



Ministry of Health
of the Kyrgyz Republic



World Health
Organization

MONITORING OFFICIAL DEVELOPMENT ASSISTANCE TO THE HEALTH SECTOR OF THE KYRGYZ REPUBLIC – 2017 (second edition)





Ministry of Health
of the Kyrgyz Republic



World Health
Organization

**Monitoring
Official Development Assistance
to the Health Sector
of the Kyrgyz Republic – 2017
(second edition)**

Bishkek 2019

UDC 614
LBC 51.1(2Ki)
M 77

Reader: Mr. Abilov Bolot Aripovich, Doctor of Medicine, Professor.

M 77 Monitoring official development assistance to the health sector of the Kyrgyz Republic – 2017, second edition – B. 2019, number of pages - 65
ISBN 978-9967-476-37-0

Keywords

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

© Ministry of Health of the Kyrgyz Republic, 2017

All rights reserved. The Ministry of Health welcomes requests for permission to reproduce or translate its publications, in part or in full. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Errors and omissions omitted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the Ministry of Health of the Kyrgyz Republic and the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied.

The responsibility for the interpretation and use of the material lies with the reader. In no event shall the Ministry of Health of the Kyrgyz Republic, the Kyrgyz Republic or the World Health Organization be liable for damages arising from its use.

The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the Ministry of Health of the Kyrgyz Republic, the Kyrgyz Republic or the World Health Organization.

M 4103000000-19

UDC 614
LBC 51,1 (2

Ki)

ISBN 978-9967-476-37-0

© Ministry of Health of the Kyrgyz Republic, 2019



Ministry of Health
of the Kyrgyz Republic



World Health
Organization

**Monitoring Official Development
Assistance
to the Health Sector
of the Kyrgyz Republic – 2017
(second edition)**

Bishkek 2019

Table of contents

List of figures and tables	5
Abbreviations	6
Acknowledgments	7
Foreword.....	8
1 Country context.....	9
1.1 The health sector	9
2 Background.....	12
3 Methodology	14
3.1 Study design	15
3.1.1 Eligibility criteria.....	15
3.1.2 Revision of questionnaire	15
3.1.3 Questionnaire structure	15
3.2 Data collection	17
3.2.1 Online data entry model.....	17
3.2.2 Data analysis.....	17
3.2.3 Data quality	17
4 Limitations.....	19
5 Results.....	20
5.1 Development partners.....	20
5.2 Funding categories, components, health system priorities	28
5.3 Alignment with national priorities	31
5.4 Financial management systems.....	32
5.5 Aid predictability.....	33
5.6 Coordination and complementarity.....	35
6 Overview of the findings.....	37

List of figures and tables

Figure 1. Bilateral and multilateral development partners, 2017	23
Figure 2. ODA projects or programs per donor, 2017	23
Figure 3. Total ODA by type	24
Figure 4. SWAp/SBS/Project aid (by organizations), 2017	24
Figure 5. Overall fund distribution by aid modalities.....	25
Figure 6. Funds allocated within SWAp.....	26
Figure 7. Geographical coverage of donor projects	27
Figure 8. Total disbursements by funding category, 2017	28
Figure 9. Technical assistance by components, 2017	29
Figure 10. Investment funds by components, 2017	29
Figure 11. Disbursements by health system functions, 2017	30
Figure 12. Distribution of health service delivery quota, 2017	30
Figure 13. ODA distribution according to health priority program areas, 2017	31
Figure 14. Was your ODA recorded in the annual 2017 sector budget?	33
Figure 15. Development partner commitment to provide future support to Kyrgyz health sector	34
Figure 16. Pledged amounts for 2018	34
Figure 17. Development partner health-sector missions and analytical works, 2017.....	35
Figure 18. Rating of partner coordination in the health sector.....	36
Figure 19. Perceived impact of the policy dialogue, 2017	36
Table 1. Public expenses in 2017	10
Table 2. Health at a glance, 2017	11
Table 3. Process timeline.....	14
Table 4. Development partners' participation in the survey, 2017	20
Table 5. Development partner alignment with national frameworks, 2017.....	31

Abbreviations

ADB	Asian Development Bank
FAO	Food and Agriculture Organization of the United Nations
GAVI	Global Alliance for Vaccines and Immunisation
GDP	Gross domestic product
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
JICA	Japan International Cooperation Agency
IsDB	Islamic Development Bank
KfW	KfW Development Bank
KOICA	Korea International Cooperation Agency
KFAED	Kuwait Fund for Arab Economic Development
MTBF	Mid-term budgetary framework
NSC	National Statistical Committee of the Kyrgyz Republic
ODA	Official development assistance
OECD	Organization for Economic Co-operation and Development
SBS	Sector budget support
SDC	Swiss Agency for Development and Cooperation
SFD	Saudi Fund for Development
SGBP	State-guaranteed benefits package
SWAp	Sector-wide approach
TIKA	Turkish Cooperation and Coordination Agency
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

Acknowledgments

The Ministry of Health and the WHO Country Office of the Kyrgyz Republic jointly coordinated this study. A team of local experts conducted data collection and validation processes in close collaboration with development partners in the health sector.

This report was compiled by Mederbek Ismailov (Head of Strategic Planning and Program Implementation Department, Ministry of Health of the Kyrgyz Republic), Zuura Dolonbaeva (Chief Specialist of Strategic Planning and Program Implementation Department, Ministry of Health of the Kyrgyz Republic), Mairambek Alymkulov (IT Consultant, Ministry of Health of the Kyrgyz Republic), Iskander uulu Azat (Consultant of Strategic Planning and Program Implementation Department, Ministry of Health of the Kyrgyz Republic), and Stefania Amato, WHO consultant, under the supervision of Shadykhanov Kalysbek Toktosunovich, State Secretary of the Ministry of Health of the Kyrgyz Republic and Jarno Habicht, WHO Representative in the Kyrgyz Republic.

Oskon Moldokulov, national professional officer at the WHO Country Office in the Kyrgyz Republic, provided technical assistance.

The authors would like to express their gratitude to all partner international agencies and embassies that provided detailed information on the projects they are financing and implementing in the health sector of the Kyrgyz Republic.

Special thanks should also be given to all those who provided comments and feedback during the first round of ODA monitoring in the Kyrgyz Republic in 2015. The authors would like to note that they tried to take into account all their comments in the 2017 report.

This document is a deliverable of the biennial collaborative agreement for 2018-2019 between the Ministry of Health of the Kyrgyz Republic (KR) and the WHO Regional Office for Europe, coordinated by the WHO Country Office in Kyrgyzstan and financed with the support of the Grand Duchy of Luxemburg and the European Union within the EU-Luxemburg-WHO Universal Health Coverage Partnership.

Foreword

The first stage (round) of the official development assistance (ODA) mapping in the Kyrgyz Republic covering activities for 2015, with a report published on the website of the Ministry of Health of the Kyrgyz Republic (<http://www.med.kg>), was held in 2016.

The present report is the second report on official development assistance to the health sector of the Kyrgyz Republic and has been prepared with the technical support of the World Health Organization (WHO).

This assessment is an important tool for the Ministry of Health of the Kyrgyz Republic to increase the capacity of staff in terms of monitoring and analyzing information on the resources contributed to the health sector and their utilization by categories.

For the purpose of conducting a regular assessment of ODA in the health sector as well as for strategic decision making, the Ministry of Health of the Kyrgyz Republic decided to conduct a second stage (round) of the study for 2017.

The second round of ODA mapping involves several steps:

1. revision of the questionnaire and glossary;
2. agreeing on a list of current Development Partners and donors to participate in the second round of the survey;
3. preparing an online version of the questionnaire;
4. sending invitations to Development Partners to participate in the survey;
5. maintaining regular communication with Development Partners;
6. ensuring participation in data collection and analysis, arranging data cross-checks with each Development Partner;
7. preparation of the final report and its publication.

We greatly appreciate the support of the partner community and express our deep gratitude to international agencies for their extremely valuable contribution to the development of this assessment. The Ministry of Health of the Kyrgyz Republic and the WHO hope to make the best use of this work for the sake of the health system's development in the Kyrgyz Republic.

Kosmosbek Cholponbaev
Minister of Health
of the Kyrgyz Republic

Nazira Artykova
WHO representative
for the Kyrgyz Republic

1 Country context

Development of the national economy in 2017 took place in the context of recovery of economic activity in the main trading partner countries of the Kyrgyz Republic against the background of a global economic recovery and reduction of geopolitical risks in the region.

Activities of the Government of the Kyrgyz Republic were aimed at a timely and high-quality implementation of the Action Plan of the “*Trust and Unity*” Government Program of the Kyrgyz Republic for 2017 (Resolution of the Government of the Kyrgyz Republic of January 30, 2017, No. 53) and the Priority Action Plan of the “*Zhany Doorgo Kyrk Kadam 2018-2023*” Government Program of the Kyrgyz Republic (Order of the Prime Minister of the Kyrgyz Republic of 7 November 2017, No. 609).

At the end of 2017, economic growth comprised 104.5 percent, while gross domestic product (hereinafter referred to as GDP) was equal to KGS 493.3 billion. The rate of real GDP growth was 104.5 percent, excluding enterprises developing the Kumtor deposit.¹

1.1 The health sector

Within the framework of implementing the Government Program of the Kyrgyz Republic, priority tasks in the field of healthcare for 2017 were the following:

- ensuring universal access to healthcare;
- involvement of other sectors of the economy and social sphere in the protection and promotion of the population’s health;
- implementation of comprehensive measures to improve health indicators, taking into account social, economic, and cultural factors and the integration of health issues into sectoral programs;
- implementation of the *Action Plan of the Health Protection and Promotion Strategy of the Kyrgyz Republic until 2020* (Health 2020) (Resolution of the Government of the Kyrgyz Republic of March 16, 2015, No. 106-p);
- further implementation of the “*Den Sooluk*” *National Health Reform Program of the Kyrgyz Republic for 2012-2018* (Resolution of the Government of the Kyrgyz Republic of 11.05.2017 No. 267);
- implementation of the *e-Health Program of the Kyrgyz Republic for 2016-2020* and the creation of the *National Database of Drugs and Medical Products* (Decree of the Government of the Kyrgyz Republic of March 18, 2016, No. 134).

¹ A joint statement of the Government of the Kyrgyz Republic and the National Bank of the Kyrgyz Republic on the main areas of economic policy for 2018, approved by the Government of the Kyrgyz Republic and the National Bank of the Kyrgyz Republic as of February 27, 2018, No. 115/07 / 1-1

At the end of 2017, gross domestic product amounted to KGS 521 billion, and the real growth rate was 104.6%. Per capita expenditures amounted to KGS 2953 (\$42.6) in 2017.²

As a percentage of total government expenditures, healthcare expenditure amounted to 13% in 2017, achieving the 13% target value set by the “Den Sooluk” Reform Program for 2016-2018.³

Table 1. Public expenditures in 2017⁴

Indicators	2017
Total public expenditures (thousand KGS)	124 910 327.5
Total expenditures on health (thousand KGS)	16 148 583.1
Public health expenditures as % of public expenditures	13

Demographic situation

The average annual number of resident population in the Kyrgyz Republic as of 01.12.2017 comprised 6 193.4 thousand people. In the age structure of the population, children (0–14 years old) amount to 31.8%, people of working age to 59.3%, and people over working age to 7.1%.

In 2017, the child mortality rate was 18.6 per 1,000 live births, which is 8.7% lower than in 2016 (19.7 per 1,000 live births). The infant mortality rate in 2017 was 15.6 per 1,000 live births, which is 7.7% lower than in 2016 (16.7 per 1,000 live births). The maternal mortality rate in 2017 was 31.2 per 100,000 live births; there is an increase of 3.6% compared to the previous year (30.1 per 100,000 births) in 2016.

The incidence rate of tuberculosis in the Kyrgyz Republic is showing a downward trend. In 2017, 90.4 cases were registered per 100,000 population against 93.4 per 100 thousand population in 2016. TB mortality rate in the country also tends to gradually decline in recent years. In 2017, the mortality rate in the country was 5.2 per 100,000 population, against 5.6 per 100,000 population in 2016.⁵

² Report of the Ministry of Economy of the Kyrgyz Republic on social and economic development in 2017.

³ Ministry of Health of the Kyrgyz Republic (2016). Mid-term review report on the “Den Sooluk” National Health Reform Program of the Kyrgyz Republic for 2012–2016, Bishkek (http://densooluk.med.kg/images/MyFiles/2016/20062016/report_24062015_eng.pdf, accessed 15 June 2017).

⁴ Data from the National Statistical Committee of the Kyrgyz Republic: <http://www.stat.kg/ru/statistics/download/operational/356/>

⁵ Data of the e-Health Center under the Ministry of Health of the Kyrgyz Republic for 2017

In 2017, results of a self-assessment of the main operational functions of public health in the Kyrgyz Republic were presented. The results were discussed during the Intersectoral Meeting at the Ministry of Health of the Kyrgyz Republic; the first draft of this material was released with the WHO support. Specific activities have been planned that will be included in the *Action Plan of the 2030 Health Development Program of the Kyrgyz Republic* to promote and strengthen public health service of the republic in the prevention of communicable and non-communicable diseases.

Thirty-eight (38) nosologies of infectious and parasitic diseases are being monitored in the republic. Thanks to the preventive and anti-epidemic measures, a decrease in the incidence of 17 nosoforms was noted, including: meningitis - by 3.9 times, parotitis - by 43.7%, anthrax - by 33.3%, tick-borne viral encephalitis - by 33.3%, whooping cough - by 31.9%, gonorrhoea - by 31.8%, pediculosis - by 27.6%, syphilis - by 19.1%, scabies - by 18.4%, echinococcosis – by 16.3%, typhoid fever - by 14.3%, viral hepatitis C - by 7.7%, tuberculosis - by 4.2%, brucellosis - by 0.6%. Cases of rabies, measles were not registered. There is a decrease in the incidence rate of vaccine-preventable infections. Despite the ongoing preventive measures, there is an increase in the incidence of viral hepatitis A and B, acute intestinal infections, AEs and influenza, and HIV.

On August 2, 2017, the President of the Kyrgyz Republic signed and the Jogorku Kenesh approved the laws “On the Circulation of Medicines” No. 165, “On the Circulation of Medical Products” No. 166, “On Amending Certain Legislative Acts on the Circulation of Medicines and Medical Products” No. 167.

Table 2. Health at a glance, 2017

Indicator	Kyrgyz Republic ⁶	Republic of Moldova ⁷	Republic of Kazakhstan ⁸
Birth rate (per 1,000 population)	27.7	9.6	21.64
Natural population growth (per 1,000 population)	19.4	-0.8	14.48
Mortality rate (per 1,000 population)	5.3	10.4	7.15
Infant mortality (per 1,000 live births)	15.6	9.7	7.93
Maternal mortality rate (per 100,000 live births)	31.2	-	14.0

⁶ Data from the National Statistical Committee of the Kyrgyz Republic: <http://www.stat.kg/media/publicationarchive/13450a65-712c-4c24-953e-096cc183a421.pdf> - p.20.

⁷ Data of the National Bureau of Statistics of the Republic of Moldova: http://statbank.statistica.md/pxweb/pxweb/en/20%20Populatia%20si%20procesele%20demografice/20%20Populatia%20si%20procesele%20demografice_POP020/POP020300reg.px/?rxid=2345d98a-890b-4459-bb1f-9b565f99b3b9

⁸ Data from the Statistics Committee under the Ministry of National Economy of the Republic of Kazakhstan: <http://stat.gov.kz/getimg?id=ESTAT105377>

2 Background

Numerous projects aimed at improving the infrastructure of the sector, increasing the capacity of human resources for health, and improving the quality and accessibility of health care are being implemented in the health sector of the Kyrgyz Republic. A large proportion of these projects are carried out with the support of the donor community.

This publication represents a common effort by the Government of the Kyrgyz Republic and the development partner community committed to the country's health sector to improve information sharing and strengthen efforts toward better aid coordination and effectiveness. This exercise represents a useful tool to enable both parties to adjust their work plans toward common goals and shared priorities in both the short and the medium term.

During the mapping, the strategic documents for the Kyrgyz health sector were: the *Strategy for the Protection and Promotion of Public Health of the Kyrgyz Republic 2020* (Health-2020) approved by Government Resolution No. 306, 4 June 2014 and the “*Den Sooluk*” *National Health Reform Program of the Kyrgyz Republic for 2012–2018* extended till 2018 by Government Resolution No. 267, 11 May 2017 “On the introduction of amendments to the Resolution of the Government of the Kyrgyz Republic “On the “*Den Sooluk*” *National Health Reform Program of the Kyrgyz Republic for 2012-2016*”.

In general, activities conducted within the framework of program and strategic measures in the health sector of the Kyrgyz Republic contribute to the achievement of the Sustainable Development Goals adopted by all UN member states, especially in terms of ensuring healthy lifestyle and promoting well-being for all at any age.

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

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

This publication provides a picture of external assistance channeled to the health sector, highlighting not only well-supported areas of intervention but also relatively overlooked categories. Its main purpose is to provide an overall picture

of external assistance to the health sector which may inform strategic planning by development partners and national authorities over the coming years.

In order to implement overall coordination and consistent decision-making on the use and planning of external assistance, Government Resolution No. 592 of 30 August 2012 established a Coordination Council between the Government of the Kyrgyz Republic and development partners.

3 Methodology

This section describes the design of the study, data collection and data analysis processes for the survey. The design of the study envisioned two phases: (i) identification of eligibility criteria and (ii) revision of a questionnaire. These processes were inspired by the successful experience of the Ministry of Health of the Kyrgyz Republic in 2016. Data collection was conducted through an online interface and strengthened through face-to-face validation interviews. Data analysis was conducted by the research team in close collaboration with the IT specialist.

The research team mainly consisted of the Ministry of Health’s Strategic Planning and Program Implementation staff. Inputs, such as the description and structure of the mid-term budgetary framework (MTBF) categories as well as revisions to the general analysis, were provided by other relevant departments of the Ministry of Health.

Table 3. Process timeline

Date	Activity
February 2018	Ministry of Health of the Kyrgyz Republic appealed to the WHO Country Office in the Kyrgyz Republic regarding technical support for the second round of the survey
April 2018	<ul style="list-style-type: none"> – Instruction of the Ministry of Health of the Kyrgyz Republic to establish an expert group – Revision of the questionnaire and glossary – Revision of the list of Development Partners who will be involved in the analysis
June 2018	Revision of software
July 2018	Sending invitations to development partners and embassies (through the Ministry of Foreign Affairs) to participate in the survey
July-September 2018	Maintaining regular communication with Development Partners
September-October 2018	Data collection through the web platform
November 2018	<ul style="list-style-type: none"> – Validation interviews with representatives of development partners – Narrowing the range of eligibility (more stringent selection criteria)
December 2018	Presentation of preliminary results to development partners Data analysis and report writing

3.1 Study design

3.1.1 Eligibility criteria

The Ministry of Health of the Kyrgyz Republic and the WHO Country Office conducted this research based on inputs collected from the development partners disbursing ODA.

Under the definition in the Organisation for Economic Co-operation and Development (OECD) Statistical Directives para. 35, ODA includes all official transactions that:

1. are administered with the promotion of economic development and welfare of
 - developing countries as its main objective; and
 - are concessional in character;
2. and convey a grant element of at least 25%.

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

Development partners that met the selection criteria but did not disburse funds to the Kyrgyz health sector in 2017 are listed in Annex 1 but not included in this survey. To avoid double-counting, when one development partner disbursed ODA funds on behalf of another, the development partner that carried out the final disbursement to the country is the one that reported for that project.

3.1.2 Revision of the questionnaire

The research team revised the questionnaire to collect information about each development partner committed to the Kyrgyz health sector that had disbursed funds in 2017. In this survey, the Ministry of Health of the Kyrgyz Republic sought to determine the share of financial support of partners for Sustainable Development Goals implementation in 2017.

An online version of the questionnaire was made available to all eligible development partners, with secure access through individual logins and passwords. The development partners' questionnaire is available in Annex 2. A glossary of all the terms used in the questionnaire was also provided (see Annex 3). The completed versions of the questionnaire are available in Annex 4.

3.1.3 Questionnaire structure

The questionnaire structure has not changed. Each section of the questionnaire was revised in collaboration with all relevant departments and divisions of the Ministry of Health, in consultation with the WHO country office and independent consultants, in order to meet the most diverse needs. As a result, minor amendments were introduced to the questionnaire.

Section I requests general information about the development partner agencies: their goals and key achievements; and the total amount of ODA they disbursed to the Kyrgyz health sector in 2017 classified by four different aid modalities –program/project aid, sector budget support (SBS), pooled funds under SWAp, and other pooled funding.

Sections II, III, IV and V collate information about every program and/or project run by each different development partner: start and completion date; program/project manager; mode of project implementation (through development partner office, public sector or other mode); and status of implementation as of 31 December 2017.

In addition, the questionnaire required the description of project/program goals; current progress (target value – actual value); type of financing; and total budgets. Financial efforts were quantified according to a type of funding (i.e. technical assistance, investments, and administrative costs) and further classified by delivering facilities, disease areas, and risk factors. Appropriate filters were introduced in order to avoid mistakes and double counting. Section IV also asked development partners to reframe the project according to health-sector priority areas: health service delivery, resource generation, health financing, leadership and governance. Information was also requested on the geographical coverage of each project/program.

Taking into account the comments of development partners, an item was added to Section V regarding the contribution to the implementation of the SDGs in the Kyrgyz Republic. This will allow identifying areas of donor activities in the implementation of international priorities.

Sections VI, VII, and VIII focused on assessing the alignment of aid with national policies and strategies; distribution of support by MTBF and other financial tools; use of public financial systems and procurement systems; mid-term (2016–2020) aid predictability within the MTBF subprograms; and development partners' multi-year plans. These sections are intended to help the Ministry of Health to assess development partners' alignment and harmonization.

The final sections of the questionnaire assessed donor coordination for joint missions and analytical work (Section IX); and development partners' opinions and levels of satisfaction relating to coordination mechanisms and policy dialogue in the Kyrgyz health sector (Section X).

At the end of the questionnaire, participants were asked to provide their feedback on its structure and the relevance of questions. This feedback will contribute to the further development of the data collection system and improvement of future reports.

3.2 Data collection

3.2.1 Online data entry model

Data were entered through a web-based platform. The platform was adopted from a similar survey conducted in the Moldovan health sector in 2011-2013 by introducing changes to the platform created in 2015 and taking into account all aspects and features of the health system of the Kyrgyz Republic. A new, revised questionnaire was introduced to the 2017 web platform; additional development partners were added, and currency exchange rates for 2017 were set.

The database was hosted by the server of the Ministry of Health of the Kyrgyz Republic. Development partners were given a timeframe for data entry with a deadline on September 15, 2018. The online platform had advantages for both the development partners interviewed and the research team. Development partners could access the online questionnaire to enter and upload data at convenient times and resume the task without losing previous inputs. Development partners also had access to automatically generated PDF files – summary texts intended to enable easy visualization of the information provided and facilitate the data validation process. The system also avoided the difficulties associated with tracking reviews and comments that arise when different people work on a questionnaire simultaneously. The research team was able to monitor data entry progress and (where necessary) send timely reminders, validate data more easily and quickly, generate text files and update the database automatically.

3.2.2 Data analysis

Data analysis comprised several methods focusing on: (i) generating an aggregate analysis for all development partners, their projects, and their financial disbursements; (ii) providing a qualitative analysis of development partners' feedback on coordination processes; and (iii) listing key information for each development partner.

To standardize the financial information provided, development partners were asked to enter data in the original currency used for disbursements. When the database was generated, the software automatically converted all currencies to United States dollars (US\$), the reporting currency that the Paris Declaration used for all aid harmonization exercises. The software used the annual average exchange rate reported by the National Bank of the Kyrgyz Republic for 2017.

3.2.3 Data quality

The questionnaire used in the first round of the study in 2016 was taken as the basis for data collection in the 2017 mapping. In 2016, this questionnaire was reviewed and piloted five times. Therefore, in the 2017 ODA mapping, the same questionnaire was used with certain changes and additions made after careful

consideration of the comments of the donor community. Similar to 2016, during the data collection phase, the online web platform included several internal control mechanisms that prompted users to avoid common data entry mistakes. In addition, provision of a link to a glossary aimed to standardize interpretation of definitions and questions (see Annex 3). The data presented are those provided officially by the organizations covered by this report.

Development partners also underwent a validation process during which all the data were reviewed in order to avoid discrepancies caused by misinterpretations of the questionnaire or the glossary. Misinterpretations were a possibility because the questions have been formulated to accommodate two distinct needs: accurate enough to avoid misconceptions while allowing all development partners (with different vocabularies, reporting, and accounting methods) to match the questions to their own purposes and to feel comfortable when providing official answers. Upon completion of validation processes, the relevant representatives have approved all the changes to the first version of the questionnaire submitted by individual development partners.

The joint effort of development partners and the research team during validation processes enabled most development partners to complete all parts of the questionnaire. This guaranteed further homogeneity of the results. During the data analysis process, all questionnaires were subject to the third level of data quality checking, using both exploratory analysis and further data cleaning to remove inconsistencies.

4 Limitations

As already specified in Section 3.2.3 on Data quality, all exceptions to filling out the questionnaire were agreed jointly by the team and the development partners. This chapter reviews all these circumstances and illustrates some issues that affect the validity of the analysis presented.

In order to avoid double-counting in cases where one development partner disbursed ODA on behalf of another, the eligibility conditions stipulate that the development partner who made the final disbursements is considered to be the only donor for that project.

Data on the SWAp project and on State Budget Support were provided by the Ministry of Health and validated by partners afterward.

Development partners and the research team made considerable efforts to normalize the variety of development partners' vocabularies, reporting and accounting methods. However, a few causes for concern remain.

- For official program frameworks encompassing different projects, it was necessary to give development partners the prerogative to choose whether to provide information about the program or the single projects. In fact, the development partners had to adhere to their own definitions of program, projects, and activities.
- Development partners have different accounting systems – administrative costs may or may not be included in official project budgets. When administrative costs related to the health-related projects could not be disentangled from the total administrative costs of the agency working in different fields, the development partners found their own methods to estimate the administrative costs requested in the questionnaire.

5 Results

5.1 Development partners

According to the eligibility criteria outlined (see 3.1.1), 35 development partners were selected as eligible and invited to participate in the survey of 2017. Among these 35 development partners, 25 agencies responded to the invitation to take part in the survey. Seven (7) of these development partners reported that they did not have any active projects in 2017. Eighteen (18) organizations have implemented various projects and provided full information. It should be noted that one organization, the Global Fund, accepted the invitation to participate in the study, but the executive agency of their project was the United Nations Development Programme (UNDP).

Table 4. Development partners' participation in the survey, 2017

	Development partners	Participated in the 2015 survey	Did not participate in the 2017 survey	Participated in the 2017 survey, but did not have active projects in 2017	Participated in the 2017 survey
1	Asian Development Bank (ADB)			✓	
2	World Bank (WB)	✓			✓
3	World Health Organization (WHO)	✓			✓
4	United Nations Children's Fund (UNICEF)	✓			✓
5	United Nations Development Program (UNDP)				✓
6	United Nations Population Fund (UNFPA)	✓			✓
7	Joint United Nations Program on HIV / AIDS (UNAIDS)	✓			✓
8	United Nations Office on Drugs and Crime (UNODC)			✓	
9	World Food Program (WFP)	✓			✓
10	Food and Agriculture Organization of the United Nations (FAO)				✓
11	Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)	✓			✓
12	Global Alliance for Vaccines and Immunization (GAVI)	✓			✓

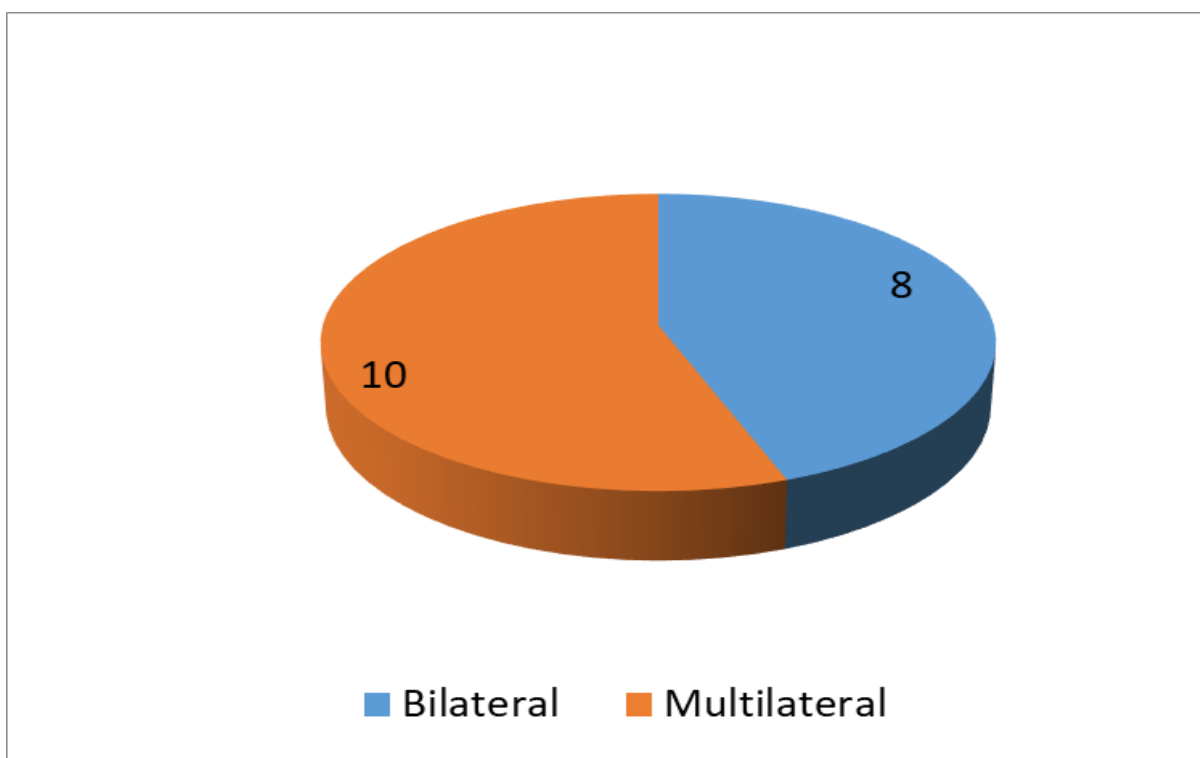
13	Eurasian Development Bank (EDB)		✓		
14	Islamic Development Bank (IsDB)		✓		
15	Embassy of the Federal Republic of Germany in the Kyrgyz Republic - German Development Bank (KfW)	✓			✓
16	United States Embassy - United States Agency for International Development (USAID)	✓			✓
17	German Society for International Cooperation (German Society for Technical Cooperation) (GIZ)	✓			✓
18	Japan International Cooperation Agency (JICA)	✓			✓
19	South Korean Embassy in the Kyrgyz Republic - Korean International Cooperation Agency (KOIKA)			✓	
20	Turkish Embassy in the Kyrgyz Republic - Turkish International Cooperation Agency (TIKA)		✓		
21	Kuwait Fund for Arab Economic Development (KFAER)				✓
22	Community Development and Investment Agency (ARIS)		✓		
23	Embassy of the Swiss Confederation in the Kyrgyz Republic - SDC	✓			✓
24	Representation of the European Union			✓	
25	Austrian embassy		✓		
26	Japanese Embassy in the Kyrgyz Republic				✓
27	Embassy of the Russian Federation in the Kyrgyz Republic			✓	
28	Embassy of the Republic of India in the Kyrgyz Republic		✓		
29	Embassy of the Islamic Republic of Iran in the Kyrgyz Republic			✓	
30	Embassy of Israel			✓	
31	Embassy of the Kingdom of Saudi Arabia / Saudi Development Fund				✓

32	Embassy of Qatar in the Kyrgyz Republic		✓		
33	Embassy of the People's Republic of China in the Kyrgyz Republic		✓		
34	Embassy of Finland		✓		
35	Estonian Embassy		✓		
	Total:	12⁹	10	7	18

Compared to the 2015 survey, participation was expanded. In 2015, only 22 organizations took part in the study, of which only 12 provided information on their projects. In the 2017 survey, project information was obtained from 18 donor organizations.

It should also be noted that, unlike in the first mapping round, UNDP, FAO, KFAED, and SFD joined the second round. Also, separate data from the Japanese Embassy in the Kyrgyz Republic and the Japan International Cooperation Agency were obtained.

Of the 18 development partners that provided information, ten are multilateral and eight are bilateral.



⁹ In 2015, the Embassy of Japan in the Kyrgyz Republic and the Japan International Cooperation Agency (JICA) were considered as a single donor. In the 2017 study, both organizations provided their own data separately.

Figure 1. Bilateral and multilateral development partners, 2017

Projects covered by this study started, ran throughout, or ended in 2017. Overall, development partners reported **41 projects and programs** (Fig. 2) totaling **US \$53 974 277**. This total disbursement **equals 23%** of total health expenditures for 2017.

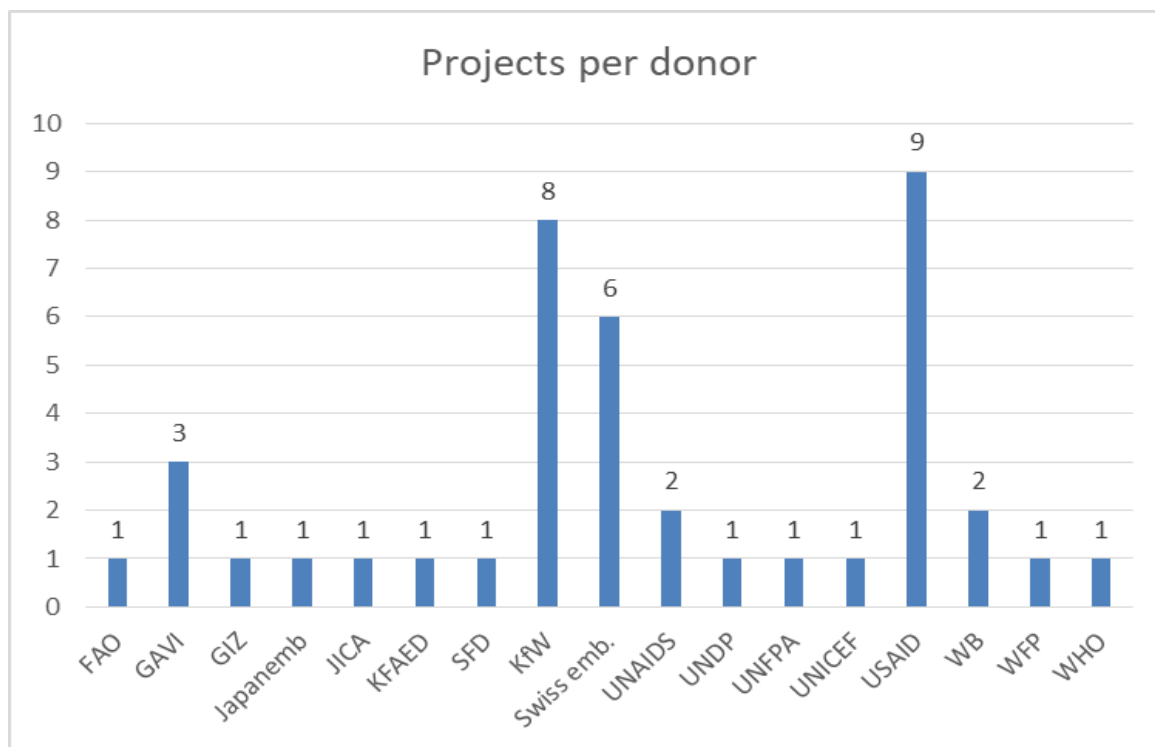


Figure 2. ODA projects or programs per donor, 2017

As can be seen from Fig.2, the largest number of projects were implemented by USAID, the KfW Development Bank (KfW) and the Swiss Embassy in the Kyrgyz Republic. They accounted for 56% of all donor projects in the health sector in 2017.

In terms of ODA allocated within the framework of bilateral and multilateral agreements, GFATM (through UNDP), KfW Development Bank, and USAID allocated the most significant financial assistance to the Kyrgyz Republic. The amount of aid provided equals US \$15,797,109, US \$9,772,972, and US \$8,657,000, respectively. The sum of budgets of their projects equals 63.4% of the total amount of development projects in 2017.

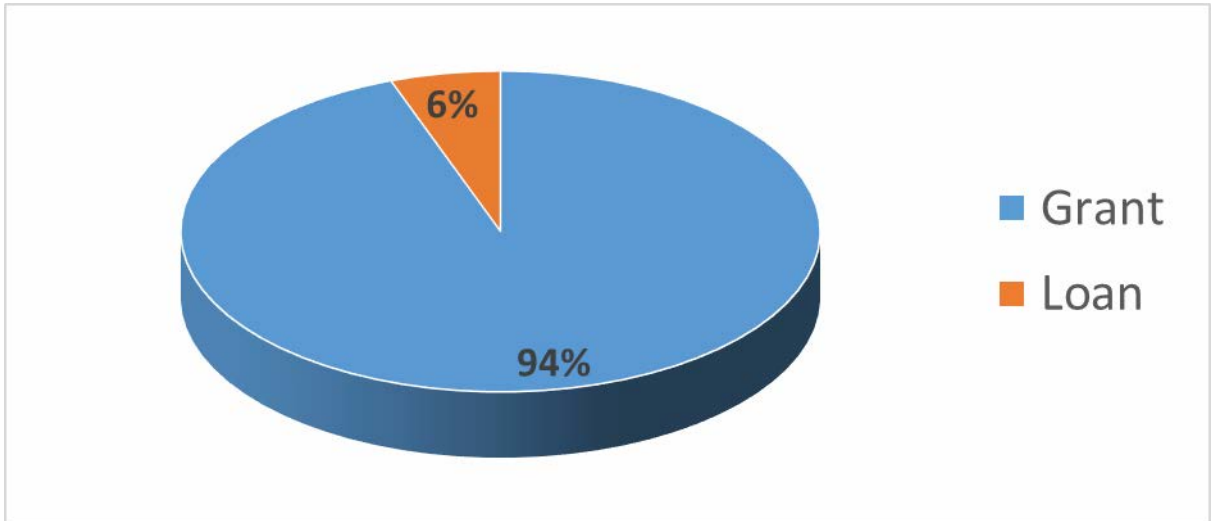


Figure 3. Total ODA by type

Of the **\$53 974 277**, 94% was disbursed through grant assistance and only 6% was provided in the form of a loan (Fig.3).

Regarding aid modalities, these can be divided into 3 large categories: SWAp, Project/Program aid, and Sector Budget Support.

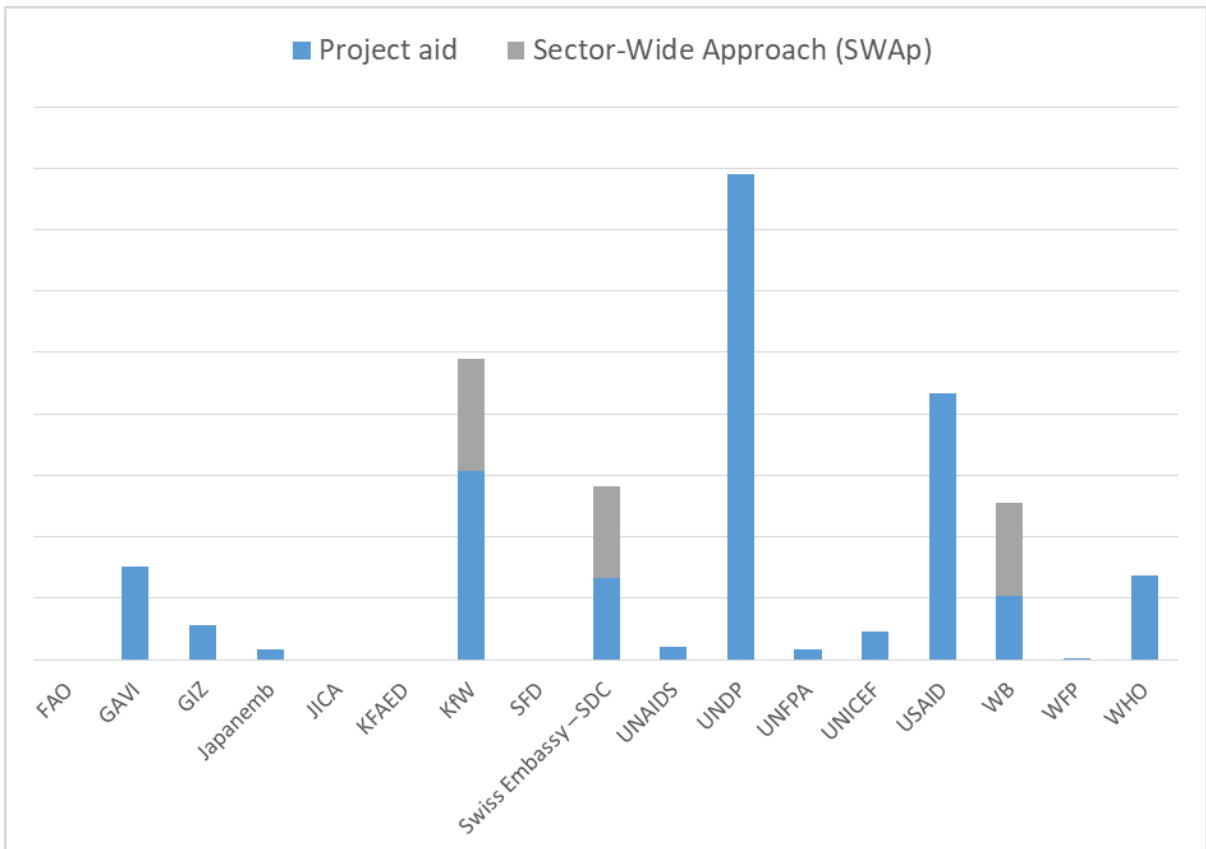


Figure 4. SWAp/SBS/Project aid (by organizations), 2017

In 2017, the vast majority (82%) of the reported funds were allocated for program/project aid, and 18% of the funds were allocated for SWAp activities. No funds were allocated for Sector Budget Support in 2017.

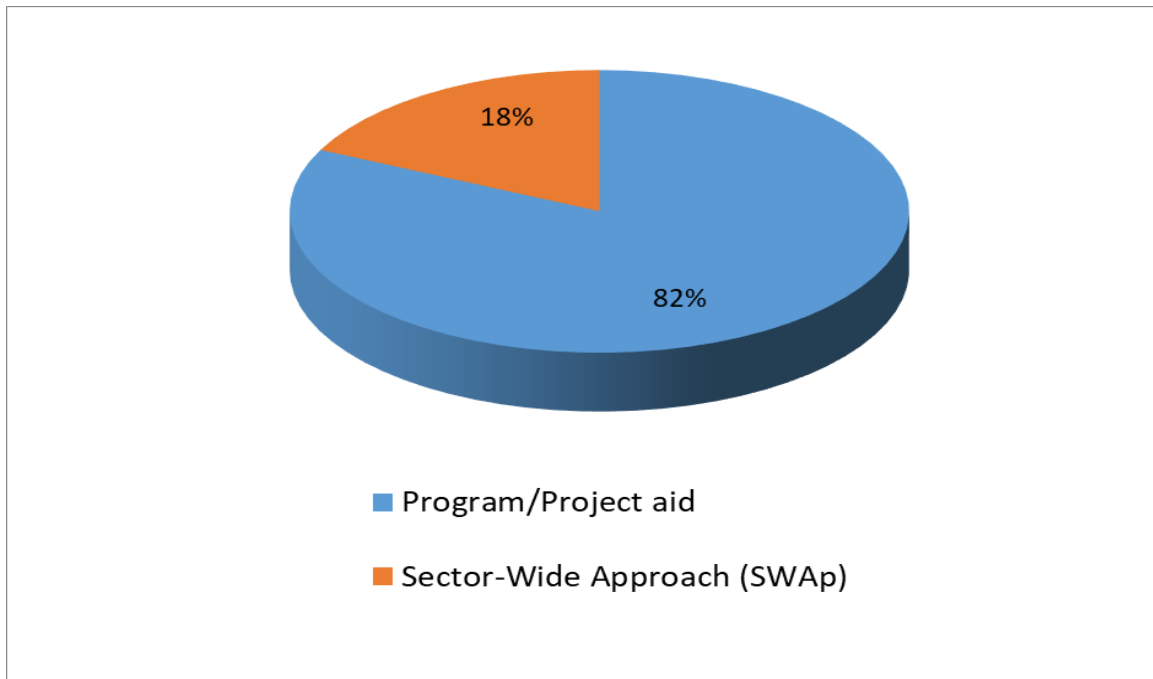


Figure 5. Overall fund distribution by aid modalities.

As for the SWAp project, which is being implemented within the framework of the “*Den Sooluk*” National Health Reform Program, traditionally the main donors are the World Bank, KfW, and SDC.

The diagram below indicates the flow of funds to the SWAp basket from each of these organizations.

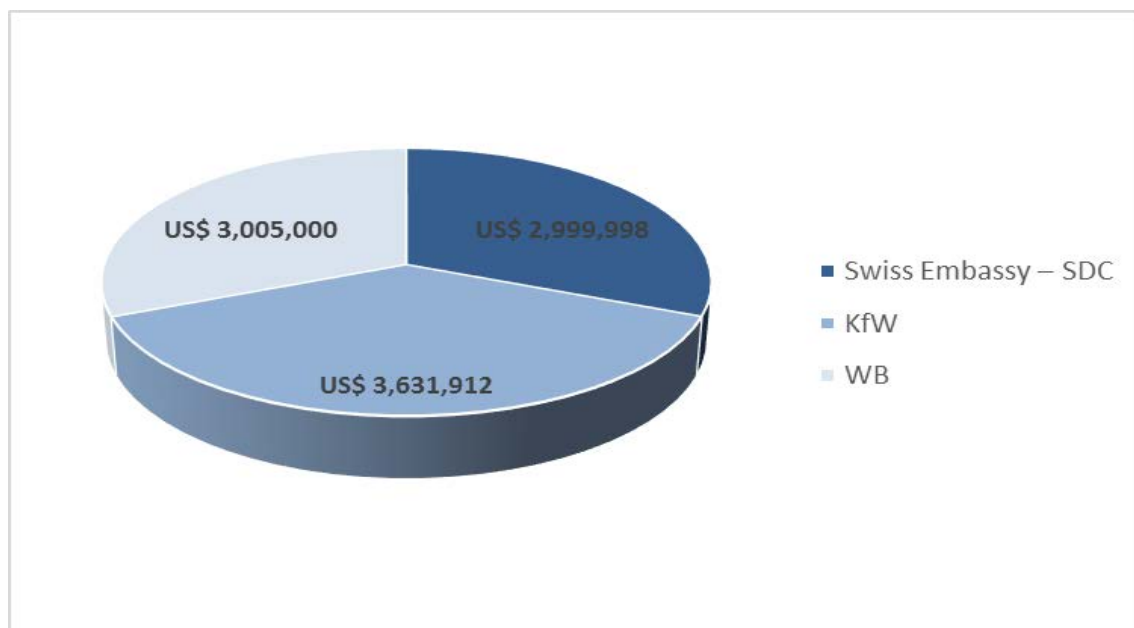


Figure 6. Funds allocated within SWAp

Geographical coverage

Development partners' projects have been classified as projects with national coverage, regional coverage, and pilot projects

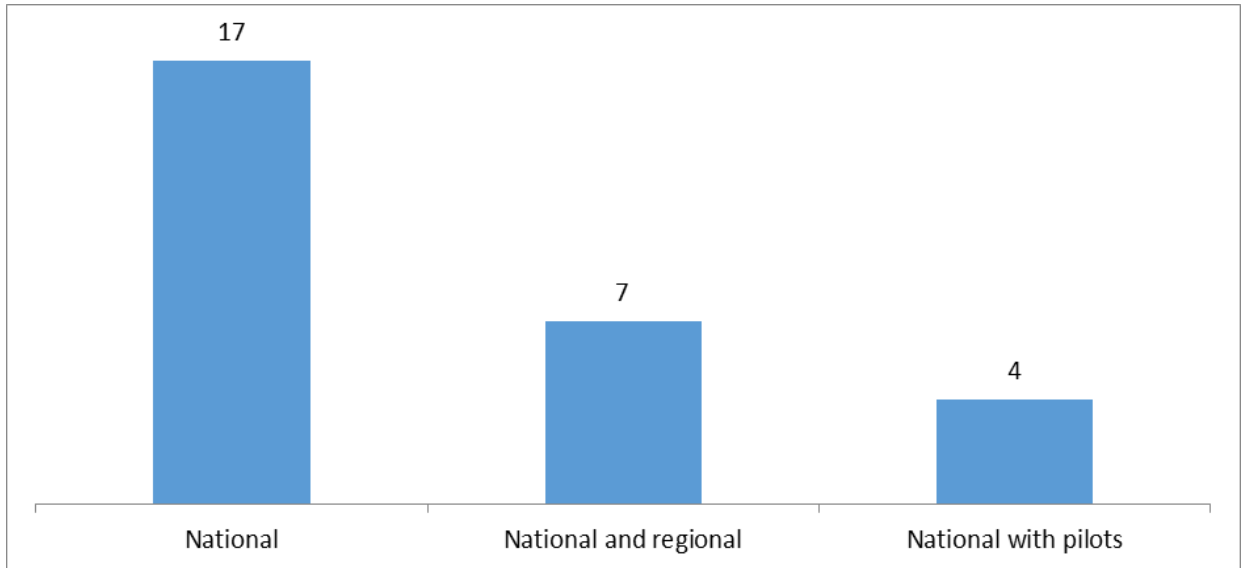


Figure 7. Geographical coverage of donor projects

Figure 7 shows that seventeen (17) donors provide support at the national level; seven (7) of them have also implemented projects at the regional level. Four (4) out of 18 surveyed organizations are implementing pilot projects in pilot sites.

5.2 Funding categories, components, health system priorities

The distribution of disbursements for 2017 across different funding categories is illustrated in Fig. 8. The largest share is devoted to investments (57.92%), technical assistance accounts for 38.09%, and the remaining 3.99% are administrative costs. The Global Fund (through UNDP), KfW Development Bank, and WHO provided the largest investment support - 79% of total investments. In the 2015 survey, the leaders in this category were the World Bank, KfW, and the Swiss Agency for Development and Cooperation (SDC). Compared to 2015, the share of investments increased by 17.34%.

The share of technical assistance in 2017 was 38.09%, which is 15.97% less than in 2015.

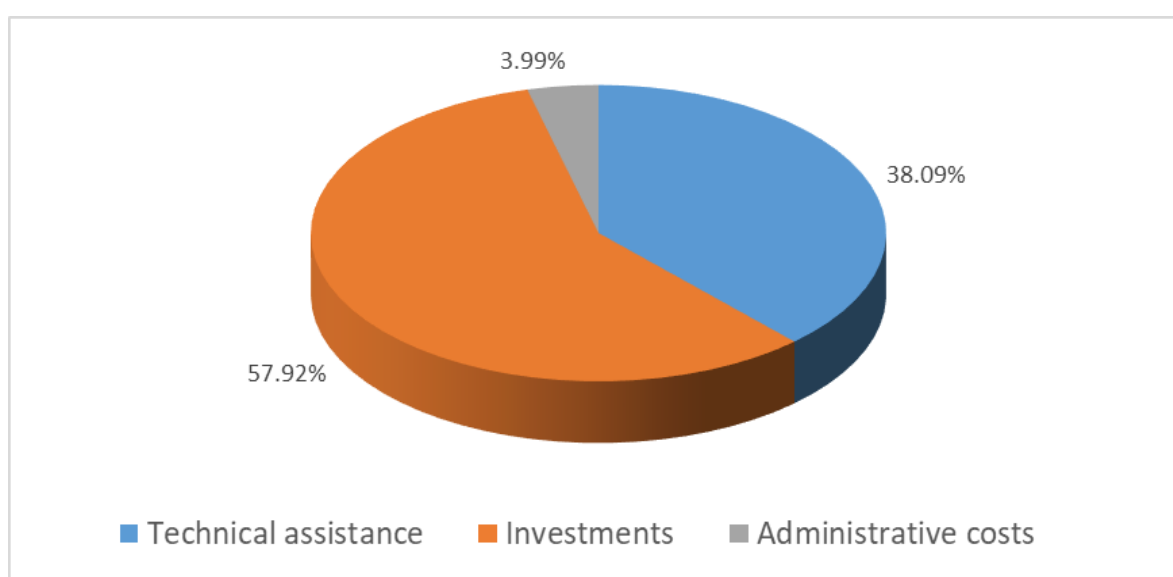


Figure 8. Total disbursements by funding category, 2017

The following figure illustrates the distribution of the 38.09% of technical assistance funds across five components: (i) policy development, (ii) capacity building, (iii) guideline and protocol development, (iv) legal and regulatory framework, and (v) other (includes communication, consulting and similar services). As can be seen from the figure, a stronger emphasis in 2017 was on capacity building (51.85%).

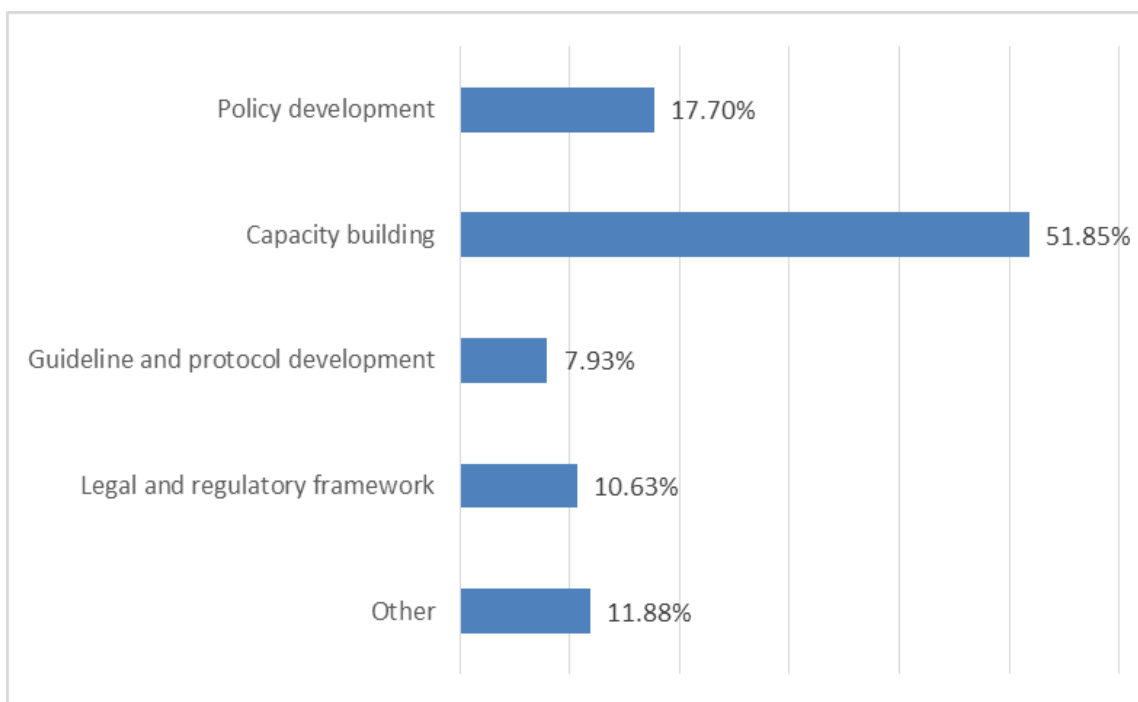


Figure 9. Technical assistance by components, 2017

Fig. 10 illustrates distribution of the investment quota – the 57.92% of the total ODA disbursed – across five components: (i) construction and refurbishment, (ii) medical equipment and technology, (iii) IT, (iv) medical supplies, and (v) other.

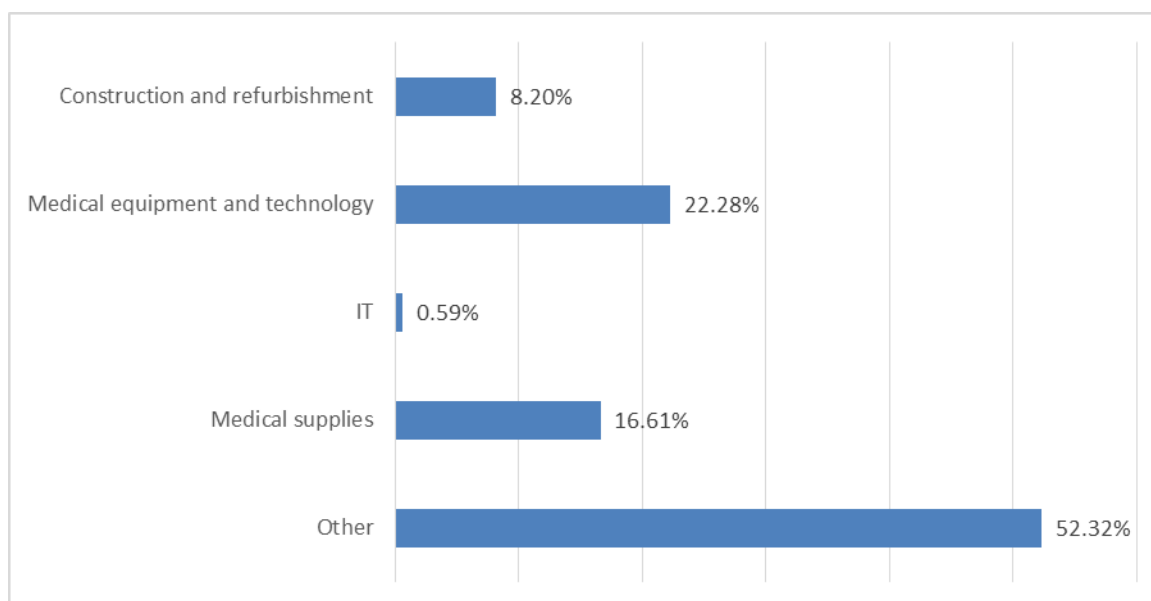


Figure 10. Investment funds by components, 2017

Fig. 11 illustrates the distribution of total disbursements among four health system functions: (i) health service delivery, (ii) resource generation, (iii) health financing, and (iv) stewardship and governance. The figure demonstrates that the main share of disbursements is allocated to health service delivery (71.7%).

However, no significant changes were observed in this category in comparison with 2015.

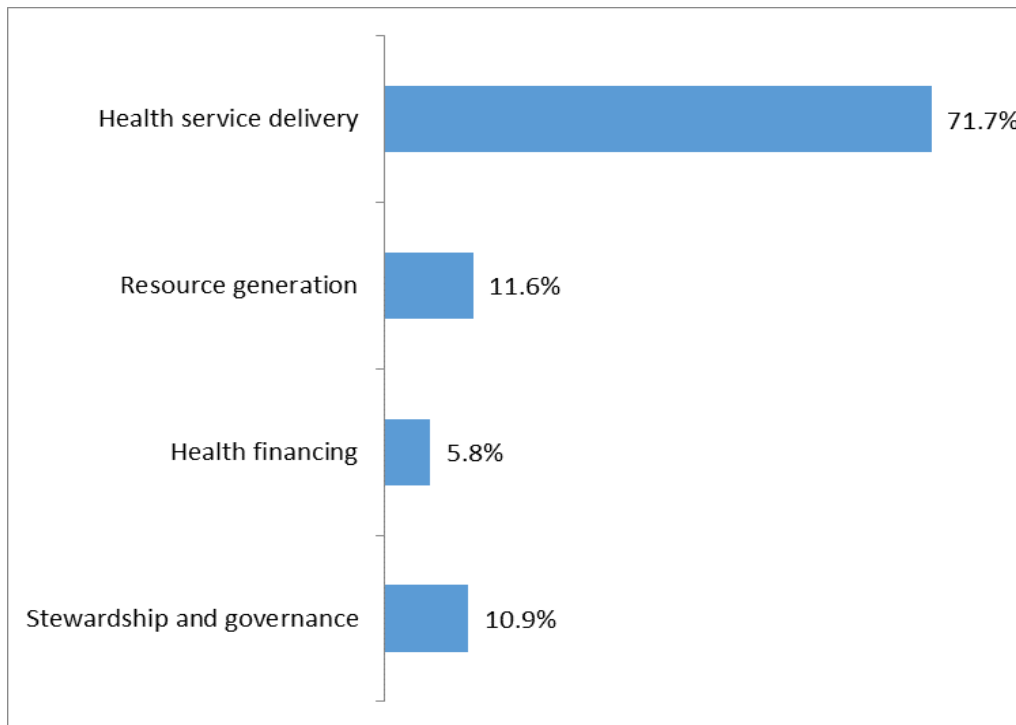


Figure 11. Disbursements by health system functions, 2017

The health service delivery component can be broken down into four categories: (i) primary health care, (ii) hospital care, (iii) public health services, and (iv) emergency care (Fig. 12). Hospital care remains the main area of focus. In 2017, the percentage of funds allocated for emergency care has increased compared to 2015 (15.6% vs 2.2%).

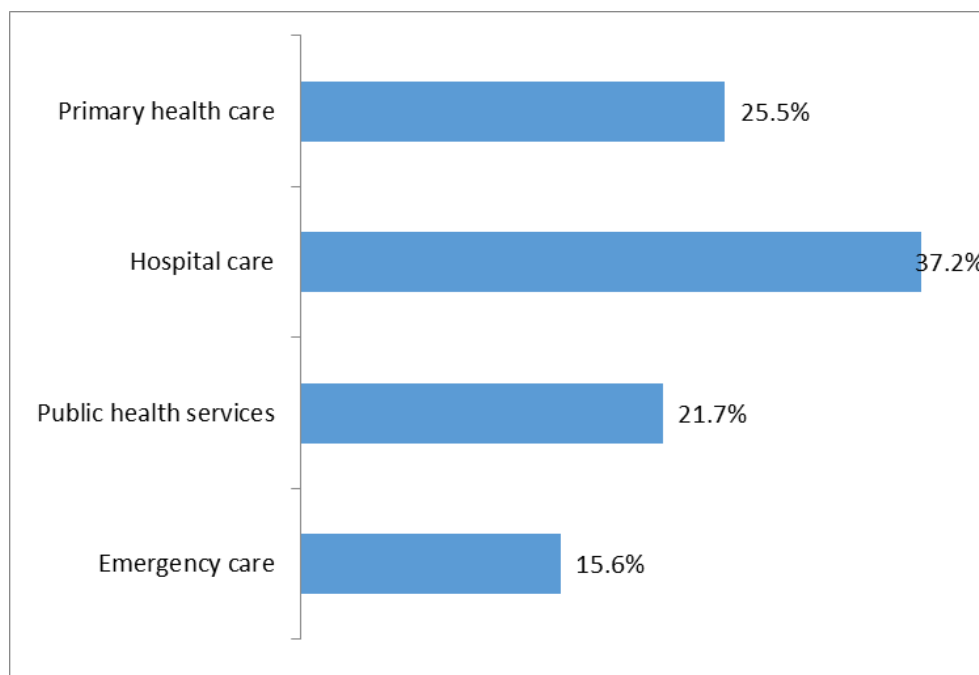


Figure 12. Distribution of health service delivery quota, 2017

Fig. 13 shows the distribution of total ODA disbursements across different health priority program areas. This clearly shows that the two areas with the largest share of financing are communicable diseases (36.55%), and maternal and child health and reproductive health (28.82%). Non-communicable diseases rank third (11.90%). Less attention is paid to adolescent health (3.22%), injuries and violence (9.2%), and other areas (11.06%).

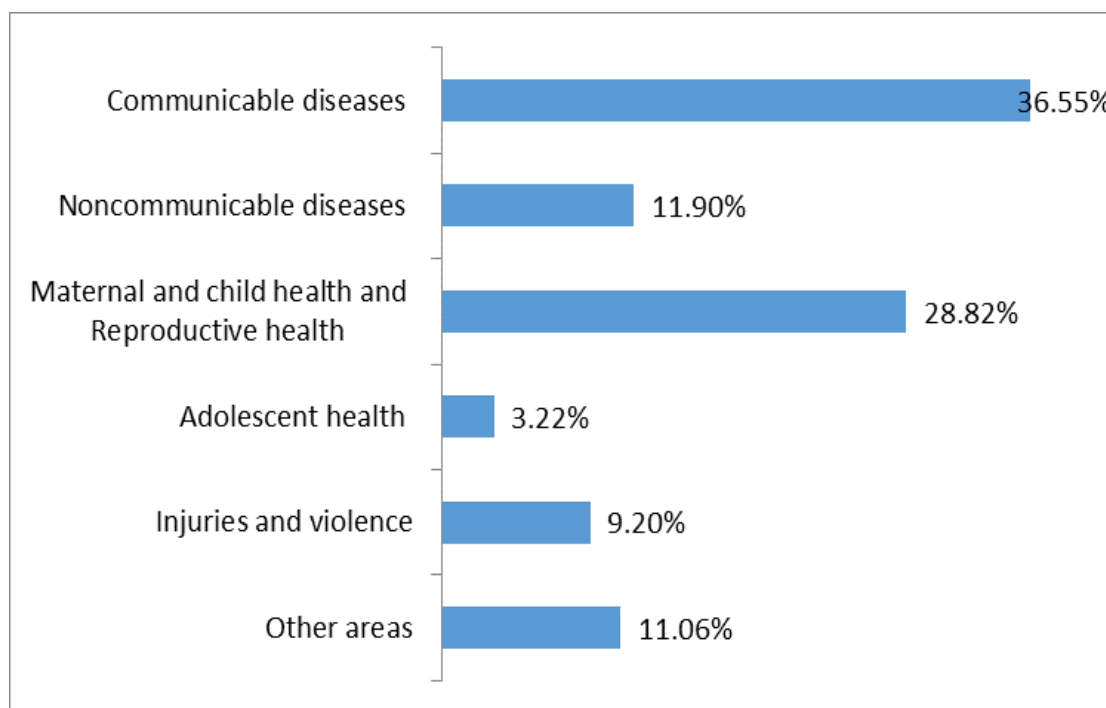


Figure 13. ODA distribution according to health priority program areas, 2017

5.3 Alignment with national priorities

The alignment of aid flows with health-sector policies, strategies, and programs is shown in Table 5. Not all development partners completed this table. However, the data obtained allows to conclude that half of the development partners implement their projects in view of the objectives set forth in national strategies: *National Sustainable Development Strategy of the Kyrgyz Republic for 2013-2017* (eight donors) and “*Den Sooluk*” *National Health Reform Program of the Kyrgyz Republic for 2012-2018* (ten donors).

Table 5. Development partner alignment with national frameworks, 2017

General strategies	
National Sustainable Development Strategy of the Kyrgyz Republic for 2013-2017	KfW; Swiss Embassy – SDC; UNAIDS; UNFPA; WB; WFP; WHO, GIZ
Den Sooluk National Health Reform Program of the Kyrgyz Republic for 2012-2018	KfW; Swiss Embassy – SDC; UNAIDS; UNFPA; UNICEF; USAID; WB; WFP; WHO

Subsectoral strategies	
Strategy for the Protection and Promotion of Health of the Population of the Kyrgyz Republic until 2020 (Health-2020)	KfW; Swiss Embassy – SDC; USAID; WB; WHO
Health Investment Strategy for 2016-2025	KfW; Swiss Embassy – SDC; WB
“Tuberculosis 5” National Program for 2013-2016	KfW; USAID; WB
State Program on the Stabilization of the HIV Epidemic in the Kyrgyz Republic 2017-2021	KfW; UNAIDS; UNFPA; USAID; WB; WHO, GFATM
State Program on the Prevention and Control of Non-communicable Diseases in the Kyrgyz Republic for 2013-2020	KfW; Swiss Embassy – SDC; WB; WFP; WHO
State Program on Immunoprophylaxis for 2013-2017	WB; WHO
Program to Prevent the Reappearance of Local Malaria Transmission in the Kyrgyz Republic for 2014-2018	WB; WHO
State Program on the Health Protection of Citizens of the Kyrgyz Republic against Harmful Tobacco Impact for 2008-2017	WHO
State Guaranteed Benefits Program that ensures health care for the citizens of the Kyrgyz Republic	KfW; Swiss Embassy – SDC; USAID; WB
Kyrgyz Republic’s E-health Program for 2016-2020	USAID; WB; WHO
Concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic	USAID; WB; WHO
Kyrgyz Republic program to develop the drugs circulation sphere in the Kyrgyz Republic for 2014-2020	WB; WHO
Program for providing incentives for physicians working in health organizations of remote areas, small towns, and rural areas	Swiss Embassy – SDC

5.4 Financial management systems

Section VI of the questionnaire requested development partner agencies to indicate their use of the country’s financial tools and/or national procurement systems. Ten (10) development partners indicated whether their ODA was recorded in the national health budget or not; eight (8) development partners did not have this information (Fig.14).

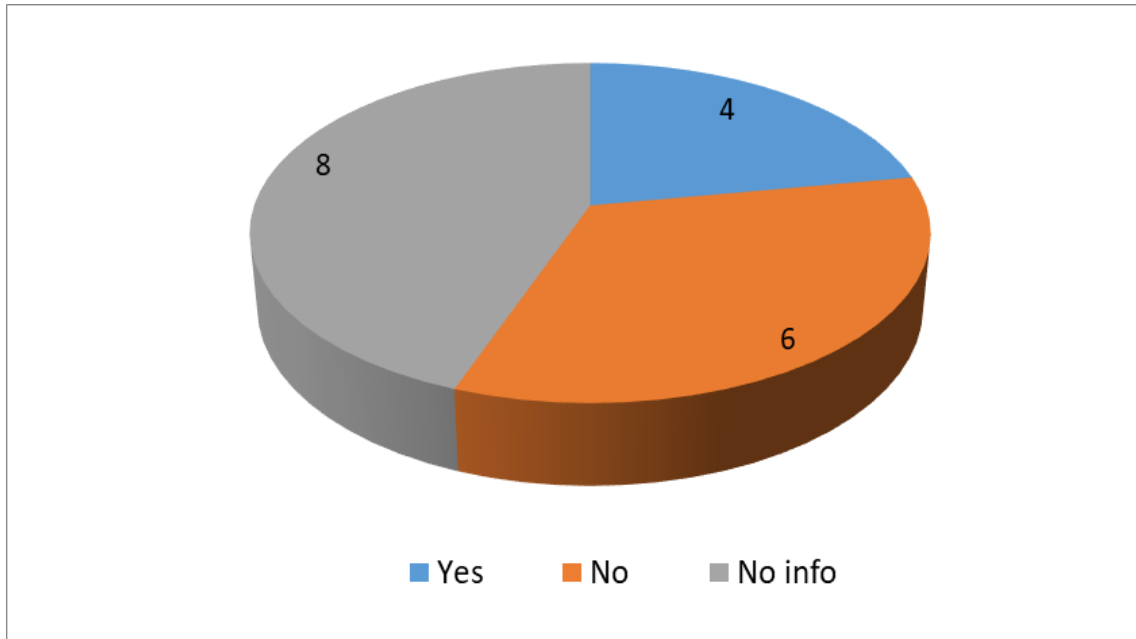


Figure 14. Was your ODA recorded in the annual 2017 sector budget?

Four (4) agencies provided a positive response to this question: KfW, World Bank, GAVI, and UNFPA.

Five (5) organizations provided data on the usage of national procedures (budget execution, financial reporting, auditing, procurement). Two (2) of these donors reported usage of national budget execution, financial reporting and auditing procedures. Among the non-SWAp partners, only UNFPA reported using national procurement system.

5.5 Aid predictability

This survey covered 41 projects and programs: 34 of these are ongoing, five (5) were completed by 31 December 2017, one (1) project was approved but not started, and one (1) project was suspended.

The majority of development partners (9) committed to providing support in 2018. Of these, six (6) partners intend to continue support in 2019 and four (4) in 2020. The Swiss Agency for Development and Cooperation and the World Food Programme have already committed to support the Kyrgyz health sector until 2022 (Fig.15).

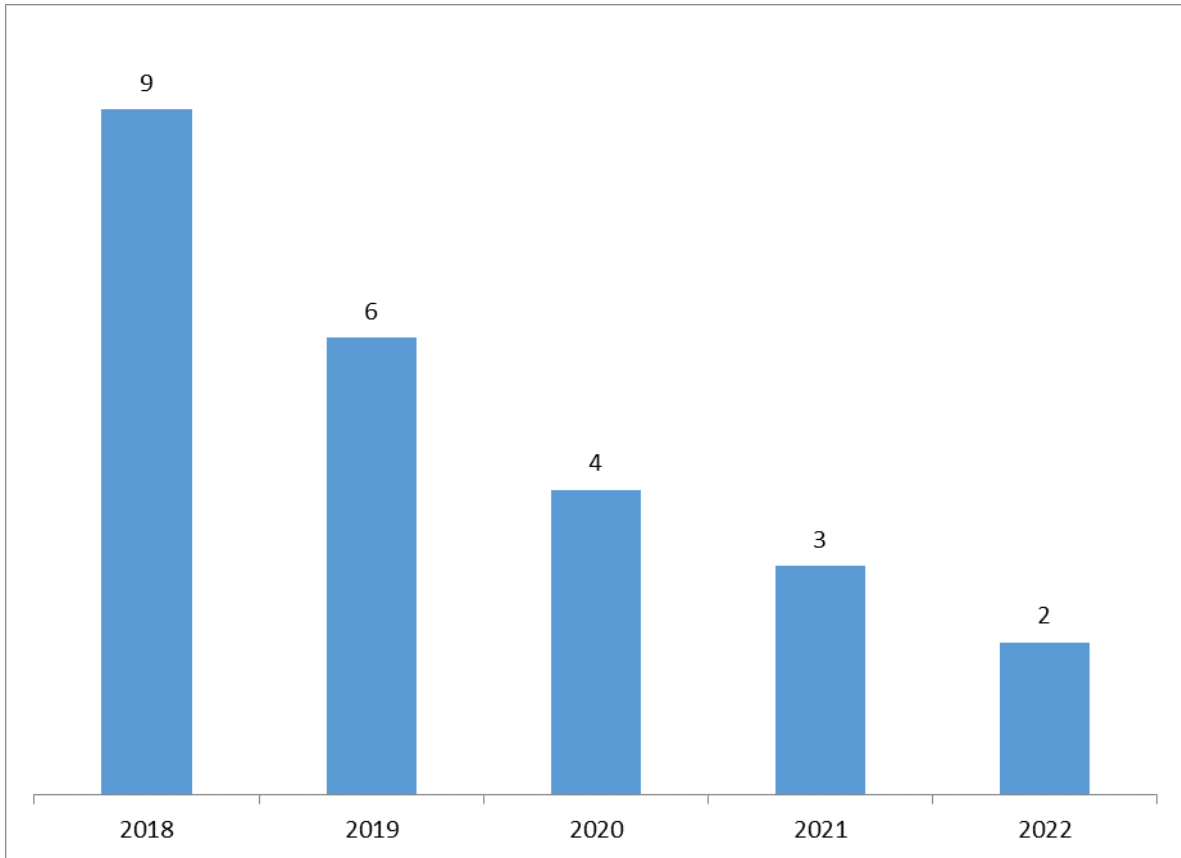


Figure 15. Development partner commitment to provide future support to the Kyrgyz health sector

Among partners continuing to support the Kyrgyz health sector in 2018, seven (7) agencies confirmed that they would be increasing their disbursements and two (2) agencies reported plans to decrease their contributions.

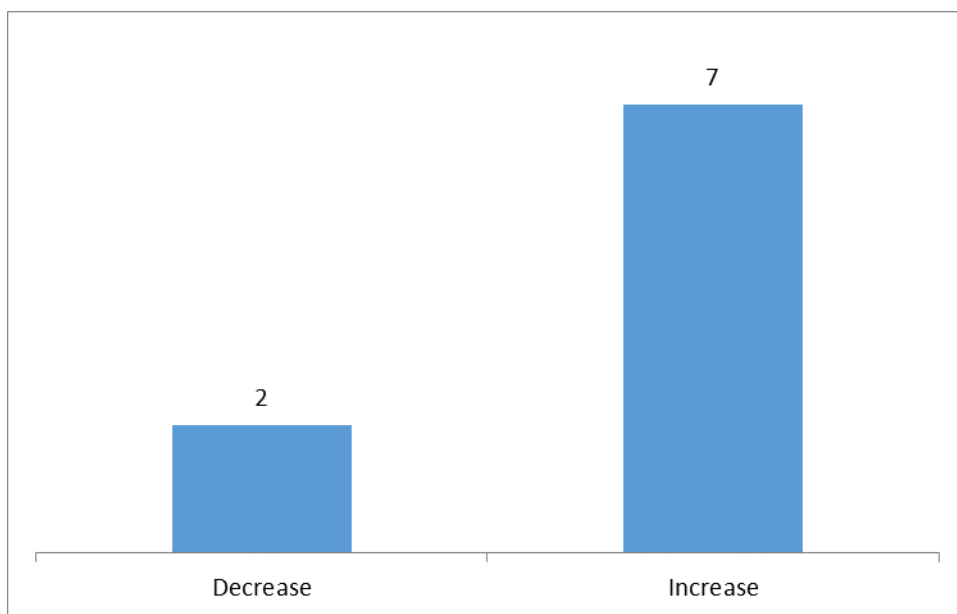


Figure 16. Pledged amounts for 2018

5.6 Coordination and complementarity

Eight (8) development partners reported that a total of 120 missions were conducted during 2017; most of them (105) were conducted by the WHO. WHO remains the most active donor in this regard, as in 2015. In addition, GIZ, SDC, UNFPA, and WHO reported on analytical works carried out in 2017. Twenty (20) analytical works were conducted in total.

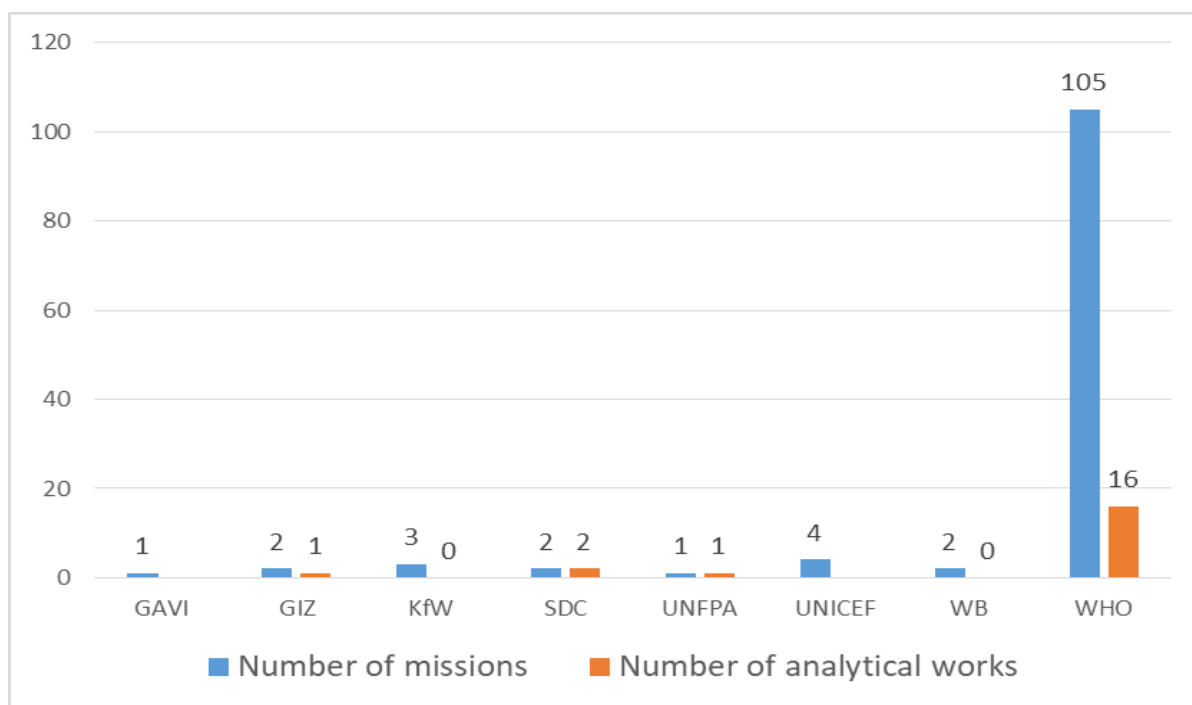


Figure 17. Development partner health-sector missions and analytical works, 2017

Nine (9) of 14 development partners who rated partner coordination in the health sector reported a good level. Three (3) development partners said that coordination was at a medium level. One partner was very satisfied with the quality of coordination and marked it as excellent.

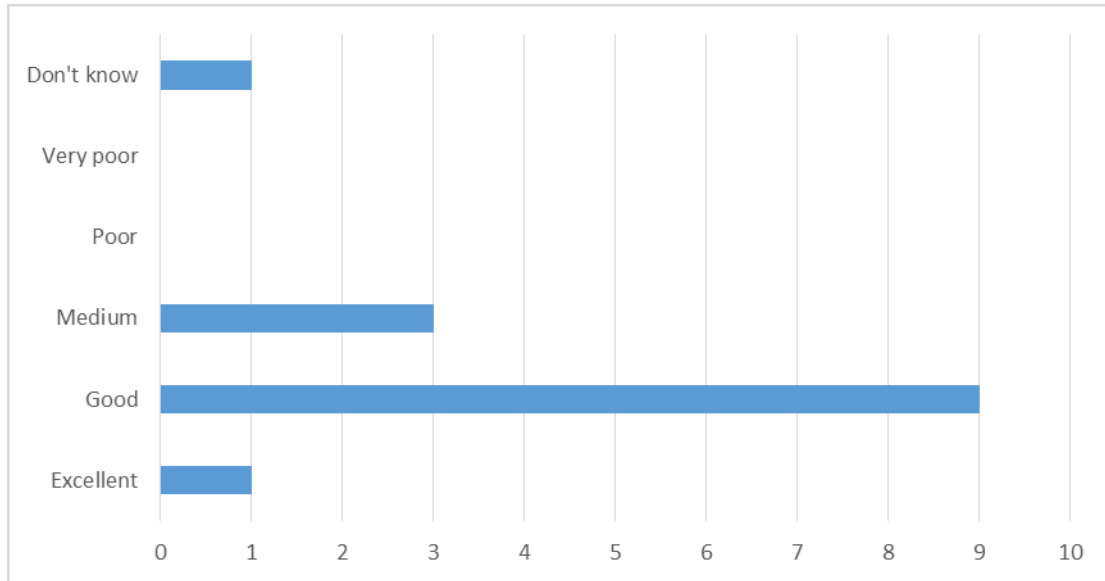


Figure 18. Rating of partner coordination in the health sector

Eleven (11) development partners provided feedback on the effectiveness of political dialogue between the Ministry of Health of the Kyrgyz Republic and their organizations. Donor opinions were different: WHO and UNDP believe that political dialogue has a great impact. Seven (7) organizations report medium impact between their organizations and the Ministry of Health. Four (4) organizations indicated only some impact of political dialogue.

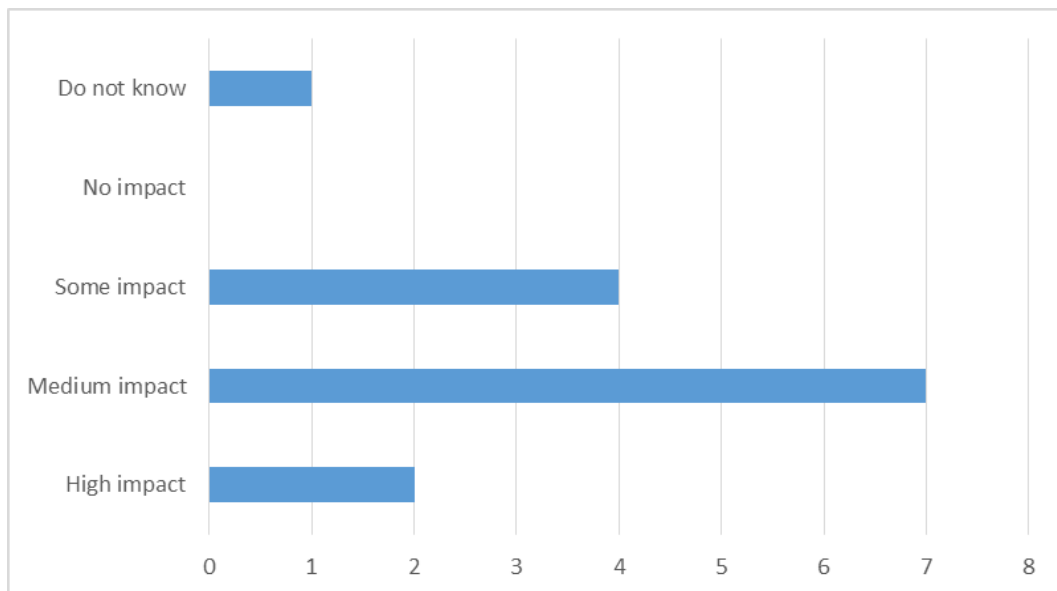


Figure 19. Perceived impact of policy dialogue, 2017

6 Overview of the findings

The data presented in this report reflect the commitment of 18 development partners funding a total of 41 projects in the Kyrgyz health sector in 2017. The total amount of ODA disbursed by development partners in the Kyrgyz health sector is **US\$ 53 974 277 – 23% of total public health expenditures.**¹⁰

18% of ODA disbursed to the health sector is delivered under the SWAp-2 mechanism which involves three partners. The SWAp support comes in the form of *earmarked budget support* connected to the “*Den Sooluk*” *National Health Reform Program*. The funds delivered through project aid exceed SWAp disbursements by four (4) times.

Ten (10) of the 18 development partners declared themselves to be working towards the objectives of the “*Den Sooluk*” *National Health Reform Program of the Kyrgyz Republic for 2012–2018*.

Almost 70% of ODA is dedicated to health service delivery. Within that area, the hospital sector receives the most attention (37.2% of the total ODA disbursed in 2017). This is followed by Primary health care (25.5%). Public health facilities are targeted by only 21.7% of these funds.

Of the funds dedicated to technical assistance, the largest share is concentrated on capacity building. The largest share of investment funds target different aspects which were classified as “Other” in this survey.

In terms of priorities, communicable diseases, mother and childcare and reproductive health, and non-communicable diseases gain the largest shares of ODA. Communicable diseases are targeted by almost a third part of all ODA disbursement in 2017.

The Kyrgyz Republic has committed to achieving the Sustainable Development Goals and is making every effort to achieve them through national development programs. In 2017, the Kyrgyz Republic carried out considerable work to introduce the first stage of a monitoring system in the health system to achieve the Sustainable Development Goals (SDGs) until 2030. As a result of this work, a set of national indicators was prepared to track progress in the implementation of the SDGs in the health sector. This study includes a question to reflect the share of financial contributions from development partners for the implementation of the SDGs in 2017.

Reported usage of the country’s financial mechanisms indicates that there is further work to be done. Less than half of survey participants reported using local financial management mechanisms. However, this is what could help to increase the transparency and accountability of donor funds flowing into the country. Local institutions should consolidate and share information about the existing mechanisms, and the development community should work more closely with them. Similarly, the data show that the development community has much room for improvement with regard to financial mechanisms for both joint missions and analytical work.

¹⁰ At the 2017 official exchange rate.

When considering aid predictability, it is clear that the majority of partners will continue to work in the Kyrgyz health sector and, at the same time, there are intentions to increase contribution levels, according to the data obtained.

Bibliography

1. Joint statement of the Government of the Kyrgyz Republic and the National Bank of the Kyrgyz Republic on the main areas of economic policy for 2018, approved by the Resolutions of the Government of the Kyrgyz Republic and the National Bank of the Kyrgyz Republic as of February 27, 2018, No.115/07/1-1) <https://www.nbkr.kg/DOC/07032018/000000000049484.pdf>
2. Report of the Ministry of Economy of the Kyrgyz Republic on social and economic development in 2017) <http://mineconom.gov.kg/froala/uploads/file/5e5b401283256ec2f10247ecd06d2efae784b575.pdf>
3. Ministry of Health of the Kyrgyz Republic (2016). Mid-term review report on the National Health Reform Program of the Kyrgyz Republic Den Sooluk for 2012–2018. Bishkek (http://densooluk.med.kg/images/MyFiles/2016/20062016/report_24062015_eng.pdf, accessed 15 June 2017)
4. Data from the National Statistical Committee of the Kyrgyz Republic <http://www.stat.kg/ru/statistics/download/operational/356/>
5. Data of the e-Health Center under the Ministry of Health of the Kyrgyz Republic for 2017 <http://cez.med.kg/%d0%b7%d0%b4%d0%be%d1%80%d0%be%d0%b2%d1%8c%d0%b5-%d0%bd%d0%b0%d1%81%d0%b5%d0%bb%d0%b5%d0%bd%d0%b8%d1%8f-%d0%b8-%d0%b4%d0%b5%d1%8f%d1%82%d0%b5%d0%bb%d1%8c%d0%bd%d0%be%d1%81%d1%82%d1%8c-%d0%be%d0%b7/>
6. Data from the National Statistical Committee of the Kyrgyz Republic: <http://www.stat.kg/media/publicationarchive/13450a65-712c-4c24-953e-096cc183a421.pdf> - page 20.
7. Data of the National Bureau of Statistics of the Republic of Moldova: http://statbank.statistica.md/pxweb/pxweb/en/20%20Populatia%20si%20procesele%20demografice/20%20Populatia%20si%20procesele%20demografice_POP020/POP020300reg.px/?rxid=2345d98a-890b-4459-bb1f-9b565f99b3b9
8. Data from the Statistics Committee under the Ministry of National Economy of the Republic of Kazakhstan: <http://stat.gov.kz/getImg?id=ESTAT105377>
9. Monitoring Official Development Assistance to the health sector of the Kyrgyz Republic – 2015 (first edition) http://med.kg/images/MyFiles/KGZ_ODA_edited_FINAL_CLEAN_VERSION_rus.pdf

Evaluation of Official Development Assistance support to the Health Sector of the Kyrgyz Republic 2017

The following questionnaire is to be completed by all development partner agencies providing Official Development Assistance (ODA) to the Health Sector. Each development partner should complete a single questionnaire that compiles information for all grants and loans targeting the health sector.

[TAB WITH REFERENCE TO THE DEFINITIONS SECTION I]

It should be noted that in cases where a development partner provides funds through another development partner - bilateral or multilateral - the last development partner disbursing funds is responsible for reporting in this questionnaire.

The head of the development partner organization in the country is responsible for the quality and accuracy of responses provided and, as such, he/she is usually responsible for completing the questionnaire on time.

Submission deadline: **September 15, 2018**

I. General Information About the Development Partner Agency

[TAB WITH REFERENCE TO THE DEFINITIONS SECTION I]

GI_1. Development partner agency: [type name TEXT TAB]

GI_2. Country director[type name TEXT TAB]

GI_3. Development partner official submitting this completed questionnaire [type name TEXT TAB]

This should usually be the same as GI_2, but another person can fill it out as well.

GI_4. Key goals and achievements [TEXT TAB]

Please provide a one-page descriptive summary of your official development assistance's key goals, achievements, results, and milestones for the calendar year 2017.

GI_5. Please estimate the total amount of ODA to the health sector distributed by your agency among the different aid modalities in the year 2017

Please enter the total amount in the original currency (select from the predefined list). The system will automatically recode to USD according to the annual exchange rate recorded by the National Bank of Kyrgyzstan in 2017

No	Category	Funding allocation [original currency]
1	Program/project aid	
2	Sector Budget Support	
3	Pooled funds under SWAp	
4	Other pooled financing	

II. Program/Project Details

Each development partner should complete sections II, III, and IV for *each program/ project* they provide support to that qualify under ODA criteria.

[A TAB THAT OPENS SECTIONS II, III, AND IV FOR EACH PROGRAM /PROJECT AS MANY TIMES AS NEEDED]

PDe_1. Project/Program title [TEXT TAB]

PDe_2. Project/Program manager [type name TEXT TAB]

PDe_3. Job title: [TEXT TAB]

PDe_4. Email: [TEXT TAB]

PDe_5. Phone: [TEXT TAB]

PDe_6. The program/project is implemented through[Multiple answer question]

No	Category
1	Directly through the development partner's office
2	Public sector (MoH KR/ other public authorities)
3	Agency (international or local organization/s)
4	Other (specify__)

PDe_7. Please name the implementing agency/ies[TEXT TAB] + [TAB WITH REFERENCE TO THE DEFINITIONS SECTION II Implementing Agency]

PDe_8. Starting date: [Date TAB]

PDe_9. Completion date: [Date TAB]

PDe_10. Implementation status as of 31.12.2017

No	Category
1	Completed
2	In process
3	Approved, but not started
4	Suspended
5	Other (specify__) [TEXT TAB]

III. Program/Project Description

[TAB WITH REFERENCE TO THE DEFINITIONS SECTION III]

PD_1. Project/Program goal [TEXT TAB]

PD_2. Project/Program progress

Please provide up to 5 key output or outcome indicators for each project, their targets, and actual values for the year 2017, if available. It is up to the development partner agency to choose which indicators best reflect its activities or results.

No	Indicator	Target value	Actual value	Notes
1				
2				
3				
4				
5				

PD_3. Type of financing

No	Category
1	Grant
2	ConcessionalLoan

PD_3.1 Type of funding

(Please estimate in %; the total amount should be equal to 100%)

No	Category	%
1	Tied	
2	Untied	

PD_4. Total program/project budget

[NUMBER TAB, in original currency]

PD_4.1. If the project/program is co-financed by the Government/Ministry of Health of the Kyrgyz Republic, what is the development partner agency's contribution to the project?

[NUMBER TAB, in original currency]

PD_5. Amount of budget disbursed during the calendar year of 2017[NUMBER TAB, in the original currency and automatic recoding into USD in thesecond TAB].

PD_6. Type of funding

(Please estimate in %; the total amount should be equal to 100%)

No	Category	%
1	Technical Assistance (Policy development; Capacity building; Development of guidelines, protocols, and legal and regulatory framework; Other)	
2	Investment (Construction and refurbishment; Medical equipment and technology; IT; Medical supplies; Other)	
3	Administrative costs	

FILTER: *PD_7 applies only to development partners who provide technical assistance*

PD_7. If you provide technical assistance, please estimate the distribution of financial resources to the following categories, in %

No	Category	Funding allocation %
1	Policy development (including M&E and analytical work)	[NUMBER TAB]
2	Capacity building	[NUMBER TAB]
3	Guidelines and protocols development	[NUMBER TAB]
4	Legal and regulatory framework development	[NUMBER TAB]
5	Other (specify) [TEXT TAB]	[NUMBER TAB]

FILTER: *PD_8 applies only to development partners who provide investments*

PD_8. If you provide investments assistance, please estimate the distribution of financial resources by the following categories, in %:

No	Category	Funding allocation %
1	Construction and refurbishment	[NUMBER TAB]
2	Medical equipment and technology	[NUMBER TAB]
3	IT technology	[NUMBER TAB]
4	Medical supplies (including immunizations, pharmaceuticals, etc.)	[NUMBER TAB]
5	Other (specify) [TEXT TAB]	[NUMBER TAB]

IV. Program/Project Description by priority areas of health sector[TAB WITH REFERENCE TO DEFINITIONS SECTION IV]

PA_1. How much of your financial support goes to the following areas of the health system:
Please estimate in %, so that the total equals 100%

No	Category	Funding allocation, %
1	Health Services Delivery (Primary Care; Hospitals; Public Health Services; Emergency Care)	[NUMBER TAB]
2	Resource Generation (health workforce, health information systems, medical equipment, medical supplies, etc.)	[NUMBER TAB]
3	Health Financing	[NUMBER TAB]
4	Leadership and Governance	[NUMBER TAB]

FILTER: *PA_2 applies only to development partners who provide support for development/strengthening health services*

PA_2. How much of your financial support and organizational effort goes to the following areas of Health Services Delivery:
Please estimate in %, so that the total equals 100%

No	Category	Funding allocation %
1	Primary Care	[NUMBER TAB]
2	Hospitals	[NUMBER TAB]
3	Public Health Services	[NUMBER TAB]
4	Emergency Care	[NUMBER TAB]
	TOTAL	100%

FILTER: PA_3 applies only to development partners who provide “investments” (see question PD_8) in the “Health Service Delivery” area (see question PA_2)

PA_3. How much of your financial support goes to the following areas of Health Services Delivery distributed by the following categories:

Please estimate in %, so that the total by row equals 100%

Category	1.Primary Care	2.Hospitals	3.Public Health Services	4.Emergency Care
Construction and refurbishment				
Medical equipment and technology				
IT technology				
Medical supplies				
Other				
Total	100%	100%	100%	100%

PA_4. Please estimate how much of your financial support goes to the various Disease areas, risk factors by the following health services areas: *Please estimate in %, so that the total by column equals 100%*

Category	1.Primary Care	2.Hospitals	3.Public Health Services	4.Emergency Care
Communicable Diseases	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
Risk factors	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]

Non-communicable Diseases	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
Injuries and Violence	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
MCH and Reproductive Health	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
Adolescent Health	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
Other (specify) [TEXT TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
Total	100%	100%	100%	100%

FILTER: PA_5 applies only to development partners who provide support in the Communicable Diseases area

PA_5. Please estimate how much of your financial support goes to the various communicable disease areas by the following health services delivery levels: Please estimate in %, so that the total by column equals 100%

No	Communicable Diseases	Primary Care	Hospitals	Public Health Services	Emergency Care
1.1	HIV				
1.2	TB				
1.3	Hepatitis				
1.4	Vaccine-preventable				
1.5	Other				
		100%	100%	100%	100%

FILTER: PA_6 applies only to development partners who provide support in the Risk Factors area

PA_6. Please estimate how much of your financial support goes to the various risk factors areas by the following health services delivery levels: Please estimate in %, so that the total by column equals 100%

No	Risk Factors	Primary Care	Hospitals	Public Health Services	Emergency Care
2.1	Tobacco				
2.2	Alcohol				
2.3	Nutrition				
2.4	Physical activity				
		100%	100%	100%	100%

FILTER: PA_7 applies only to development partners who provide support in the Non-Communicable Diseases area

PA_7. Please estimate how much of your financial support goes to the various non-communicable disease areas by the following health services delivery levels: Please estimate in %, so that the total by column equals 100%

No	Non-Communicable Disease	Primary Care	Hospitals	Public Health Services	Emergency Care
3.1	CVD				
3.2	Cancer				
3.3	Diabetes				
3.4	COPD (chronic obstructive pulmonary diseases)				
	MH				
3.5	Others				
		100%	100%	100%	100%

V. Aid flows alignment with national and international priorities

[TAB WITH REFERENCE TO DEFINITIONS]

NP_1. How much ODA overall did you disburse for health in the calendar year 2017?

[NUMBER TAB, in the original currency, predefined list]

NP_2. Has your agency endorsed the Joint Statement for the Partnership between the Government and development partners on the "Den sooluk" National Program of Health Care Reform in the Kyrgyz Republic for 2012-2018" (the Sector Wide Approach of the Health Sector)? Please check all that apply: [Multiple answer question]

1. Yes
2. No

NP_3. Please specify which national policies, strategies or programs of the health sector your agency contributes to

Please check all that apply [Multiple answer question]

General Strategies

1. National Sustainable Development Strategy of the Kyrgyz Republic for the period 2013-2017
2. “Den sooluk” National Health Reform Program of the Kyrgyz Republic for 2012-2018

Sub-sectorial Strategies

1. Strategy for the Protection and Promotion of the Health of the Population of the Kyrgyz Republic until 2020 (Health 2020);
2. Health Sector Investment Strategy for 2016-2025;
3. «Tuberculosis-V» National Program;
4. State Program on the Stabilization of the HIV Epidemic in the Kyrgyz Republic for 2017-2021;
5. State Program on the Prevention and Control of Non-communicable Diseases in the Kyrgyz Republic for 2013-2020;
6. "Immunoprophylaxis" Program for 2013-2017;
7. Program to Prevent Restoration of Local Transmission of Malaria in the Kyrgyz Republic for 2014-2018;
8. State Guaranteed Benefits Program to ensure health care for the citizens of the Kyrgyz Republic;
9. Kyrgyz Republic e-Health Program for 2016-2020;
10. The concept of creating an electronic database of drugs and medical products in the Kyrgyz Republic for 2016-2020;
11. Kyrgyz Republic program to develop the sphere of circulation of medicines in the Kyrgyz Republic for 2014-2020.
12. Program for the provision of additional incentives to physicians working in health facilities of small towns and remote and rural areas.

NP_4. Others *If not included in the list above, please indicate national policies, strategies or programs of the health sector that your agency contributes to*

NP_5. For reference purposes, specify how much ODA for the health sector of the Kyrgyz Republic was disbursed through other development partners in 2017 (ODA that is not captured in your responses to other questions)

[NUMBER TABS, in the original currency and automatic recoding into USD in the second TAB]

NP_6. Please specify names of other development partner agencies through which you disbursed ODA for the health sector of the Kyrgyz Republic in 2017:

[TEXT TAB, possibility to add more than one name]

NP_7. Please specify the share of your financial support provided for the achievement of SDGs in 2017. (%)

Please estimate in %. [Multiple answers possible]

No.	Target	%
1	3.1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	
2	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	
3	3.3. By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and	

	other communicable diseases	
4	3.4. By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing	
5	3.5. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	
6	3.6. By 2030 halve global deaths from road traffic accidents	
7	3.7. By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs	
8	3.8. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	
9	3.9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	
10	3.a. Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate	
11	3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	
12	3.c. Substantially increase health financing and the recruitment, development, training, and retention of the health workforce in developing countries, especially in the least developed countries and small island developing States	
13	3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	
14	Other SDG targets related to health	

VI. Distribution of development partner support by MTBF and other financial tools

Mid-Term Budgetary Framework

[TAB WITH REFERENCE TO DEFINITIONS]

MT_1. Thinking back to the year 2017, please estimate how much of your development partner support goes to the following MTBF categories:

Please estimate % for each of the 5 main categories and check the subcategories that apply:

[POP-UP WINDOW WITH THE SUB_CATEGORIES AND THE POSSIBILITY TO CHECK ALL THAT APPLIES]	%
I. Management and Administration	[NUMBER TAB]
I. Individual services	[NUMBER TAB]
II. High cost /high-tech health care	[NUMBER TAB]
III. Public health	[NUMBER TAB]

IV. Medical education	[NUMBER TAB]
V. State guarantees	[NUMBER TAB]
VI. Additional Medical Health Insurance Program	[NUMBER TAB]

Use of the country's public financial management systems

[TAB WITH REFERENCE TO DEFINITIONS]

FM_1. Was your ODA for the health sector recorded in the annual 2017 sector budget?

1. Yes
2. No
3. Do not know

FM_2. How much ODA for the health sector was actually recorded in the national accounting systems in the calendar year 2017?

[NUMBER TAB, in USD]

In the calendar year 2017, how much ODA disbursed for the government/public sector used...

FM_3....national budget execution procedures?

[NUMBER TAB, in USD]

88. Do not know

FM_4....national financial reporting procedures?

[NUMBER TAB, in USD]

88. Do not know

FM_5....national auditing procedures?

[NUMBER TAB, in USD]

88. Do not know

FM_6....all three above-mentioned national procedures?

[NUMBER TAB, in USD]

88. Do not know

Use of the country's procurement systems

[TAB WITH REFERENCE TO DEFINITIONS]

PS_1. How much ODA disbursed for the health sector used national procurement systems in the calendar year 2017?

[NUMBER TAB, in USD]

88. Do not know

VII. Geographical coverage

GC_1. Please estimate how much of your financial support goes to the various geographic areas (in %, so that the total equals 100%):

[Multiple answers possible]

No	Category
1	National coverage

2	Targeted sub-national coverage
3	Pilot sites

FILTER: *GC_2 applies only to development partners who checked targeted sub-national coverage and/or pilot sites*

GC_2Please specify where
[Multiple answers possible]

	1. Kyrgyz Republic
	2. Bishkek city
	3. Osh city
	4. Batken oblast
	1. Batken town
	2. Kyzyl-Kiya town
	3. Sulyukta town
	4. Isfana town
	5. Kadamjay town
	6. Batken district (<i>rayon</i>)
	7. Kadamjay district (<i>rayon</i>)
	8. Leylek district (<i>rayon</i>)
	5. Jalal-Abad oblast
	1. Jalal-Abad city
	2. Karakul town
	3. Kokjangak town
	4. Kerben town
	5. Mailuusuu town
	6. Tash-Komur town
	7. Aksy rayon
	8. Ala-Buka district (<i>rayon</i>)
	9. Bazar-Korgon district (<i>rayon</i>)
	10. Nooken district (<i>rayon</i>)
	11. Suzak rayon
	12. Toguz-Toro district (<i>rayon</i>)
	13. Toktogul district (<i>rayon</i>)
	14. Chatkal district (<i>rayon</i>)
	6. Issyk-Kul oblast
	1. Balykchy town
	2. Karakol town
	3. Ak-Suu district (<i>rayon</i>)
	4. Jeti-Oguz district (<i>rayon</i>)
	5. Issyk-Kul district (<i>rayon</i>)
	6. Ton district (<i>rayon</i>)
	7. Tyup district (<i>rayon</i>)
	7. Naryn oblast
	1. Naryn town
	2. Ak-Talaa district (<i>rayon</i>)
	3. At-Bashy district (<i>rayon</i>)
	4. Naryn district (<i>rayon</i>)
	5. Jungal district (<i>rayon</i>)
	6. Kochkor district (<i>rayon</i>)

	8. Osh oblast
	1. Alai district (<i>rayon</i>)
	2. Aravan district (<i>rayon</i>)
	3. Kara-Kulja district (<i>rayon</i>)
	4. Kara-Suu district (<i>rayon</i>)
	5. Nookat district (<i>rayon</i>)
	6. Uzgen district (<i>rayon</i>)
	7. Chon-Alai district (<i>rayon</i>)
	9. Talas oblast
	1. Talas town
	2. Bakai-Ata district (<i>rayon</i>)
	3. Kara-Buura district (<i>rayon</i>)
	4. Manas district (<i>rayon</i>)
	5. Talas district (<i>rayon</i>)
	11. Chui oblast
	1. Tokmak town
	2. Alamudun district (<i>rayon</i>)
	3. Jaiyl district (<i>rayon</i>)
	4. Kemin district (<i>rayon</i>)
	5. Moskva district (<i>rayon</i>)
	6. Panfilov district (<i>rayon</i>)
	7. Sokuluk district (<i>rayon</i>)
	8. Chui district (<i>rayon</i>)
	9. Yssyk-Ata district (<i>rayon</i>)

Section VIII - Aid is more predictable

[TAB WITH REFERENCE TO DEFINITIONS]

AP_1. Do you plan continuing support for the health sector in years 2018-2020?

1. Yes, until year [tab where the development partner can include the year]
2. No
3. Uncertain

How much total ODA for the Kyrgyz health sector ...

AP_2. did you schedule for disbursement in the calendar year 2018? [NUMBER TAB, in USD]

AP_3. did you schedule for disbursement in the calendar year 2019? [NUMBER TAB, in USD]

AP_4. did you schedule for disbursement in the calendar year 2020? [NUMBER TAB, in USD]

AP_5. did you schedule for disbursement in the calendar year 2021? [NUMBER TAB, in USD]

AP_6. did you schedule for disbursement in the calendar year 2022? [NUMBER TAB, in USD]

AP_7. Is the support that your agency is providing to the Kyrgyz Republic part of a multi-year plan agreed with the local Government?

1. Yes
2. No

AP_8. Please indicate the starting and ending dates of your agency's current and next multi-year plans for the Kyrgyz Republic:

	Starting year	Ending year
Current plan name	[TEXT TAB]	[TEXT TAB]
Next plan name	[TEXT TAB]	[TEXT TAB]

AP_9. Please indicate how much of the scheduled disbursement for 2017-2019 will go to the following MTBF categories ([NUMBER TAB, in the original currency and automatic recoding into USD in a second TAB])

[POP-UP WINDOW WITH SUB_CATEGORIES AND POSSIBILITY TO CHECK ALL THAT APPLIES]	2017 (USD)	2018 (USD)	2019(USD)
I. Management and Administration	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
II. Individual services	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
III. High cost /high-tech health care	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
IV. Public health	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
V. Medical education	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
VI. State guarantees	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]
VII. Additional medical health insurance Program	[NUMBER TAB]	[NUMBER TAB]	[NUMBER TAB]

Section IX - Use of common arrangements or procedures among development partners[TAB WITH REFERENCE TO DEFINITIONS]

Joint missions

[TAB WITH REFERENCE TO DEFINITIONS]

JM_1. How many joint missions to the field were undertaken in the calendar year 2017?

[Tab with the number]

Number and name of missions:

JM_2. How many of these were coordinated:

[Tab with the number]

	[TEXT TAB] Insert name/	[TEXT TAB] Coordinated with which development partners	[YES/NO] Coordinated under the Joint Statement (SWAp)?
1			
2			
3			

4			
5			
[Possibility to add additional tabs]			

Joint healthsector analytical work

[TAB WITH REFERENCE TO DEFINITIONS]

How many health sector analytical works did you undertake in the 2017calendar year?

AW_1. Number of works: [Tab with the number]

AW_2. How many of these were coordinated: [Tab with the number]

In order to facilitate the consolidation of results, please list below for each co-ordinated health sector the analytical work counted, description, and a list of stakeholders with whom the analytical work was co-ordinated.

[NUMBER TAB]	[TEXT TAB] Name	[TEXT TAB] Co-ordinated with which development partners	[YES/NO] Co-ordinated under the Joint Statement (SWAp)?
1			
2			
3			
4			
5			
Possibility to add additional tabs			

X. Coordination & Complementarity

Policy dialogue, coordination, and complementarity of development partner assistance are key issues of the Paris Declaration and especially important in a sector like health. From your experience, how would you assess the following?

CC_1. How would you rate the overall development partner coordination in the health sector?

1. Excellent
2. Good
3. Medium
4. Poor
5. Very poor
88. Don't know

CC_2. From your point of view, what specific role does and did the international organization that you represent play within the development partner community in the health sector of the Kyrgyz Republic between 2012 and 2017?

[TEXT TAB]

CC_3. How would you rate the extent to which the development partner support has been aligned with the priorities of the health sector in the Kyrgyz Republic?

Scale from 1 to 10

1 2 3 4 5 6 7 8 9 10

CC_4. Please give reasons for your assessment

[TEXT TAB]

CC_5. What were the constraints to achieving complete alignment with health sector priorities?

[TEXT TAB]

CC_6. How would you rate the impact of the policy dialogue between the Ministry of Health of the Kyrgyz Republic and the international organization that you represent on your further priority setting in the health sector?

1. High impact
2. Medium impact
3. Some impact
4. No impact
88. Do not know

CC_7. Please specify the reasons for your answer

[TEXT TAB]

CC_8. In your opinion, did the development partner coordination mechanism led by the Ministry of Health of the Kyrgyz Republic improve the overall coordination of activities in the health sector?

1. Yes
2. No
88. Do not know

CC_9. If yes, please provide details on the added value of this coordination mechanism.

[TEXT TAB]

CC_10. What problems have been encountered with this coordination mechanism?

[TEXT TAB]

CC_11. What ways do you suggest to improve the development partner coordination mechanism led by the Ministry of Health of the Kyrgyz Republic?

[TEXT TAB]

Please include any other remarks or questions in the following space.

[TEXT TAB]

Thank You!

Thank you for taking our survey. Your response is very important to us.

F_1. Please let us know what you thought of this survey, its structure, and questions. Please provide any comments and suggestions.

[TEXT TAB]

--

F_2. If you have encountered any specific problems related to data entry in the online version, please let us know, so that we can improve this process for the next year.

[TEXT TAB]

--

Definitions

Section I - General information about the Development Partner Agency	
Developmentpartner (DP)	A development partner (or “donor”) is an official agency, including state and local governments, that provides Official Development Assistance (OECD-DAC Statistical Directives para. 35). Under this definition, non-governmental organizations (NGOs) and private companies do NOT qualify as donors. In order to avoid double-counting in cases where one donor or a multilateral agency disburses ODA funds on behalf of another donor, only the agency that makes the final disbursement to the country should report on these funds.
ODA	<p>Official Development Assistance (ODA) includes all transactions as defined in the OECD-DAC Statistical Directives para. 35, including official transactions that:</p> <ol style="list-style-type: none"> are administered with the promotion of economic development and welfare of <ul style="list-style-type: none"> developing countries as its main objective; and are concessional in character and convey a grant element of at least 25%.
ODA transactions NOT to be recorded in this survey	<p>The following transactions are excluded from the scope of this survey and should not be recorded:</p> <ul style="list-style-type: none"> Transactions made to regional organizations Transactions lower than USD 20.000, i.e. full projects or programs that account for less than USD 20.000 Debt reorganization/restructuring Emergency and relief assistance Philanthropic assistance or private sponsorship
Disbursement - ODA transactions to be recorded in this survey	<ol style="list-style-type: none"> A disbursement is the placement of resources at the disposal of a recipient country or agency (OECD-DAC Statistical Directives para. 15-18). Resources provided in-kind should only be included when the value of these resources has been monetized in an agreement or in a document communicated to the government.

	<ol style="list-style-type: none"> 2. Where ODA is provided to a partner country as part of a donor's regional (multi-country) program and it is possible to identify and disentangle those activities and disbursements that are specific to that partner country, these disbursements should also be recorded. 3. Where ODA is provided to a partner country as part of a donor's country (multi-sectoral) program and it is possible to identify and disentangle those activities and disbursements that are specific to the health sector of that country, these disbursements should also be recorded. 4. In order to avoid double-counting in cases where one donor disburses ODA funds on behalf of another, it is only the donor who makes the final disbursement to the government who should report on these funds.
Exchangerates	<p>ODA should be reported in US dollars. A table of exchange rates is provided on the website of the National Bank of the Kyrgyz Republic: http://www.nbkr.kg/index1.jsp?item=1562&lang=ENG</p>
Sectorbudgetsupport	<p>Direct budget support is defined as a method of financing a partner country's budget through a transfer of resources from a donor to the partner government's national treasury. The funds thus transferred are managed in accordance with the recipient's budgetary procedures. Funds transferred to the national treasury for financing programs or projects managed according to different budgetary procedures from those of the partner country, with the intention or earmarking the resources for specific uses, are therefore excluded from this definition of budget support. This definition also includes sector budget support provided and general budget support (see definitions below).</p>
SWAp principles in Kyrgyzstan and Joint Statement	<p>In 2017, a Joint Statement for the partnership was signed between the Government of Kyrgyzstan (represented by the MoH) and DPs for the "<i>Den sooluk</i>" <i>National Program on Health Care Reform, 2012-2018</i>. The document reaffirms the commitment toward a Sector Wide Approach (SWAp) introduced in Kyrgyzstan for the first time in 2006. The Joint Statement does not imply any particular financing modalities. Therefore, financial support to the "<i>Den sooluk</i>" program might have taken different forms, including budget support, pooled financing or parallel financing.</p>
SWAP-2 pooledfunds	<p>Selected agencies, namely the World Bank, the Swiss Agency for Development and Cooperation, and KfW are pooling resources under the SWAp-2 project to support the "<i>Den sooluk</i>" program.</p>

Pooledfunding	In this aid modality, the donor contributes funds to an autonomous account, managed jointly with other donors and/or the recipient. The account will have specific purposes, modes of disbursement and accountability mechanisms, and a limited time frame. Pooled funds are characterized by common project documents, common funding contracts, and common reporting/audit procedures with all participating donors.
Section II - Program/Project Details (applicable for both program/project aid and SBS)	
Implementingagency	The agency that is responsible for the day-to-day activities related to a single project. These can be government bodies, other UN agencies, NGOs, universities, etc.
Section III - Program/Project Description (applicable for both program/project aid and SBS)	
Tied	Offering aid on the condition that it will be used to procure goods or services from the provider of the aid.
Untied	Offering aid that gives the recipient the freedom to procure goods and services from virtually any country.
TechnicalAssistance	<p>Technical assistance is the provision of know-how in the form of personnel, training, research and associated costs. (OECD DAC Statistical Reporting Directives 40-44). It comprises donor-financed:</p> <ul style="list-style-type: none"> • Activities that augment the level of knowledge, skills, technical know-how or productive aptitudes of people in developing countries; and • Services such as consultancies, technical support or the provision of know-how that contribute to the execution of a capital project. <p>Technical assistance can be provided to both governmental and non-governmental entities and includes both free-standing technical co-operation and technical co-operation that is embedded in investment programs (or included in program-based approaches). In order to report information related to this question, donors are invited to review their portfolio of projects and programs and estimate the share of technical co-operation.</p>

Investments	<p>Medical equipment and Technology encompasses a wide range of healthcare products and is used to diagnose, monitor or treat diseases or medical conditions affecting humans. Such technologies (application of medical science) are intended to improve the quality of healthcare delivered through earlier diagnosis, less invasive treatment options and reductions in hospital stays and rehabilitation times.</p> <p>Information technology (IT) is concerned with technology to treat information. The acquisition, processing, storage and dissemination of vocal, pictorial, textual, and numerical information by a microelectronics-based combination of computing and telecommunications are its main fields.</p>
-------------	---

Section IV - Program/Project Description (applicable for both program/project aid and SBS) by priority areas of the health sector

Healthsystemfunctions	<ol style="list-style-type: none"> 1. Health Service Delivery includes the promotion, prevention, treatment or rehabilitation; may be delivered in the home, the community, the workplace, or in health facilities. 2. Resource generation includes support to universities and other educational institutions, research centers, construction firms, and the vast array of organizations producing specific technologies such as pharmaceutical products, devices, and equipment. 3. Health system financing is the process by which revenues are collected from primary and secondary sources, accumulated in pool funds and allocated to activities' providers. Health system financing can be divided into three sub-functions: revenue collection, fund pooling, and purchasing 4. Leadership and governance (stewardship) includes planning, implementing and monitoring the rules for the health system and defining strategic directions for the health system as a whole. Leadership/stewardship can be subdivided into six sub-functions: health system design, priority setting, regulation, intersectoral advocacy, performance assessment, and user/consumer protection. For the purposes of this survey, it includes governance by both the public sector and the civil society
Areas of Health Service Delivery	<ul style="list-style-type: none"> • Primary care: it is a key process in the health system, is more than just the level of care or gatekeeping. It is first-contact, accessible, continued, comprehensive and coordinated care. First-contact

	<p>care is accessible at the time of need. In this survey, it is used as synonymous of “general practice” and “family medicine”.</p> <ul style="list-style-type: none"> • Hospitals: Specialist care provided on an in-patient basis, usually following a referral from primary care. In this survey, it is used as synonymous of “secondary care”. • Public Health: Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases. • Emergency: Emergency medicine is the medical specialty dedicated to the diagnosis and treatment of unforeseen illness or injury. In this survey, it is used as synonymous of “emergency medicine”.
--	---

Section V - Aid flows are aligned with national priorities

	<p>The Strategies listed have been summarized by the Ministry of Health of the Kyrgyz Republic</p>
--	--

Section VI

<p>Mid-Term Budgetary Framework</p>	<p>Medium-term budgetary/expenditure frameworks (MTBF) help central/federal government organizations to adopt a medium-term budgetary perspective rather than solely an annual one. MTEFs typically span a period of three to five years, including the budgeted fiscal year, and combine prescriptive yearly ceilings with descriptive forward estimates.</p> <p>The MTBF is a structured and integrated (institutionalised) process of policymaking, planning, and budgeting. It involves the sector stakeholders in an iterative decision-making process that (a) ensures that general goals and targets (set in general policies and plans) are reached through appropriate medium-term programs, and (b) reconciles the resource levels (in particular financial</p>
-------------------------------------	---

	resources) required to reach the medium-term targets with the resources likely to be available (set by negotiated ceilings), usually on a three-year basis.
Management and Administration	This program is standard and covers mainly the functions of central management and administration and support services of the Ministry. Functions of this program are not sector priorities, but the quality of services provided depends on the functionality of these services. Functions of implementation of state policy and normative-legal regulation in the sector are aimed at a sustainable development of the fields of health.
Individual services	The basis of this budget program is financing the tertiary level of health services as well as the provision of rehabilitation assistance, restorative treatment, etc. Creation of an effective health care delivery system. Providing quality services through the use of standardized medical procedures (clinical protocols and guidelines) on the basis of evidence-based medicine.
High cost/high-tech health care	The basis of this budget program is financing and distribution of the High-tech Fund (HTF) and measures to improve the procurement of high-tech medical services.
Public health	Public Health Program is based on the integration of disease prevention and health promotion programs, broad inter-sectoral cooperation, and active involvement of society in the protection and promotion of health.
Medical education	Improvement of medical education system aimed at health needs.
State guarantees	Beneficial drug provision under the Additional Program of Mandatory Health Insurance is aimed at the insured category of the population.
Additional Medical Health Insurance Program	The program of state guarantees to ensure citizens with health care (hereinafter - the Program of State Guarantees) is the guaranteed amount, types and conditions of health care provision for citizens which ensure the enjoyment of rights of citizens for receiving health care in health organizations participating in the Program of State Guarantees regardless of form of ownership in accordance with the legislation of the Kyrgyz Republic.
Country public financial management system	
Use of national budget execution procedures	Donors use national budget execution procedures when the funds they provide are managed according to the national budgeting procedures established in the general legislation and implemented by the government. This means that

	<p>programs supported by donors are subject to standard country budgetary execution procedures, namely procedures for authorization, approval, and payment.</p> <p>Donors are invited to review all their development activities with a view to determining if and how much ODA for the government sector meet three out of the four criteria below (anything less does not qualify):</p> <ol style="list-style-type: none"> 1. Are your funds included in the annual budget approved by the country legislature? (Y/N) 2. Are your funds subject to the established country budget execution procedures? (Y/N) 3. Are your funds processed (e.g. deposited & disbursed) through the established country treasury system? (Y/N) 4. Did you require opening separate bank accounts for your funds? (Y/N)
<p>Use of national financial reporting procedures</p>	<p>Legislative frameworks normally provide for specific types of financial reports to be produced as well as periodicity of such reporting. The use of national financial reporting means that donors do not impose additional requirements on governments for financial reporting. In particular, donors do NOT require: (i) maintenance of a separate accounting system to satisfy donor reporting requirements, and (ii) creation of a separate chart of accounts to record the use of donor funds.</p> <p>Donors are invited to review all their development activities with a view to determining if and how much ODA for the government sector meet both criteria below (anything less does not qualify):</p> <ol style="list-style-type: none"> 1. You do NOT require maintenance of a separate accounting system to satisfy your own reporting requirements? 2. You ONLY require financial reports prepared using the country's established financial reporting arrangements? (Y/N)
<p>Use of national auditing procedures</p>	<p>Donors rely on audit opinions, issued by the country's supreme audit institution, on the government's normal financial reports/statements as defined above. The use of national auditing procedures means that donors do not impose additional requirements on governments for auditing. Donors are invited to review all their development activities with a view to determining if and how much ODA <u>for the government</u> sector meet both criteria below:</p> <ol style="list-style-type: none"> 1. Are your funds subject to an audit carried out under the responsibility of the Supreme Audit Institution

	<p>(SAI)? (Y/N)</p> <ol style="list-style-type: none"> 2. You do NOT, under normal circumstances, request additional audit arrangements? (Y/N) AND at least one of the two criteria below: 3. You do NOT require audit standards different from those adopted by the Supreme Audit Institution?(Y/N) 4. You do NOT require the SAI to change its audit cycle to audit your funds?(Y/N)
All threenationalprocedures	Disbursements of ODA for the government sector that use all three components of a country’s national public financial management procedures, i.e.: (i) national budget execution procedures, (ii) national financial reporting procedures, and (iii) national auditing procedures.
Procurementsystems	
Use of national procurement systems	Donors use national procurement systems when the funds they provide for the implementation of projects and programsare managed according to national procurement procedures as they were established in the general legislation and implemented by the government. The use of national procurement procedures means that donors do not set additional, or special, requirements for governments for the procurement of works, goods, and services.
SectionVII - Geographicalcoverage	
Nationalcoverage	The activities funded by the development partner cover the whole country, i.e. ministries/agencies, and facilities or institutions that have a national scope.
Targetedsub-nationalcoverage	The activities funded by the development partner cover some specific districts that have been selected based on a need assessment or other criteria.
Pilotsites	The activities funded by the development partner are “experimental” and are, therefore, piloted in some districts (i.e. smaller scope) before scaling up to all districts/national level.
Section VIII - Aid is more predictable (SBS and/or program/project aid)	
Multi-yearplan	In this survey, it is used as synonymous of a “multi-year strategy” or a concept of operation that analyses the current

	situation in a country and identifies strategic cross-sectoral objective(s) for the donor and the best way to implement them.
Section IX - Use of common arrangements or procedures among development partners	
Donor missions to the field	<p>Donor missions to the field are defined as missions that meet all of the following criteria:</p> <ul style="list-style-type: none"> • The mission is undertaken by, or on behalf of, a donor, including program developers, appraisers, and evaluators, sector assessment teams commissioned by a donor. • The mission involved international travel typically, but not exclusively, from donor headquarters. • The mission made a request to meet with government officials including local governments. <p>This definition should exclude missions:</p> <ul style="list-style-type: none"> • Undertaken by donors to attend events (workshops, conferences, etc.) that do not involve a request to meet with government officials. • Undertaken by parliamentary or other political delegations. • Special event missions undertaken as part of a defined program, e.g. electoral observers. • External consultants that are executing work as part of scheduled program implementation plans. • Disaster assessment teams.
Joint missions	Joint missions are (i) missions undertaken by one or more donors jointly or (ii) missions undertaken by one donor on behalf of another donor (delegated co-operation).
Joint health sector analytical work	
Analytical Work	Analytical work encompasses the analysis and advice necessary to strengthen policy dialogue, develop and implement country strategies in support of sound

	<p>development assistance. It should include major pieces of analytical work such as:</p> <ul style="list-style-type: none"> • Diagnostic reviews (e.g. Country Procurement Assessment Report, Country Financial Accountability Assessments, etc.) • Country or sector studies and strategies • Country or sector evaluations • Cross-cutting analytical work such as gender assessments
<p>Joint Analytical Work</p>	<p>Joint Analytical Work is: (i) undertaken by one or more donors jointly; (ii) undertaken by one donor on behalf of another donor (including work undertaken by one and/or used by another when it is co-financed and formally acknowledged in official documentation); (iii) undertaken with substantive involvement from the government.</p>