site clients refusing to accede to police demands that doctors share information about them. They linked this change in doctors' attitudes to human rights and stigma trainings for health providers as well as the pressure from key populations networks and service NGOs that raise concerns about police interference negatively affecting adherence of OMT clients to services.

Many key informants emphasized that importance of the *Breaking Down Barriers* initiative in strengthening and sustaining a meaningful dialog of civil society with the government to entrench and move forward human rights agenda. Kyrgyzstan is ahead of many regional countries in terms of law and policy reforms, and progress in gradual recognition of human rights of people from key populations. However, these positive changes are under increasing pressure in the unstable political, cultural, and social environment of Kyrgyzstan, making initiatives like *Breaking Down Barriers* especially important.

Annex I. Summary of Recommendations

To strengthen and sustain the enabling environment, reach comprehensiveness and achieve impact, the mid-term assessments makes recommendations in the following areas. For more details, see the table with the comprehensive set of recommendations.

Key Recommendations

Creating a Supportive Environment

- Promote the Multi-year Plan as the core program document among all stakeholders and as part of all phases of HIV and TB Program implementation, monitoring, and evaluation
- Improve the sense of joint ownership of the Multi-year Plan by promoting the expertise of the Working Group, explaining the rationale behind all parts of the Multi-year Plan, and seeking the involvement of key populations groups and all other stakeholders in its implementation.
- Integrate and coordinate the implementation of the Multi-year Plan with the National Human Rights Strategy and national HIV and TB programs.
- Develop and implement a comprehensive monitoring and evaluation framework for the Multi-year Plan, with a particular focus on measuring the impact of programs to remove human rights-related barriers on HIV and TB prevention, treatment and care.

Programmatic Scale-up

- Significantly strengthen the role and capacity of community-based organizations in the conceptualization, design, implementation and evaluation of programs to remove human rights-related barriers.
- Provide TA for small community groups and grass roots organizations to improve their access to funding, reduce the power imbalance between them and professional NGOs, and enable them to more meaningfully engage with professional organizations and government officials on sensitive issues such as human rights and gender.
- Provide training for state officials and large professional NGOs about the importance of the community-based monitoring and how to use its results for the development and implementation of law and policy reforms.

Programmatic Quality and Sustainability

- Strengthen the integration of human rights activities, such as the access to legal aid, into services. Make sure that services to overcome legal barriers are available to all clients of HIV and TB service projects.
- Develop M&E mechanism that would be able to register health impact of human rights activities in HIV and TB areas and synergetic effect of coordination of projects funded by different donors

Comprehensive Recommendations

| Cross-cutting | |
|--|--|
| Creating a supportive environment | <ul style="list-style-type: none">• Significantly strengthen the role and capacity of community-based organizations in the conceptualization, design, implementation and evaluation of programs to remove human rights-related barriers.• Provide TA for small community groups and grass roots organizations to improve their access to funding, reduce the power imbalance between them and professional NGOs, and enable them to more meaningfully engage with professional organizations and government officials on sensitive issues such as human rights and gender.• Provide training for state officials and large professional NGOs about the importance of the community-based monitoring and how to use its results for the development and implementation of law and policy reforms. |
| Programmatic quality and sustainability | <ul style="list-style-type: none">• Strengthen the integration of human rights activities, such as the access to legal aid, into services. Make sure that services to overcome legal barriers are available to all clients of HIV and TB service projects.• Develop M&E mechanism that would be able to register health impact of human rights activities in HIV and TB areas and synergetic effect of coordination of projects funded by different donors |

HIV-related recommendations by program area

Stigma and discrimination reduction

- Ensure that representatives of all key populations have a meaningful voice with Public Councils at the Ministry of the Interior, the Penitentiary Service, and the Ministry of Health. Introduce the checklists and the feedback forms for the key populations' representatives to be able to use after each of the Public Councils meetings in order to identify the difficulties for key populations to engage into dialogue with the state officials without the fear of retaliation. Provide technical assistance to key populations' representatives to enable their meaningful participation in the Public Councils as well as the Boards of Trustees at the AIDS Center and other institutions of the Ministry of Health.
- Ensure that Stigma Index studies focus not just on stigma and discrimination experienced by people living with HIV but by all key and vulnerable populations irrespective of their HIV-status.
- Engage with independent international actors, such as UNODC or regional/global law enforcement networks, such as Law Enforcement and Public Health Association ***** to help key populations to include into the law and policy reforms agenda of the Governemnt such very important but sensitive topics as stigma and discrimination reduction through decriminalization of drug possession with no intention to sell, as well as creation of effective mechanisms for protection of sex workers' rights, including the right to life, the right to be free from ill-treatment, the right to be free from arbitrary detention, the right to respect for private life, and the right to health.
- Introduce a simple questionnaire with three to five stigma-related questions for each project team to fill in quarterly in order to track the progress in stigma reduction. Questions should reflect attitudes and practices of state bodies and officials towards key populations.

Training of health care workers on human rights and ethics

- Engage key populations in regular training for medical practitioners as part of the official curricula on medical ethics, human rights, stigma and discrimination.
- Use the results of human rights monitoring activities for the training of medical practitioners on the regularly basis as case studies
- Reward doctors who demonstrate zero stigma and discrimination during the training and during the follow up assessments in practice.

Sensitization of lawmakers and law enforcement agents

- Continue sensitization and training activities for law enforcement, judges, and lawmakers. Use these training activities as a vehicle to bring key populations monitoring results to the attention of law enforcement, judges, and lawmakers. Establish a pattern of continuous in-service refresher courses for law enforcement officers. Improve the engagement of key populations in such training activities
- Engage with UNDP Regional Office for Eastern Europe and Central Asia (EECA) in order to facilitate the engagement of senior justices from Kyrgyzstan with the Regional Workshops for EECA judges
- Support police, penitentiary, justice agencies in promoting the achievements of criminal law and police reforms by engaging with regional and global networks, such as the Global Law Enforcement and Public Health Association.
- Enable civil society, including journalists and lawyers, to fight against police corruption and abuse of power against key affected populations, including by way of strategic litigation against such practices with the support of professional human rights lawyers.

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| Legal literacy | <ul style="list-style-type: none"> • Encourage and enable people from key populations to seek formal legal training and licensing in order to create a pool of key populations professionals able to cascade legal knowledge to their communities • Continue creating easily accessible online video/podcasts on essential legal issues that key populations face in their daily life. Invite national and international practicing lawyers, well-known persons from key populations groups to deliver short and accessible video/podcast presentations. • Promote success stories of members of key populations seeking and receiving a remedy for violations of their rights, including as a result of legal cases, mediation and other types of interventions, to encourage people to seek redress. Put emphasis on the importance of ongoing constructive dialogue between state officials, civil society, key populations, and health professionals to promote respect for the rights of all groups of populations. |
| Legal services | <ul style="list-style-type: none"> • Integrate access to legal aid into all service projects to ensure that people receiving health services for HIV also have access to legal or mediation services if needed. Ensure that M&E frameworks include legal services and collect data on their impact on the treatment cascade. • Invite professional human rights organizations such as ADILET to support strategic litigation to advance human rights of key affected populations and hold perpetrators accountable. • Improve coordination between different human rights monitoring mechanisms, such as the CEDAW coalition, key populations' networks, the ombudsman, and the roster of lawyers trained on drug cases, street lawyers and their mentors, and human rights monitoring groups to ensure monitoring and advocacy activities are coordinated, cohesive and strategic. A central repository for documented cases, such as ReACT, should be considered. |
| Monitoring and reforming laws, regulations and policies related to HIV | <ul style="list-style-type: none"> • Continue advocating for the inclusion of the results of community based monitoring into government decision making processes. Continue the practice of submitting shadow reports to the UN Human Rights Treaty Bodies, with results of human rights monitoring to provide the Government with high level expert feedback concerning law & policy reforms. • ReACT may serve as human rights monitoring platform if the current one-size-fits-all design of ReAct is further developed to become flexible enough to serve the needs of all key populations as well the needs of service and advocacy projects. Consider supporting all existing effective community-led data-bases and human rights documenting systems, such as those used by Tais+ and OSK, in order to create a two-tier documenting system where simple, user-friendly existing data bases would remain in place as one of many sources of information for REACTors. |
| Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity | <ul style="list-style-type: none"> • Make sure that organizations that provide services for people who have experienced gender-based discrimination or violence, including women from key populations, receive adequate funding. This should include providers of legal services such as street lawyers. • Conduct gender audits of service and advocacy projects to assess and improve their gender responsiveness. This should include using gender sensitive programming models of other large implementers and donors working in Kyrgyzstan or other Central Asian Countries, such as PEPFAR, and making all program indicators gender disaggregated. • Continue cooperation with the government through the engagement in the constructive dialogue with help of the UN Treaty Bodies, especially CEDAW, to improve the implementation of international standards in gender equality and non-discrimination. |

TB-related recommendations by program area

Reducing stigma and discrimination

- Include anti-TB stigma components into every public outreach campaign related to TB and target all health workers with such information.
- Ensure better integration of different HIV and TB programs that address TB-related stigma and discrimination to ensure better coordination and cohesion, and avoid duplication. The programs of organizations like USAID, OSK Public Health, AFEW, and the Global Fund supported programs should be mapped and efforts to improve coordination should be led by a civil society coordination mechanism or the CCM.

Training of health workers on human rights and ethics

- Integrate modules on human rights, stigma, discrimination and medical ethics into pre- and in-service training for all health workers, including both generalist and specialist providers of TB services.
- Make sure that training sessions for health care workers use recent findings of human rights monitoring by HIV and TB key and vulnerable populations. Trainings should include practical exercises for the trainees based on real life situations and emphasize communication and mediation to overcome situations of lack of trust between doctors and patients.
- Promote examples of how the evidence-based treatment can promote adherence to health worker recommendations without resorting to threats of coercive treatment.

Sensitization of lawmakers and law enforcement agents;

- Consider creating a public access video/audio lectures for law enforcement, lawyers, community leaders and lawmakers with brief explanations of the TB journey, the ways to overcome stigma against key and vulnerable populations, and the best practices from different countries
- Integrate TB People in Kyrgyzstan into the training for law enforcement and law makes; build the capacity of TB people in Kyrgyzstan, including on cross-sectoral issues of HIV and TB prevention, care and treatment, for example to make them understand that TB is also part of harm reduction and harm reduction and human rights is one of the tools to improve outcomes of TB journey.

Legal Literacy

- Integrate TB components in all human rights trainings related to HIV and ensure that this content receives enough time within trainings and is taught by people with specific TB and human rights expertise
- Develop and distribute short step-by-step guidance on the most common forms of discrimination for people affected by TB among key and vulnerable populations. This guidance should include contact information for health authorities, human rights and justice institutions, and civil society groups.

Legal services

- Make sure every street lawyer and mentor is trained on discrimination in the context of TB and on addressing such cases, taking into account the specific characteristics of region and key and vulnerable populations.
- Consider the inclusion of the TB component in professional development training for the territorial Bar Associations and especially for lawyers that provide state guaranteed free legal aid.

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| Monitoring and reforming policies, regulations and laws that impede TB services | <ul style="list-style-type: none"> ● Put in place a practice of impact assessment of each and every law and policy documents in the area of TB with a particular focus on the assessment of the impact on stigma, discrimination and other barriers for key and vulnerable populations along the TB journey. The impact assessment should be available for the wide range of stakeholders to inform the constructive dialogue aimed at the reform of the TB service, including such platforms as the Inter-Agency Working Group on Probation and similar platforms. ● Connect key populations networks, street lawyers, ReACT, Oneimpact, and TB People in Kyrgyzstan together in one monitoring system that would absorb all cases of human rights violations in the context of TB and HIV and provide for the comprehensive analysis of the major obstacles for effective outcomes of the TB journey and HIV continuum of care. |
| Reducing gender-related barriers to TB | <ul style="list-style-type: none"> ● Engage TB related projects with all partners that work on women empowerment in Kyrgyzstan in order to improve the gender sensitivity of the TB projects, including the gender sensitivity of all projects by the organization “TB People in Kyrgyzstan”. ● Make sure that every TB project includes gender specific activities that address stigma, discrimination and other barriers to services along the TB journey. |
| Ensuring privacy and confidentiality | <ul style="list-style-type: none"> ● Make sure street lawyers and community-based monitoring projects are sensitive to confidentiality issues related to TB. They should be instructed to be on the outlook for and report on confidentiality breaches. ● Prepare and distribute among TB specialists and primary care doctors a simple message about why the respect to confidentiality is important for public health (public interest), lives of families (family interest), and the respect for private life of every individual in the society (individual interest), including when the contact investigation is conducted |
| Mobilizing and empowering patient groups | <ul style="list-style-type: none"> ● Invite TB People in Kyrgyzstan to all human rights training sessions, meeting with stakeholders in the context of HIV, and human rights planning activities, in order to build their capacity to match that of key populations networks in the context of HIV. ● Invest in TB community groups and strengthening their capacity to work in communities across the country. ● Invite celebrities to promote “Zero TB Cities” initiative together with community groups on the national level at such events as TB day and Human Rights day. |
| Programs in prisons and other closed settings | <ul style="list-style-type: none"> ● Conduct an assessment to examine how TB services can best be addressed for each of the four different probation routes; make sure that the assessment results and recommendations are presented for the Inter-Agency Working Group on Probation and the Ombudsman Office to become a part of measures employed by the Ministry of Justice and the Ministry of Health to protect and promote the right to health. ● Build capacity of TB People in Kyrgyzstan to enable their meaningful engagement with the Penitentiary Service, including the Public Council at the State Penitentiary, in order to ensure that TB related issues present on the agenda of the Public Council. |

Annex II. Methods

Methods

The *Breaking Down Barriers* mid-term assessment was originally designed:

- 1) To assess progress towards a comprehensive response to human rights-related barriers to HIV and TB services (directionality for reporting under KPI 9a target), and to allow for course-corrections, if needed;
- 2) To inform future investments aimed to reduce human rights-related barriers to access (including, but not limited to, GF investments in 2020-2022 allocation cycle);
- 3) To help inform the new Global Fund strategy.

The assessment was expected “to produce updates of progress since baseline both on milestones and proxy indicators, and indicative, qualitative, early signs of evidence of impact in select countries and program focus; as well as case studies of successful programs.”+++++

During the course of the assessments, in response to requests from the Global Fund Human Rights team, the objectives of the mid-term assessments evolved to include more focus on indicators of quality programs and programming, reviewing components such as integration of programs to remove human rights-related barriers into testing, prevention and treatment services; human rights implementation capacity; gender responsiveness; and the use of monitoring and evaluation systems.

For the assessment, countries were categorized into three tiers with varying levels of review. These were labelled as: in-depth, program and rapid assessments (see below). Kyrgyzstan is a program assessment.

| Mid-term Assessment Type | Countries | | |
|--------------------------|---|------------------------------------|---|
| Rapid | Benin Democratic Republic of Congo (rapid +) | Honduras Kenya Senegal | Sierra Leone Tunisia Uganda (rapid +) |
| Program | Botswana Cameroon Cote d'Ivoire | Indonesia Jamaica Kyrgyzstan | Mozambique Nepal Philippines |
| In-depth | Ghana | South Africa | Ukraine |

All assessments included a desk review of relevant program documents and reports as well as other documents that describe developments within the country and program contexts. Originally, program assessment was to include a mapping and one week of in-country work, conducting key informant interviews with a broad range of stakeholders, including community organizations and networks. However, due to the COVID-19 pandemic, this was not possible. All interviews were conducted remotely via zoom in the period from June to October 2020.

Key informants were sought from principal and sub-recipients of Global Fund grants as well as other government, donor and civil society representatives. Semi-structured interview guides were used to guide the interviews covering the following domains of inquiry:

| Assessing specific BDB programs | |
|--|---|
| Dimension | Questions |
| Scope | What key and vulnerable populations does it reach or cover? |
| | Does the program address the most significant human rights-related barriers within the country context? |
| | What health workers, law enforcement agents, etc. does it reach? |
| | Does it cover HIV and TB? |
| Scale | What is its geographic coverage? |
| | Does it cover both urban and rural areas? |
| | How many people does it reach and in what locations? |
| | How much has the program been scaled up since 2016? |
| | What is the plan for further scale up as per the multi-year plan? |
| Sustainability | Does the program have domestic funding? How secure is that funding? |
| | Does the program have other, non-Global Fund funding? How secure is that funding? |
| | Does the program seek institutionalization of efforts to reduce human rights-related barriers (for example, integration of stigma and discrimination training into pre-service training)? |
| | Does it avoid duplication with other programs? |
| | Is the program anchored in communities (if relevant)? |
| | What has been done to ensure sustainability? |
| Integration | Are programs to reduce human rights-related barriers integrated into the National Strategic Plans for HIV and TB? |
| | Is the program integrated with existing HIV/TB services? (also speaks to sustainability) |
| | Is the program integrated with other human rights programs and programs for specific populations? |
| | How closely does the implementer coordinate with implementers of other programs that include or rely on linkages to HR programs? (if relevant) |
| | Does the program address HR-related barriers to HIV and TB together? (if relevant) |
| Quality | Is the program's design consistent with best available evidence on implementation? |
| | Is its implementation consistent with best available evidence? |
| | Are the people in charge of its implementation knowledgeable about human rights? |
| | Are relevant programs linked with one another to try and holistically address structural issues? |
| | Is there a monitoring and evaluation system? |
| | Is it gender-responsive and age appropriate? |

Every key informant received a written questionnaire with questions designed to reflect the progress in the implementation of recommendations of the Baseline Assessment. Based upon the interviews, additional documents and data (both quantitative and qualitative) were requested from key informants, which fed into the analyses of the program areas for HIV and TB. A list of documents reviewed and key informants who were interviewed is provided in the following Annexes.

The assessment was begun in June 2020 and completed in April 2021. Following the review of documents and key informant interviews, a draft of this report was shared with the Global Fund Human Rights Team and Kyrgyzstan Country Team for their feedback. The finalized assessment report integrates these comments where relevant.

| Assessment Component | Researchers | Dates |
|--|---|---------------------|
| Desk review of available program reports, epidemiological information, and other background documents | Mikhail Golichenko Diederik Lohman Nina Sun | May 2020 |
| Key informant interviews conducted remotely | Mikhail Golichenko Diederik Lohman | June – October 2020 |
| Presentation of the report to the Global Fund | Researchers | January 2021 |

Detailed Scorecard Calculations and Key

The MTA country researchers independently scored each of the seven programs to reduce HIV-related human rights barriers and 10 programs to reduce TB-related human rights barriers, based on the geographic scale of each program area for each relevant key population, weighted equally (see table below) at mid-term. Scores were compared and discussed to reach consensus. Where disagreements remained, scores were averaged. Because the scale of the scorecard was changed in 2019 to allow for more sensitivity in measurement, the researchers reviewed the baseline assessment and scored the baseline using the same process.

| Rating | Value | Definition |
|-------------|-----------------------------------|---|
| 0 | No programs present | No formal programs or activities identified. |
| 1 | One-off activities | Time-limited, pilot initiative. |
| 2 | Small scale | On-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population. 2.0 Reaching <35% 2.3 Reaching between 35 - 65% of target populations 2.6 Reaching >65% of target populations |
| 3 | Operating at subnational level | Operating at subnational level (btw 20% to 50% national scale) 3.0 Reaching <35% 3.3 Reaching between 35 - 65% of target populations 3.6 Reaching >65% of target populations |
| 4 | Operating at national level | Operating at national level (>50% of national scale) 4.0 Reaching <35% 4.3 Reaching between 35 - 65% of target populations 4.6 Reaching >65% of target populations |
| 5 | At scale at national level (>90%) | At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population |
| Goal | Impact on services continuum | Impact on services continuum is defined as: a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services. |
| N/A | Not applicable | Used when the indicator cannot be logically assessed (e.g., reducing discrimination against women programs for MSM). |
| * | Unable to assess | Used when it is impossible to determine a score based upon significant missing data (e.g., unavailable info from another donor). |

Annex III. List of Key Informants

1. Aibar Sultangaziyev, Executive Director, “Partnership Network” Association
2. Aibek Bekbolotov, Deputy Director, Republican AIDS Center (CCM member)
3. Aisulu Bolotbayeva, Central Asian Public Health activist, Public Health and Human Rights Consultant
4. Asel Osmonova, Gender Adviser to the Minister of the Interior.
5. Bakyt Myrzaliyev, Director, Kyrgyz branch of the Royal Netherlands Association for the control and prevention of tuberculosis (KNCVTB) (CCM member)
6. Chynara Bakirova, Executive Director, AntiAIDS Association
7. Daniyar Orsekov, Founder and a former Director, NGO “Kyrgyz Indigo”
8. Dilshat Khaitov, Director, TB People Kyrgyzstan
9. Elena Zhirnova, Project coordinator OneImpact, AFEW Kyrgyzstan
10. Ibrahim Lebuzov, President, Public Foundation "RANS plus"
11. Inga Babicheva, HIV/TB Coordinator / Deputy Programme Manager, UNDP Project in support of the Government of Kyrgyzstan, funded by The Global Fund
12. Irena Ermolayeva, Director, NGO “Asteria”
13. Ilim Sadykov, Health and Human Rights Expert, Soros Foundation-Kyrgyzstan (CCM member)
14. Larisa Bashmakova, HIV Expert
15. Meerim Sarybaeva, UNAIDS Country Manager in Kyrgyzstan
16. Mick Matthews, Senior Programme Officer, NSWP
17. Nadezhda Sharonova, NGO “Podruga”
18. Natalya Shumskaya, Chair of the Board, AFEW-Kyrgyzstan
19. Nazira Artykova, WHO Representative and Head of Country Office in Kyrgyzstan
20. Sanjar Kurmanov, Project Manager, Transgender Europe, former Director at NGOs Labrys
21. Sergey Bessonov, Director, Head, “Harm Reduction Network Association” (CCM member)
22. Shakhnaz Islamova, Director, NGO "Tais plus"

Annex IV: List of Sources and Documents Reviewed

Documents related to Breaking Down Barriers Initiative

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria, Baseline Assessment: Kyrgyzstan (2018).
2. The Global Fund to Fight AIDS, Tuberculosis and Malaria, Report of Multi-stakeholder Meeting (October 2018).

Global Fund Internal Documents

3. *Grant Management Data – Briefing Note: Kyrgyzstan* (data retrieved 2019).
4. *Budget_KGZ_C_UNDP_Detailed Budget – Grant cycle 1 July 2018 – 31 December 2020 (detailed)*
5. *Budget of UNDP, Matching Funds – Grant cycle 1 July 2018 – 31 December 2020 (undated)*.
6. Matching funds request – Grant cycle 2018-2020 (undated).
7. Implementation Letter EECA/OA/007-07/02/2019
8. Performance Framework PF_KGZ-C-UNDP_PF_resvion (1)29Jan2019
9. Protocol of consultative meetings with key communities, civil society and other national partners for collecting and consultations data for including into country application for the matching funds. 24 February – 6 March 2020

Country Documents

10. Inter-sectoral Plan on Breaking of Legal Barriers related to HIV and TB in Kyrgyz Republic for 2020-2025 (Draft)

Relevant Third-Party Resources

11. Оценка исполнения Инструкции «О профилактике ВИЧ-инфекции уполномоченными государственными органами внутренних дел, по контролю наркотиков и в сфере Исполнения наказаний КР, взаимодействующими с ключевыми группами». ОФ «СПИД Фонд Восток Запад в Кыргызской Республике». Бишкек, 2019
12. The People Living with HIV Stigma Index, Kyrgyz Republic, Analytical report, Published by Central Asian Association of People Living with HIV and Country Network of People living with HIV, Association, Kyrgyz Republic. Bishkek, 2015
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14. Evaluation of socio-economic factors, including gender-specific factors affecting receipt of medical services by TB patients in the Kyrgyz republic for USAID's TB Defeat Project. Bishkek 2018
15. Проект USAID «Поддержка пациентов с туберкулёзом». Информационный бюллетень май 2020

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18. *Visit to Kyrgyzstan*. Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. A/HRC/41/34/Add.1. 2019
19. *Asia Region Operational Plan, Strategic Direction Summary*. PEPFAR. ROP. 2019
20. *A People-Centered Model of TB Care. Blueprint for EECA countries, first edition*. WHO. 2017.

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<https://www.unaids.org/en/regionscountries/countries/kyrgyzstan>

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<https://www.unaids.org/ru/regionscountries/countries/kyrgyzstan>

§ 2019 Tuberculosis profile: Kyrgyzstan. Online:

https://worldhealthorg.shinyapps.io/tb_profiles/?inputs=&lan=%22EN%22&iso2=%22KG%22&main_tab_s=%22est_tab%22

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†† Id.

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<https://apps.who.int/iris/bitstream/handle/10665/329368/9789241565714-eng.pdf?ua=1>

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††† Id. See section 3.4

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