



KYRGYZSTAN

Progress Assessment

Global Fund

Breaking Down Barriers

Initiative

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Disclaimer

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1. Executive Summary

The Global Fund's *Breaking Down Barriers* initiative provides support to countries to scale-up to a comprehensive level programs to remove human rights-related barriers to HIV, tuberculosis and malaria services so as to increase the effectiveness of Global Fund grants and helps ensure that health services reach those most affected. Since the launch of the initiative in 2017, Kyrgyzstan has been one of 20 countries receiving human rights matching funds to remove rights-related barriers for the access of key and vulnerable populations to HIV and TB services. As a part of the *Breaking Down Barriers* initiative, countries are funded to implement a set of internationally recognized human rights programs and to create enabling environments to advance comprehensive responses.

The purpose of the progress assessment is to measure the impact on uptake, access, and retention of HIV, TB and malaria services related to the implementation of human rights interventions with attention to the quality, scale-up and sustainability of their implementation. In addition, the assessments seek to capture lessons learned related to human rights program implementation.

The progress assessment presents results of work carried out between the mid-term assessment in 2020 and July 2023, thus overlapping but not matching the lifespan of the ongoing Grant Cycle 6 (GC6) grant that runs from January 2021 through December 2023. Despite increasingly conservative trends in Kyrgyz society, and the proposed changes to laws and policies that narrow the space for civil society and pose challenges for HIV prevention, this progress assessment found multiple signs that human rights programs are having a positive impact on access of key and vulnerable populations to HIV and TB services. These activities are also impacting the quality of health services through their efforts to change attitudes toward these populations as well to empower these populations to claim their rights, challenge harmful laws and practices, and strengthen community organizations.

The assessment saw significant evidence of increased legal empowerment of members of key and vulnerable populations. Patients have become significantly more vocal about their rights. Peer street lawyers have repeatedly and successfully intervened when police officers interfered with harm reduction and opioid substitution treatment services, invoking a police instruction on policing and health services for drug users. Human rights monitoring mechanisms have allowed civil society organizations to identify systemic challenges, generate local and international pressure on the government to address these challenges, and, in some cases, successfully advocate for legal or policy changes.

Since the [Mid-term Assessment](#), Kyrgyzstan has made progress in scaling up and improving the quality of programs to remove human rights-related barriers and in creating a supportive environment to address such barriers. In 2022, the ministries of health, interior and justice

jointly adopted an Inter-Ministerial Plan of Activities to Overcome Legal Barriers to HIV and TB Services in Kyrgyzstan in 2022-2025, which commits the ministries to concerted efforts of state agencies along with non-governmental organizations (NGOs) and key and vulnerable populations to reform harmful laws and policies and build the capacity of government agencies and institutions, and to providing state funding to improve access of key and vulnerable populations to HIV and TB services. In February 2023 the Ministry of Health established a Working Group to Monitor the Interministerial Plan.¹ Since 2020, programming to reduce stigma and discrimination, improve legal literacy and access to legal aid, and implement community-led monitoring (CLM) were all scaled up and became somewhat more sustainable due to support from state agencies and institutions. Further expansion of the access to free legal aid is expected as, due to advocacy activities undertaken in the context of the Breaking Down Barriers initiative, Kyrgyzstan adopted a new law on State Guaranteed Legal Aid in August 2022, which grants official recognition to paralegals as providers of consultative legal aid.

Despite this progress, the progress assessment identified several critical challenges that will need to be addressed to enhance the quality, scale-up and impact of programs to remove human rights-related barriers. The challenges include insufficient role of grass-roots community organizations in designing and coordinating the essential interventions; insufficient focus on developing long-term collaborations between communities and local authorities; insufficient integration of human rights programs into services; low remuneration and support for frontline community workers; weak monitoring and evaluation (M&E) systems; and insufficient coordination between implementers.

Addressing these challenges is particularly important because of the significant reduction in catalytic human rights funding available to Kyrgyzstan in the forthcoming Global Fund funding cycle, which will make it even more critical that programs that are funded be strategically selected and be effective, and that domestic funding, technical partners and funders converge in supporting those interventions proven to be most impactful and provide the most value for money.

As part of Breaking Down Barriers, progress in countries is assessed on a 0-5 scale, with 0 demonstrating no programs present and 5 indicating that programs are at scale (national level), covering over 90% of key populations.

Key	
0	no programs present
1	one-off activities
2	small scale
3	operating at subnational level
4	operating at national level (>50% of geographic coverage)
5	at scale at national level (>90% geographic coverage + >90% population coverage)
**	not a program area in the assessment periods

¹ Order of the Ministry of Health of the Kyrgyzstan from 14 February 142023, № 131 "On the establishment of a working group to monitor the implementation of the "Action Plan to overcome legal barriers to HIV and TB services in the Kyrgyzstan for 2022-2025".

Breaking Down Barriers to HIV services for key populations in Kyrgyzstan

HIV Program Area	Baseline (2018)	Mid-term (2020)	Progress (2023)
Eliminating stigma and discrimination in all settings	3.0	3.2	3.5
Ensuring nondiscriminatory provision of health care	3.0	4.0	4.0
Ensuring rights-based law enforcement practices	3.0	3.5	3.7
Legal literacy ("know your rights")	1.0	2.0	2.7
Increasing access to justice	2.0	2.5	3.0
Improving laws, regulations and policies relating to HIV and HIV/TB	3.0	3.5	3.7
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	2.0	2.0	2.2
Community mobilization and advocacy for human rights	**	**	2.5
Average Score	2.43	2.96	3.16

Breaking Down Barriers to TB services for key populations in Kyrgyzstan

TB Program Area	Baseline (2018)	Mid-term (2020)	Progress (2023)
Eliminating TB-related stigma and discrimination	1.0	1.5	2.0
Ensuring people-centered and rights-based TB services at health facilities	1.0	2.0	3.0
Ensuring people-centered and rights-based law enforcement practices	0.0	1.0	1.5
Legal literacy ("know your rights")	2.0	2.5	2.7
Increasing access to justice	0.0	1.0	2.5
Monitoring and reforming laws, regulations and policies	2.0	2.5	2.7
Reducing TB-related gender discrimination, harmful gender norms and violence	1.0	1.5	1.7
Community mobilization and advocacy, including support to TB survivor-led groups	1.0	2.0	2.2
Addressing needs of people in prisons and other closed settings	2.0	3.0	3.5
Average Score	1.0	1.8[#]	2.4

[#] = during the midline assessment, there were ten program areas, the nine programs shown in the table above plus "Ensuring confidentiality and privacy", which brings the average score to 1.8 in the midterm.

The scorecards reveal progress across all HIV and TB program areas. During the baseline and mid-term assessments, it was evident that HIV programs were more advanced than TB initiatives. However, in 2022, TB programs saw significant improvements thanks to the introduction of four street lawyers, community mobilization efforts, and collaboration with the penitentiary system. On the other hand, HIV program areas experienced a slowdown in progress, primarily due to the adverse effects of new legislative initiatives that purport to prevent children's exposure to information about "non-traditional sexual relations" but in practice fuel stigma and discrimination of people from LGBTQ communities. In summary, the overall trend indicates a deceleration in the advancement of both HIV and TB programs, mainly attributed to the negative impact of conservative movements in society and the development of new bills targeting "foreign representatives" and the increased regulation of civil society and NGOs.

2. Overview

Since 2017, the Global Fund has committed more than US\$85 million to the Breaking Down Barriers initiative in 20 countries to vastly scale up evidence-based programming for reducing human rights-related barriers to HIV, TB and malaria services. Breaking Down Barriers seeks to remove human rights barriers to accessing HIV, TB and malaria services by providing intensive support including: (a) guidance on implementation of the programs; (b) catalytic funding on a matching fund basis; (c) baseline, mid-term and end-term assessments by which to establish a baseline and measure periodically the impact of scale-up of the programs; (d) support to multi-stakeholder meetings to place the scale-up into a longer-term national strategy; and (e) implementation support in the form of technical assistance.

The Breaking Down Barriers initiative's theory of change draws from evidence found in the HIV and TB epidemics. It highlights that obstacles related to human rights can increase susceptibility to infection and hinder people's ability to access, use, and stay engaged with HIV and TB services. This particularly affects specific key populations and vulnerable groups. To effectively mitigate these barriers, countries should implement a range of internationally recognized, evidence-based [interventions](#) that focus on human rights and gender issues, ensuring high-quality and appropriately scaled implementation. This approach will help expedite progress towards national, regional, and global HIV and TB targets. Additionally, addressing these rights-related barriers will safeguard and enhance investments made by the Global Fund and reinforce the overall strength of health and community systems.

Following the baseline and mid-term assessments in 2017 and 2019, the Global Fund has commissioned progress assessments to examine further progress in the 20 countries and inform further investments in programs to reduce human rights- and gender-related barriers. The purpose of the progress assessments is to measure the impact on uptake, access, and

retention of HIV, TB and malaria services related to the implementation of human rights interventions with attention to the quality, scale-up and sustainability of their implementation. In addition, the assessments seek to capture lessons learned related to human rights program implementation.

Methods

The research methodology involved a context analysis, document review (involving program documents and reports, strategy documents, and limited budget analysis), case study analysis, and in-person interviews with key informants. During the in-country visit, which took place from 5 to 16 December 2022 in Bishkek, from 21 to 23 December 2022 in Osh, and on 24 December 2022 in Jalalabad, the assessment team conducted a total of 51 in-depth key informant interviews. These interviews encompassed a diverse range of individuals, including professionals from the Global Fund grant Principal Recipient (PR), other Global Fund implementers (sub-recipients), service beneficiaries, state officials, health professionals, law enforcement officers, and international technical partners. Additionally, the assessment team conducted seven focus group discussions with various key population groups. Also, site visits were conducted in Bishkek to meet with program implementers and beneficiaries.

Integrating narratives and recommendations for enhanced synergy and cost-effectiveness in HIV and TB programs

Through an extensive series of interviews with civil society representatives, health care professionals, and legal experts, the assessment team discerned that civil society organizations committed to diminishing stigma and championing human rights to remove access barriers to TB services can significantly draw from the experiences of their counterparts addressing similar challenges in the sphere of HIV. It is common for civil society activists and representatives from key populations involved in both the HIV and TB sectors to engage in collaborative training workshops, facilitating the exchange of knowledge and shared insights. Furthermore, legal professionals who offer support to street lawyers operating in the context of HIV also extend their expertise to those tackling TB-related issues.

It is worth noting that many of the gaps and recommendations pertinent to HIV interventions find equal relevance within TB initiatives. The cross-fertilization of human rights and stigma reduction efforts between HIV and TB programs fosters synchronization, synergy, and cost-effectiveness, which assume heightened significance in light of potential budget constraints anticipated in the upcoming grant cycle.

3. Country Context

Epidemiologic Context

Since the mid-term assessment, the total number of HIV cases grew 20.74%, from 9,135 cases in 2019 to 11,526 cases as of 1 January 2023.² In 2022, 90.1% of newly identified HIV cases were registered among the general population, 1.2% among sex workers; 7.1% among men who have sex with men (MSM); and 2.9% among people who inject drugs (PWID). Compared to 2019, the number of new cases among MSM doubled (from 33 in 2019 to 72 in 2022), but the number of new cases among PWID decreased more than four times, from 93 in 2019 to 21 in 2022.³ It is not clear whether these numbers reflect changes in the epidemiological situation or are related to other factors. As of 1 January 2023, out of 10,000 of the total estimated number of people living with HIV, 83% knew their HIV status, 69.5% of the people who know that they are living with HIV are on lifesaving antiretroviral treatment (ART), and 90% of people who are on treatment being virally suppressed.⁴

In 2021, the World Health Organization (WHO) estimated that Kyrgyzstan has a total TB incidence rate of 130 per 100,000.⁵ The TB mortality rate for people who are not co-infected with HIV was estimated at 8.4 per 100,000, an increase from 2018 when it was 6.2 per 100,000.⁶ The treatment success rate of new and relapse TB cases (as registered in 2020) is 82%.⁷ Kyrgyzstan is one of the 30 countries globally with high multidrug-resistant TB (MDR-TB), with 27% of an estimated proportion of new TB cases with MDR/RR-TB in 2021.⁸ TB affects more men than women in all age groups.

Legal and Policy Context

The national HIV response is guided by the *Program of the Government of the Kyrgyzstan to overcome HIV infection in the Kyrgyzstan for 2017-2021*.⁹ In 2023, Kyrgyzstan, guided by the new WHO strategy for combating HIV, hepatitis, and sexually transmitted infections (STIs), plans to approve the unified government program to combat HIV and parenteral hepatitis epidemics. Activities to overcome human rights and legal barriers to HIV and TB services are guided by *Joint Order of the Ministry of Health № 311 of 14 March 2022, Ministry of Interior № 219 of 14 March 2022, and the Ministry of Justice № 34 of 14 February*

² HIV prevalence in Kyrgyzstan as of 01.01.2023. Online: <https://aidscenter.kg/?lang=ru>

³ Ibid.

⁴ Ibid.

⁵ 2021 Tuberculosis profile: Kyrgyzstan. Online: https://worldhealthorg.shinyapps.io/tb_profiles/?_inputs_&entity_type=%22country%22&lan=%22EN%22&iso2=%22KG%22

⁶ Id.

⁷ Id.

⁸ Id.

⁹ Постановление Правительства КР от 30 декабря 2017 года № 852 О Программе Правительства Кыргызской Республики по преодолению ВИЧ-инфекции в Кыргызской Республике на 2017-2021 годы. Online: <http://cbd.minjust.gov.kg/act/view/ru-ru/11589>

2022 On the Approval of the Interministerial Plan of Activities to Overcome Legal Barriers to HIV and TB Services in Kyrgyzstan in 2022-2025.

The Joint Order, in particular, provides for reviewing laws and policy documents to ensure the expansion of access to HIV and TB services, including the list of essential medicines, implementing drug procurement through international platforms, and institutionalizing harm reduction programs. In February 2023, the Ministry of Health of Kyrgyzstan took an important step by creating a working group. This group's primary purpose is to oversee the progress and execution of the "Action plan to address legal obstacles to HIV and TB services in the Kyrgyzstan for the years 2022-2025."¹⁰ It's worth noting that this working group consists of members from both key populations and government officials. This inclusion of diverse perspectives empowers communities that are particularly impacted by these issues and ensures their equal participation in meaningful discussions between the government and civil society.

During 2021-2022, Kyrgyzstan witnessed substantial changes in its legal framework. These changes involved the adoption of a new constitution and the revision of several important laws and codes. Notably, as of January 2023, the Cabinet of Ministers prepared to present three crucial health care-related laws to the Parliament. These laws cover "Public Healthcare,"¹¹ "Protection of Citizens' Health,"¹² and "Medicine Regulation,"¹³ consolidating a total of 15 existing laws, which also encompass legislation concerning the protection of the population from HIV/AIDS and TB. The three laws will replace the 2005 *Law on HIV/AIDS*,¹⁴ and the 1998 *Law on Protection of the Population against Tuberculosis*.¹⁵

The Program TB-VI for 2023-2026 was approved by the Cabinet of Ministers in March 2023.¹⁶ Despite the tremendous efforts of civil society and key populations, the TB-VI Program had very limited references to the prevention of stigma and discrimination as well as to strengthening the engagement with civil society to prevent stigma and discrimination as a reason for late diagnosis and poor adherence to treatment. Stigma toward TB patients remains strong. Experts estimate that "On average, 60% of TB patients experience stigmatization from their local communities. However, the level of self-stigmatization among TB patients is considerably higher, reaching 84%."¹⁷

10 Order of the Ministry of Health of the Kyrgyzstan from February 14, 2023, № 131 "On the establishment of a working group to monitor the implementation of the "Action Plan to overcome legal barriers to HIV and TB services in the Kyrgyzstan for 2022-2025".

11 <http://koomtalkuu.gov.kg/ru/view-npa/1814>

12 <http://koomtalkuu.gov.kg/ru/view-npa/1813>

13 <http://koomtalkuu.gov.kg/ru/view-npa/1812>

14 The Global Fund to Fight AIDS, Tuberculosis and Malaria, Baseline Assessment: Kyrgyzstan (2018). p 30

15 Law of Kyrgyzstan "On the protection of population from tuberculosis" No 65 of 18 May 1998

16 Программа Кабинета Министров КР «Туберкулез-VI» на 2023–2026 годы

17 "Stigma and Discrimination – Combating Ignorance". Online: <http://tbcenter.kg/ru/info/38>

Other Key Considerations for the HIV and TB Responses

Political transition

From 2021 to 2023, Kyrgyzstan underwent a significant political transition marked by crucial changes in its governance and constitutional framework. This period saw the adoption of a new constitution, reflecting a shift towards a more presidential system and consolidating the President's authority. Key laws and codes were revised to align with the new constitution. The political landscape was characterized by a continuous effort to establish stability and strengthen democratic institutions, and it included the preparation of vital health care-related legislation. It is worth noting that during this transition, the government made attempts to narrow the space for civil society and create more obstacles for civil society and key populations to engage with the government meaningfully on HIV and TB issues. This created additional challenges in the country's response to these health crises.

Conservative trends in Kyrgyz society

In recent years, Kyrgyzstan has witnessed a notable surge in conservative attitudes, paralleled by the growing influence of Russia in the country. This influence is apparent in the proposed bills on foreign agents and anti-gay propaganda, akin to legislation implemented in Russia, which raise concerns about potential limitations on civil society, freedom of expression, and the access to funding.

Furthermore, the expanding power of state law enforcement and security agencies in Kyrgyzstan is a concerning development. This growing influence raises questions about the protection of civil liberties and human rights in the country. Notably, from 2021 to 2023, there has been a worrying trend of arrests targeting civil society activists and lawyers, raising concerns about the shrinking space for dissent and the protection of legal advocates in the nation.¹⁸

Interviewed representatives from LGBT groups noted that the increasing emphasis on traditional values in Kyrgyzstan has led to a rise in stigma and discrimination against the LGBTI communities among the growing religious segments of the country's population, which are also increasingly powerful politically. As conservative ideologies gain prominence, they often come into conflict with the principles of tolerance and inclusion. This has created an environment where LGBTI individuals encounter increased prejudice and social exclusion, making it difficult for them to openly live their lives and enjoy the same rights and opportunities as others. The rising number of newly identified HIV cases among MSM might be linked to the worsening environment for LGBT populations.

¹⁸ Kyrgyzstan: Mass arrests of government critics in escalating crackdown on dissent. October 2022. Online: <https://www.iphronline.org/kyrgyzstan-mass-arrests-of-government-critics.html>

The confluence of these factors underscores the complex dynamics at play in Kyrgyzstan's political and social landscape as it navigates the intersection of conservatism, international influence, and evolving governance structures.

Continuous pressure on key populations from law enforcement

Despite positive changes in Kyrgyzstan's criminal laws and numerous human rights training sessions for law enforcement, there remains a concerning pattern of continuous pressure on people who use drugs (PWUD) and sex workers by law enforcement agencies. Between 2021 and 2023, several cases have been reported where individuals who use drugs have been falsely framed as drug traffickers, illustrating a persistent issue of wrongful accusations. Moreover, instances of police provocations targeting this vulnerable population have occurred, exacerbating tensions and mistrust between law enforcement and these communities. Extortion of money from PWUD and sex workers by some members of the police force continues, casting a shadow over the progress made in legal and human rights reforms. These ongoing challenges emphasize the need for sustained efforts to ensure that the rights and dignity of all individuals in Kyrgyzstan are respected and protected, irrespective of their backgrounds or circumstances.

4. National Ownership and Commitment to an Enabling Environment to address human rights-related barriers

In the context of Kyrgyzstan's participation in Breaking Down Barriers, there's a mandate for all countries to formulate national plans aimed at eliminating rights-related obstacles to accessing HIV and TB services. Additionally, they are required to establish or designate a coordinating body for executing this plan. Kyrgyzstan has made strides in cultivating an environment that supports rights-based approaches to HIV and TB responses. Nevertheless, there are lingering challenges when it comes to putting these plans into action and ensuring effective coordination among relevant stakeholders.

HIV and TB Programs

The progress is evident in both the coverage and quality of human rights programming since the 2020 Mid-Term Assessment.

1. **Interministerial Plan to overcome legal barriers:** In 2022, key ministries approved a Joint Order of the Ministry of Health № 311 of 14.03.2022, Ministry of Interior № 219 of 14.03.2022, and the Ministry of Justice №34 of 14.02.2022 *On the Approval of the Interministerial Plan of Activities to Overcome Legal Barriers to HIV and TB Services in Kyrgyzstan in 2022-2025*. The Interministerial Plan commits three

ministries to a set of measurable activities aimed at creating an enabling environment in which to address human rights and legal barriers to the access of HIV and TB services for key and vulnerable populations.

2. **Working group to monitor the implementation of the Interministerial Plan:** In 2023 the Ministry of Health approved the Order of the Ministry of Health of the Kyrgyzstan from 14 February 2023, № 131 *On the establishment of a working group to monitor the implementation of the "Action Plan to overcome legal barriers to HIV and TB services in the Kyrgyzstan for 2022-2025*. This Working Group serves as a collaborative mechanism involving both civil society and government stakeholders to uphold a commitment to addressing human rights and legal obstacles in this context.
3. **Legislative changes and health care laws:** In 2021-2022, Kyrgyzstan saw significant legislative changes, including a new constitution and a revision of the criminal code. Three key health care laws are in progress for parliament submission: "Public Health Care," "Protection of Citizens' Health," and "Medicine Regulation." These laws encompass 15 existing ones, including those related to HIV/AIDS and TB, aiming at unifying the national legal framework on public health and improving the protection of patients against stigma and discrimination, including in the area of HIV and TB.
4. **Government funding and program expansion:** Starting in 2021, Kyrgyzstan increased government funding for HIV and TB programs, with about 80% of ARV drugs now sourced from state funds. Financing for diagnosis, treatment, and opioid substitution therapy programs also expanded. In 2022, Kyrgyzstan committed to the initiation of funding for second-line anti-TB drugs and the implementation of the state social procurement in HIV and TB.
5. **Optimizing anti-TB services:** The government is optimizing the anti-TB service to maintain staff and laboratory capacity while transitioning to outpatient TB treatment.
6. **Latest recommendations in HIV and TB care:** Kyrgyzstan follows the latest WHO recommendations for HIV and TB care, including the use of the Bedaquiline, Pretomanid, and Linezolid (BPaL) regimen and individualized TB treatment.
7. **Unified program and priority access:** In 2023, the Cabinet of Ministers of Kyrgyzstan plans to enact a unified government program to combat HIV and parenteral hepatitis following the new WHO strategy. Free treatment for viral hepatitis B and C will be provided to priority groups, including people living with HIV (PLHIV), people in prisons, TB patients, and those with liver cirrhosis. The program will include a plan for future expansion of free access to treatment for key populations.
8. **Electronic M&E:** The Ministry of Health is committed to expanding the electronic HIV monitoring system, integrating existing national public health monitoring with that of

the Global Fund-supported program to improve program oversight and streamline monitoring standards.

9. **Mid-term evaluations and progress assessments:** Enactment of the *Interministerial Plan of Activities to Overcome Legal Barriers to HIV and TB Services in Kyrgyzstan in 2022-2025* provides for conducting mid-term evaluations of health care programs and assessing progress in overcoming legal barriers. These evaluations will help identify gaps and adjust program activities to further reduce stigma and discrimination against key and vulnerable populations in the context of HIV and TB.

However, to fulfill these commitments effectively, certain essential actions must be taken. These actions include a thorough review of policy documents to widen the scope of HIV and TB services, reconsider state guarantees and drug procurement methods, and establish formal structures for harm reduction programs. Additionally, the commitment necessitates technical support and coordinated efforts to facilitate the transition to government financing, champion the registration of medicines, enhance state-led procurement procedures, and consistently evaluate progress. Developing and implementing a detailed plan for optimizing outpatient TB care, in collaboration with civil society organizations, is imperative. Furthermore, clinical protocols will be reevaluated to broaden the array of available medications and enhance treatment approaches. Periodic assessments of the government's commitment, as reflected in laws and policies, will be carried out in partnership with technical experts, civil society, international donors, and technical partners such as WHO and UNAIDS.

Executing these essential actions faces formidable challenges within the current environment. The shrinking space for civil society, exacerbated by increased stigma against key populations, poses a substantial risk. Moreover, restrictions on foreign funding have constrained the resources available for critical programs and initiatives. Additionally, the intensified law enforcement pressure on key and vulnerable populations has raised concerns about their safety and ability to engage in these efforts effectively. These formidable obstacles highlight the need for resilient strategies and sustained advocacy to overcome these challenges and uphold the commitment to expanding and improving HIV access for key populations.

5. Programs to Remove Rights-related Barriers to Health Services and the Enabling Environment

The progress assessment found multiple signs that human rights programs are having a positive impact on access of key and vulnerable populations to HIV and TB services and the quality of health services, through activities to change attitudes toward these populations, empower these populations to claim their rights, challenge harmful laws and practices, and strengthen community organizations. The 2022 Stigma Index report notes that the study “unequivocally shows a significant decrease in (recently experienced) stigma and discrimination” compared to a similar study conducted in 2015.¹⁹ It cited large declines across numerous indicators in self-reported incidents of stigmatizing and discriminatory treatment toward people living with HIV. The study noted a sharp reduction in PLHIV who reported forgoing health care services due to fear of stigma and discrimination, from 24 percent in 2015 to 8 percent in 2022. Separate studies have found reductions in reported negative experiences with police officers among people who use harm reduction services, with one study finding the percentage of participants having such experiences declining from 26% in 2019 to 11.3% in 2020.²⁰

Testimonies from a variety of stakeholders - including members of key and vulnerable populations - obtained during the progress assessment were consistent with the findings of these studies and described how programs to remove human rights-related barriers were contributing to these trends. In particular, key informants almost uniformly stated that health settings had become more welcoming for key and vulnerable populations as a result of multiple efforts to sensitize health workers on the importance of providing them with non-stigmatizing services. Kyrgyzstan committed to continuing to address stigma and discrimination by joining the Global Partnership for Action on All Forms of HIV-related Stigma and Discrimination (Global Partnership) in 2020 to accelerate the implementation of commitments to end HIV-related stigma and discrimination in such priority settings as health care, legal and justice systems, individuals, households and communities. The assessment saw significant evidence of increased legal empowerment of members of key and vulnerable populations. Health workers told the assessment team that patients have become significantly more vocal about their rights. In group interviews, PWUD recounted multiple instances where they had used rights information obtained during legal literacy training to successfully withstand police harassment. Peer street lawyers have repeatedly and successfully intervened when police officers interfered with harm reduction and opioid substitution treatment services, invoking police instruction on policing and health services

¹⁹ People Living with HIV Stigma Index 2.0. Kyrgyzstan 2022. Harm Reduction Network Association Study report. GNP+ and CAAPL. 2022. Page 63. https://www.stigmaindex.org/wp-content/uploads/2022/04/Kyrgyzstan-SI-2.0-Report-2022_English.pdf

²⁰ ОФ «СПИД Фонд Восток Запад в Кыргызской Республике». Оценка исполнения Инструкции «О профилактике ВИЧ-инфекции уполномоченными государственными органами внутренних дел, по контролю наркотиков и в сфере Исполнения наказаний КР, взаимодействующими с ключевыми группами». Проект ПРООН/ГФ «Эффективный контроль за туберкулезом и ВИЧ-инфекцией в Кыргызской Республике». 2020.

for drug users. Human rights monitoring mechanisms have allowed civil society organizations to identify systemic challenges, generate local and international pressure on the government to address these challenges, and, in some cases, successfully advocate for legal or policy changes.

6. Impact Case Studies

Case study one: Enhancing human rights in Kyrgyzstan through legal empowerment for people who use drugs

Introduction: Since the early 2000s, law enforcement agencies in Kyrgyzstan have been engaged in ongoing training initiatives aimed at helping these agencies understand their pivotal role in HIV prevention efforts. However, certain aspects of drug-related policing persisted as outdated practices, resulting in unwarranted harassment and constrained access to health care services for individuals with a history of drug use.

Background: In 2015, communities representing PWUD embarked on a journey to access pro bono legal and human rights support from paralegals and professional lawyers. Regrettably, the availability of such support was limited initially. A transformative turning point arrived with the introduction of the Breaking Down Barriers initiative, which catalyzed the creation of a network of peers equipped with legal knowledge and skills. Over 100 individuals who use drugs became active participants in legal and human rights workshops. These workshops provided them with essential knowledge concerning drug laws, the boundaries of police conduct, and mechanisms for legal self-defence. Given the frequent modifications to the criminal code between 2017 and 2021, these workshops and accompanying educational materials became indispensable resources, even for police officers striving to stay abreast of legal developments.

Positive outcomes: The tangible impact of this pioneering initiative became evident in early 2021. PWUD began reporting numerous instances where they effectively employed their newfound legal knowledge to counter police harassment. Peer paralegals intervened successfully when law enforcement officers impeded harm reduction and opioid substitution treatment services, invoking relevant police instructions. Overall, the interactions between the public and law enforcement witnessed a significant improvement, marked by greater respect from officers and a reduction in detentions of opioid substitution therapy patients for purposes of coercion.

As succinctly articulated by one person who uses drugs, "The police started treating people more respectfully; if you know your rights, you can make the police respect them." Encouragingly, law enforcement officers themselves began proactively seeking collaboration with civic organizations dedicated to working with PWUD. This shift in perspective recognized drug dependency as a societal concern necessitating support rather

than punitive measures. Materials developed with the direct involvement of individuals with lived experience of drug use played a vital role in destigmatizing drug users and informing law enforcement practices.

Interagency collaboration: In a significant development in 2022, an interagency order titled the *Interagency Plan for Overcoming Legal Barriers to HIV and Tuberculosis Services in the Kyrgyzstan, 2022-2025* was signed. This plan underscored the importance of adherence to existing laws, the prevention of stigmatization and discrimination, and the provision of services to persons living with HIV and TB, especially those at highest risk.

Progressive drug policy: Kyrgyzstan's drug policy – most notably the administrative decree which considers only the amount of pure psychoactive substances in drug weights - stands out as one of the most progressive in the region. Interviews with affected individuals revealed how their basic legal knowledge enabled them to evade extortion and involuntary cooperation with law enforcement. By effectively utilizing video evidence and understanding the distinctions between minor drug offenses and more severe crimes, these individuals were better equipped to protect their rights.

Empowerment and professionalism: The Breaking Down Barriers activities in "access to justice," "know your rights," and "law enforcement training" have not only empowered PWUD to assert their rights - particularly the right to health - but have also significantly enhanced the commitment of law enforcement officers to human rights and professionalism.

Conclusion: The Kyrgyzstan case exemplifies the transformative potential of legal empowerment and training in effecting substantial improvements in the treatment of marginalized communities, particularly PWUD, by law enforcement agencies. By equipping individuals with knowledge of their rights and fostering collaboration between drug users, civic organizations, and the police, Kyrgyzstan has made noteworthy strides toward safeguarding human rights and public health. The country's progressive drug policy and commitment to interagency collaboration underscore its dedication to reducing stigma, discrimination, and legal impediments to essential health care services.

Case study two: Enhancing sustainable and quality access to justice for key populations

Introduction: In early 2015, a collaborative effort between civil society organizations and legal professionals in Kyrgyzstan embarked on an ambitious endeavor to establish sustainable and high-quality paralegal services for PWUD, sex workers, MSM, and PLHIV. These key populations often face formidable legal barriers when attempting to access essential health services.

Formation of a peer paralegal network: By 2020 (with the help of the Breaking Down Barriers initiative) a significant milestone was achieved, as a network of peer paralegals was formed, consisting of over thirty individuals from all key populations who underwent

comprehensive training. This training equipped them with the necessary skills to offer basic legal advice and generate essential documents that would guide members of key populations through complex bureaucratic procedures. As a result, these paralegals played a pivotal role in enabling access to health services, disability services, and other fundamental necessities. Their services proved especially critical for individuals lacking proper documentation, those whose confidential information was disclosed, and those who fell victim to rights violations by law enforcement personnel and health care providers.

Challenges of sustainability: Despite the initial success, the sustainability of this peer paralegal network remained a significant concern. The network relied heavily on international funding, leaving it vulnerable to uncertainties and limitations associated with external financial support. Recognizing the urgency of addressing this obstacle, civil society organizations and key population advocates working within the Breaking Down Barriers initiative embarked on a strategic path to enhance the sustainability and effectiveness of the paralegal services.

Advocacy for legal reform: In 2021, the culmination of determined advocacy efforts was witnessed, as amendments were introduced to the laws governing free legal aid in Kyrgyzstan. These amendments aimed to elevate paralegal services to the status of guaranteed legal aid, similar to professional legal assistance. According to the revised law, legal services could now be administered by both NGOs and professional paralegal associations.

Institutionalization of paralegal certification: Further progress was achieved in 2022 when the International University of Kyrgyzstan developed a comprehensive certification course tailored for paralegals. This curriculum drew inspiration from the successful HIV and TB paralegal course, initially established as part of the Breaking Down Barriers initiative. The newly designed course was piloted in December 2022 with 40 participants, including paralegals from key populations, although key populations were not specifically targeted as part of the recruitment process for this course.

Ministry of Justice endorsement: During an interview conducted with a representative from the Ministry of Justice, enthusiastic support was expressed for the integration of free legal aid into the certification course. The endorsement further extended to the inclusion of paralegals serving marginalized and vulnerable communities. By recognizing the vulnerabilities faced by these communities and the significance of delivering sensitive legal services, this endorsement paved the way for a more inclusive and comprehensive approach to legal aid.

Outcome and Impact: The culmination of these efforts heralded a new era of access to justice for key populations in Kyrgyzstan. The comprehensive paralegal certification course and the formal integration of paralegal services into the legal aid framework were important steps toward ensuring sustainability and a higher quality of support. This development

transcended geographical boundaries, extending to every district of Kyrgyzstan, thus addressing barriers to essential HIV services for those who needed them the most.

Conclusion: The journey from inception to institutionalization showcased the power of collaboration between civil society, legal professionals, and governmental bodies in advancing sustainable and quality access to justice. By advocating for legal reforms, establishing standardized paralegal training, and fostering a comprehensive understanding of the needs of key populations, Kyrgyzstan is on track to transform its legal aid landscape to include people living with or vulnerable to HIV and TB.

The case studies outlined above stand as compelling illustrations of the tangible impact achieved through the implementation of the Breaking Down Barriers initiative, closely aligning with the theory of change. As witnessed in these cases, the empowerment of key and vulnerable populations through legal knowledge and accessible (para)legal services, has resulted in an improved legal environment and access to health services. Furthermore, the strengthening of capacities of individuals from key populations and community organizations has played a pivotal role in enhancing the HIV and TB response. This multifaceted approach has successfully enabled an increasing number of individuals from these populations to not only access but also feel comfortable and secure in engaging with and remaining in HIV and TB prevention and treatment services. These case studies, therefore, provide a robust empirical foundation for the continued pursuit of such comprehensive strategies in advancing public health and human rights on a global scale.

7. Towards Comprehensiveness: Achievements and Gaps in Scope, Scale and Quality of programs

7.1 For HIV

This section delves into the progress made in establishing a comprehensive response to overcome human rights and legal barriers in the context of HIV. As previously explained in the methodology section, narratives and recommendations pertaining to HIV and TB are often intertwined and mutually reinforcing. Implementers of HIV and TB programs are encouraged to familiarize themselves with information concerning both HIV and TB program areas. This serves to promote synergy and cost-effectiveness in the implementation of similar interventions to address stigma, human rights, and legal barriers to the access by key and vulnerable populations to HIV and TB services.

(i) Eliminate stigma and discrimination in all settings

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Eliminate stigma and discrimination in all settings	3.0	3.2	3.5

In 2020 Kyrgyzstan joined the Global Partnership, prioritizing health care, legal and justice systems, individuals, households, and communities (among other settings).

As a result of civil society, national and international stakeholders' efforts, key populations reported improved tolerance among the general public, especially in big cities. Interviewed professionals from state medical institutions noted that due to international investment in stigma reduction activities concerning key populations, stigma against these populations seemed to reduce. At the same time (in their opinion), more investment is required for stigma reduction activities aimed at the general public.

Representatives of MSM and transgender (TG) communities have noted that, despite increased intolerance among influential religious segments of the population, tolerance towards the LGBT population has increased in major cities, mostly due to stigma reduction activities carried out by LGBT organizations, including those who deliver HIV services. A new phenomenon was mentioned: the increasing availability of foreign films depicting LGBT lives, contributing to the normalization of the LGBT image in society.

Additionally, young people are exposed to a wealth of information through the internet, including from specific platforms and bloggers advocating for a more tolerant attitude towards the LGBT community. Kyrgyz-Indigo has its own online resources, through which information about the LGBT community is disseminated. Furthermore, following outreach efforts by LGBT organizations, including those who provide HIV services, contemporary internet bloggers, popular among the youth, started sharing information about the LGBT community on their platforms.

Unfortunately, as noted, the Islamization of Kyrgyz society has also bred intolerant attitudes toward certain key populations, particularly LGBTQ and sex workers in small cities, in rural areas, and among religious communities.

Program Challenges

Lack of nationally owned stigma and discrimination campaigns. At present, almost all stigma and discrimination reduction programs are supported via international funding, with no clear plans for transitioning them to national ownership. This is unsustainable, especially with uncertainties over international funding, as the reduction in catalytic human rights funds available to Kyrgyzstan in the coming funding cycle demonstrates. Only a few programs to

reduce HIV stigma aim to reach the general population, especially in conservative and religious areas.

Recommendations:

- Kyrgyzstan's Advertisement Act and its State Social Contracting Act provide mechanisms to conduct social advertising on issues of public interest. These legal provisions should be used to organize national HIV stigma reduction campaigns aimed at the public. Among others, these campaigns should focus on preventing the abandonment of people diagnosed with HIV, an issue that remains common. The use of this mechanism would represent a good example of the Global Fund's value-for-money approach, as it increases sustainability and efficiency.
- Continue the engagement of HIV service organizations with religious and community leaders to promote community support for health and social services for people vulnerable to or living with HIV.

Lack of national strategy to monitor levels of stigma and discrimination. Monitoring levels of stigma and discrimination is currently done haphazardly, making it difficult to track and respond to developments as they occur. While Stigma Index studies are important, there have been large intervals between Stigma Index rounds, pointing to the need for additional complementary real-time programmatic monitoring.

Recommendations:

- State organizations and NGOs working in the HIV response should develop a strategy that uses a more diverse set of tools to routinely measure stigma and discrimination over time. Local community organizations and providers of HIV prevention and treatment services are well placed to routinely collect data on stigma and discrimination as part of CLM in health and law enforcement settings, as well as communities, but currently lack the tools and resources to do so. Community organizations could, for example, regularly administer simple questionnaires to their clients and beneficiaries.
- This strategy should include mechanisms to periodically inform law enforcement, health institutions, and other government agencies at the national and local level about changes in stigma and discrimination in all three sectors and possible recommendations for addressing them.
- The integration of stigma and discrimination measurement tools in health facilities, as well as pre- and post-training assessments among health care providers and law enforcement officers, would provide for tracking of GAM indicators over time, as well as important data for triangulation.

(ii) Ensuring the non-discriminatory provision of HIV health services

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Ensure non-discriminatory provision of health care	3.0	4.0	4.0

Significant progress has been made in this program area. Medical professionals across all regions of Kyrgyzstan have undergone training to reduce stigma. Experts have noted that no fewer than 35% of medical personnel, out of the total health care workforce, are actively engaged in these training programs. Stigma Index studies showing reductions in stigma and discrimination in health settings²¹ and key informants are consistently describing significant improvements, especially in specialized services such as AIDS centers. With reductions of stigma and discrimination in these services, the focus of anti-stigma and discrimination programs has started to shift to the primary and secondary care levels, where health workers are generally less knowledgeable about HIV, or about the specificities of key and vulnerable populations.

The assessment found that a wide variety of training modules for health workers, implemented by both state and nongovernmental institutions and funded by multiple donors, contain significant components focused on health care workers' interactions with key and vulnerable populations and the importance of non-stigmatizing and non-discriminatory provision of care. Similarly, pre-service and continuing education curricula include modules on stigma and discrimination. This means that large numbers of health care workers are exposed to training on stigma and discrimination and are taught best practices in attending to the needs of key and vulnerable populations.

Challenges

Lack of domestic funding for training of health workers. The progress assessment found that many of these trainings, including those that are taught at the National Institute for Continuing Medical Education, are supported through international funding rather than from national budgets. This raises concerns about their sustainability as well as the expansion of coverage beyond 35% of the total health care workforce.

Recommendation:

- Domestic funds should be made available to train health care workers on stigma and discrimination

²¹ People Living with HIV Stigma Index 2.0. Kyrgyzstan 2022. Harm Reduction Network Association. Study report. GNP+ and CAAPL. 2022. Page 63. https://www.stigmaindex.org/wp-content/uploads/2022/04/Kyrgyzstan-SI-2.0-Report-2022_English.pdf

Lack of M&E to assess the quality and impact of trainings. While the Stigma Index study shows reductions in levels of stigma and discrimination in health care settings, little remains known about the extent to which these trainings are contributing to this dynamic and what training modalities have been most successful. Beyond pre- and post-training tests that assess changes in knowledge at the end of trainings, little data is collected to assess their effect on the behavior and knowledge of health care providers over time.

Recommendation:

- Assess the longer-term effects of trainings on knowledge and behavior of health care workers to identify effective training modalities. For example, periodic evaluations could be conducted to assess not only health care workers' retention of knowledge of training materials but also whether and how that knowledge was used in practice and how training affected health care worker behavior toward key and vulnerable populations. Such evaluations could be conducted periodically among randomly selected training participants.

Training of primary and secondary care workers. While stigmatizing or discriminatory treatment at specialized health care facilities for HIV, TB, and related fields is declining, significant challenges remain among primary and secondary care workers.

Recommendation:

- Ensure that training programs reach primary and secondary care workers including family doctors, gynecologists, dentists, surgeons, etc. using a variety of modalities, including the Kyrgyz State Medical Institute of Post-Graduate Training and Continuous Education, targeted trainings, and community engagement.

Health care workers continue to share data on PWUD with law enforcement. PWUD reported that Kyrgyzstan's drug user registry remains in effect and that doctors continue to share information about PWUD with law enforcement in ways that violate the principle of medical confidentiality (i.e., routine sharing without duly issued request as provided for under Article 91 of Citizens' Health Protection Act No 6 of 9 January 2005). Interviewed experts note that the negative impact of the registry is compounded by the digitization of government services and the development of a unified government interdepartmental online service portal known as "Tunduk." Within the framework of Tunduk, information about individuals registered with addiction treatment services and psychiatric facilities will be readily accessible to law enforcement agencies online, without any request or consent from the patient, thus contravening norms related to medical confidentiality. Additionally, patients express concerns about the level of security safeguarding the information within the Tunduk system from potential breaches.

Recommendation:

- Advocacy should be undertaken to abolish the drug user registry or, at least, end the unlawful sharing of confidential medical information. Health care workers in the narcology system should be sensitized around national and international legal standards on confidentiality.

Use CLM to inform health care workers' training and policies. At present, no mechanisms exist to ensure that data collected through CLM is regularly shared with health professionals and decision-makers, so that challenges identified in that data can be effectively addressed.

Recommendations:

- Regularly inform health professionals, outreach and social workers, and case managers about the work of street lawyers and other CLM initiatives.
- Convene periodic meetings with medical education institutions to review results of CLM, stigma index and other relevant studies, to determine strategies and programmatic steps to continue to reduce stigma and discrimination in health institutions.
- To improve accountability, existing accountability procedures for health care workers should be used when CLM identifies cases of stigmatizing or discriminatory treatment or other professional misconduct. When these are part of a pattern of such cases, steps should also be taken to hold chief doctors accountable.

(iii) Ensuring rights-based law enforcement practices

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Ensuring people-centered and rights-based law enforcement practices	3.0	3.5	3.7

Kyrgyzstan has institutionalized sensitization of law enforcement officers on HIV and key and vulnerable populations as part of optional curricula at the National Police Academy and police college. At the provincial and local levels, civil society organizations are still relied on to conduct these trainings. As of December 2022, within the framework of the program, numerous training events were organized for law enforcement personnel in various regions, reaching a coverage of no less than 65% of law enforcement staff.

People from key populations report some positive changes in police behavior towards them and the services they utilize (i.e., harm reduction services), although sex workers report continuous misuse of power by the police. Lawyers who provide access-to-justice services for PWUD and people from the LGBTQ community also suggest that there has been a slight

reduction in police abuses against PWUD and people from the LGBTQ community. This data, however, does not provide much insight into the causes of these improvements - whether they are linked to sensitization activities, and, if so, what kind of activities. Key informants identified high turnover among police officers as a risk that potentially impacts the effectiveness of one-off sensitization activities.

The most concrete examples of the impact on police behavior toward key and vulnerable populations the assessment team came across were linked to the work of street lawyers. The assessment team learned of multiple cases where street lawyers intervened when police interfered with harm reduction or substitution treatment sites. In several such cases, street lawyers visited local police chiefs to discuss the situation and found that officers were unaware of the instruction for police to support harm reduction from sensitization training.

Challenges

Lack of training for drug enforcement officers. Key informants noted that few officers from drug enforcement units had ever participated in sensitization activities, even though these officers frequently encounter PWUD. Furthermore, because these officers are measured against performance indicators relating to individuals rather than on wholesale drug traffickers, individuals who use drugs continue to experience heightened stigma and discrimination.

Recommendation:

- Human rights training for drug enforcement officers should become part of the curriculum at police education institutions. Civil society, drug enforcement, and other law enforcement services should be engaged in a sustained manner (see below).
- It is necessary to work on reforming the system of performance indicators that would shift the focus of law enforcement agencies towards crimes related to wholesale drug trafficking rather than actions associated with drug use, possession, and minor peer-to-peer distribution conducted by drug users themselves. An indicator of working with drug users could be the percentage of voluntary referrals or diversion of PWUD from criminal justice system for medical and preventive assistance.

Lack of sustained engagement of police officers. As noted above, the assessment found that few projects promote sustained engagement of outreach workers and street lawyers with local police officers, even though such engagement can have a significant impact on the behavior of police officers and facilitate the resolution of cases of human rights violations when they occur. Interviewees from several provinces expressed concern that they are not always engaged in the preparation and execution of meetings and informational events involving local law enforcement representatives. This overlooks a unique opportunity for fostering collaboration at the local level.

Recommendations:

- Activities should focus on promoting horizontal cooperation at the local level between local community organizations and local law enforcement departments, including through routine engagement such as via regular weekly information sessions for officers at every department concerning HIV and human rights.
- A network of police focal points whom street lawyers can contact in order to mediate situations of human rights infringements by police officers should be created.

Use CLM to inform police training and policies. At present, no mechanisms exist to ensure that data collected through CLM is regularly shared with law enforcement professionals and decision-makers so that the challenges identified in that data can be effectively addressed. This on the one hand includes a key challenge related to police performance indicators that reward officers for focusing on policing PWUD and petty dealers rather than wholesale commercial drug traffickers. On the other hand, this includes a key issue with how CLM data is documented and presented, particularly when information is based on self-reports from key population representatives, without the ability to validate the data through official reports to government institutions regarding cases of human rights violations by law enforcement agencies.

Recommendations:

- Regularly inform police officers about the work of street lawyers and other CLM initiatives.
- Convene periodic meetings with law enforcement institutions to review results of CLM, stigma index, and other relevant studies, to determine strategies and programmatic steps to continue to reduce stigma and discrimination in law enforcement. In particular, at such meetings, analysis should be provided of instances of problematic police behavior (such as misuse of power, extortion, police entrapment, and interference with health services for PWUD).
- Furthermore, it is essential to provide training for civil society representatives in presenting data on sensitive matters concerning the activities of law enforcement agencies. When data is gathered through self-reports and essentially serves as an invitation for dialogue to enhance the effectiveness of law enforcement agencies rather than serving as irrefutable evidence of their misconduct, skills are needed to effectively communicate these nuances.

(iv) Increasing legal literacy (“know your rights”)

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Legal literacy	1.0	2.0	2.7

The recent expansion of the street lawyers program led to improved access of key populations to know-your-rights information. Street lawyers distribute printed materials about human rights tailored to the specific needs of key populations. They also provide training for key population groups on the local level. A case study example given in the above section demonstrates how this information helps PWUD defend their rights from the misuse of power by law enforcement.

The *State Guaranteed Legal Aid Act № 91* presents an excellent opportunity to institutionalize access to know-your-rights information by way of training and encouraging free legal aid coordinators and providers to be the channels of free legal and human rights information tailored to key population groups.

Challenges

As noted above, the adoption of Kyrgyzstan's new legal aid law was an important breakthrough in 2022. It provides important opportunities for the institutionalization of legal aid for key populations, including the distribution of free know-your-rights information through free legal aid coordinators, professional lawyers, and paralegals working in the fields of HIV.

Recommendations:

- As part of activities to operationalize the *State Guaranteed Legal Aid Act № 91* consider investing in providing free legal aid coordinators, professional lawyers, and paralegals with training materials, leaflets, and online materials to be distributed widely among key populations. This should include information about free legal aid and how to contact district-free legal aid coordinators.
- Consider negotiating with the state-guaranteed legal aid coordinators to include in their services a basic consultative package for key populations with brief explanation of fundamental rights and freedoms, as well as legal responsibilities and ethics of doctor-patient relations. The information for legal aid coordinators should include a standard operating procedure for handling key and vulnerable populations, a basic information sheet on rights, obligations, and remedies, and information on referral services.

(v) Increasing access to justice

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Improve access to justice	2.0	2.5	3.0

The most prominent program aimed at improving legal literacy among key and vulnerable populations and access to legal aid is the street lawyers program²². Most key informants considered this program successful, noting that it routinely helps members of key and vulnerable populations defend their rights and maintain access to HIV services. As of the end of 2022, the program currently includes 31 street lawyers, including four street lawyers who provide services to people with TB, and covers Bishkek and Chui Region, Osh and Osh Province, and the city of Jalalabad, which accounts for approximately 20% of the territory of Kyrgyzstan. However, it is in these provinces that the largest number of representatives from key and vulnerable population groups reside, allowing for coverage of these groups to reach around 65%.

Following years of advocacy efforts by civil society and technical partners, Kyrgyzstan adopted a new law, the *State Guaranteed Legal Aid Act № 91*, in August 2022, which guarantees access to state-funded professional legal aid as well as to consultative aid by paralegals and NGOs. The law's provisions on paralegal support are informed by the positive experiences of the street lawyer program. The law creates opportunities to institutionalize street lawyers as part of state-guaranteed free legal aid for key and vulnerable populations. At present, implementing regulations are being developed, and the law is expected to become operational in 2023. During interviews, representatives of civil society organizations and experts from the Ministry of Justice discussed plans to actively use the best practices of the street lawyers program in the training of legal aid coordinators, legal professionals, and paralegals from the civil sector.

Challenges

While the street lawyers program is well regarded, the assessment identified a number of key challenges:

Limited community ownership and control. The idea behind peer paralegal programs is that they are a community-led tool that is owned and operated by communities. The tool allows communities to provide peer support to their members, defend their rights, monitor human rights violations, and advocate for changes to harmful policies and practices. In Kyrgyzstan, however, this program is not really community owned. Instead, the program is managed by the Soros Foundation Kyrgyzstan (FSK), a community-friendly rather than community-led organization. Interviews with various stakeholders suggested that key decisions about the peer paralegal program are made without sufficient input from community organizations, and that communication between FSK and participating community organizations about the program is insufficient. This has led to friction between FSK and community organizations and means that community organizations have little ability to adapt the program to fit the needs of their communities.

²² In this report the terms “street lawyer” and “peer paralegal” have similar meaning – a person with or without formal legal education who possess basic knowledge and skills to help people from key and vulnerable populations overcome human rights and legal barriers to access HIV, TB and other health services.

Recommendation:

- Increase ownership of key and vulnerable groups and organizations of the street lawyers program by accelerating the process of transferring responsibilities from FSK to HIV service providers and community-based organizations. These organizations should ideally pay paralegals directly, so that the paralegals become part of the organization's staff; they should have access to cases documented by their paralegals; they should regularly be briefed on the work of the paralegal program as a whole and be part of key decisions.
- FSK should take on a supporting role to enable service and community organizations to run the street lawyers' program through a Technical Assistance Group (mentioned above) that should fulfill key common functions such as coordination, training, and skill development of street lawyers; administration of the database of cases; managing the pool of professional lawyers for legal services; analysis of data; and supporting advocacy strategy development.

Building long-term collaborations between street lawyers, police, and health officials.

Individual street lawyers gave examples of such relationships developing organically, but there was little evidence of structural efforts to ensure that street lawyers build long-term working relationships with police and health officials, even though such relationships are critical to both the sensitization of such officials and to facilitating the work of street lawyers.

Recommendation:

- As noted above, investments should be made in activities aimed at facilitating close working relationships between street lawyers and health and police officials in their geographic location.

Implementation of legal aid law. As noted above, the adoption of Kyrgyzstan's new legal aid law was an important breakthrough in 2022. It provides important opportunities for the institutionalization of legal aid for key and vulnerable populations and for the institutionalization of paralegals working in the fields of HIV.

Recommendations:

- As the government operationalizes the law, it will be critical to ensure that about 80% of legal aid coordinators provided for in the law and around 70 free legal aid professional lawyers are sensitized on HIV and TB issues and the needs of key and vulnerable populations, become acquainted with HIV street lawyers and their work and start collaborating with them to refer clients to appropriate services.
- Similarly, stakeholders in the HIV response should capitalize on opportunities to shape policy documents on the implementation of the legal aid law to institutionalize paralegals and to ensure state funding – for example, through social contracting – for their work.

Training of paralegals. With the creation of paralegals as a form of consultative legal support under the legal aid law, the International University of Kyrgyzstan has developed a certification course for paralegals (based on the course for HIV paralegals) which was piloted in December 2022.

Recommendation:

- All street lawyers, as well as the most capable case managers and outreach workers, should go through this training in order to build a pool of certified peer paralegals to address key populations' needs regarding access to legal aid. It is also important that training for paralegals on HIV issues be informed by the results of CLM, as these highlight current issues for key and vulnerable populations as well as recent developments.

(vi) Improving laws, regulations and policies relating to HIV

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Monitoring and reforming laws and policies	3.0	3.5	3.7

The assessment identified a range of advocacy activities focused on removing harmful laws or practices. Key informants described a number of important successes, including changes to the age of consent for HIV testing in 2021; rules for monetary compensation for hospital-acquired HIV infection in 2020; the adoption of the law on legal aid in 2022; the humanization of criminal drug laws and the adoption of the new Criminal Code of the Code of Offences in 2021; and the endorsement of harm reduction as a separate pillar of the new State Anti-Drug Policy in 2022.

At the same time, the reform of the criminal code did not lead to the removal of outdated provisions that criminalize exposure to HIV and the negligent transmission of HIV. Although at present these provisions are dormant in Kyrgyzstan, they still fuel stigma toward people living with HIV.

An additional threat in terms of promoting a non-tolerant attitude towards the LGBT community arises from the law concerning the protection of children from unwanted information about non-traditional sexual relationships. This law encompasses an exceedingly broad definition of information related to non-traditional sexual relationships, encompassing same-sex relationships, information about gender transition, bisexual relationships, and sexual and reproductive health information that goes beyond conservative traditional notions of women's roles in patriarchal-oriented societies. A negative precedent of a similar law's impact on HIV prevention among MSM and TG individuals is seen in the Russian law on the protection of children from similar information, which, from 2012 to 2022, correlated to a significant increase in cases of violence and human rights violations against

MSM and TG individuals, reduced understanding and willingness of the police to protect MSM and TG individuals in cases of violence against them, and an increase in HIV incidence among MSM.²³

Challenges

The Bill on Discrimination is still undergoing the process of public review after the introduction of a new version of the text, which consists of less politically sensitive language and potentially weaker protection against discrimination based on sexual orientation.²⁴ As of November 2022, the bill no longer includes explicit references to sexual orientation and gender identity as prohibited grounds of discrimination. In November 2022, two Russia-inspired bills on NGOs were introduced in Parliament, which would dramatically worsen the operating environment for these organizations if adopted. A similar proposal was rejected in 2014 following a public outcry.

Recommendation:

- Consider inviting lawmakers for the extended sensitization sessions of the Working Group to inform them about the progress in HIV as well as to gain their support for the ongoing Working Group initiatives
- Promote cooperation between community organizations and the Ministry of Interior, including with technical support of UNODC and other international partners, to accelerate focusing law enforcement activities on wholesale trafficking with the purpose of systematic enrichment, and to facilitate voluntary referrals of PWUD to evidence-based social and medical services.

(vii) Reducing HIV-related gender discrimination, harmful gender norms, and violence against women and girls in all their diversity

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Reducing HIV-related gender discrimination, harmful gender norms, and violence against women and girls in all their diversity	2.0	2.0	2.2

At the time of the mid-term assessment, this was the weakest component of Kyrgyzstan's programs to remove human rights-related barriers to HIV services. Apart from a strong submission to the UN Committee on the Elimination of All Forms of Discrimination against Women that used CLM data from multiple civil society organizations to raise concerns about

23 HIV in Russia as of 31 December 2021 (ВИЧ-инфекция в Российской Федерации на 31 декабря 2021 г) Online: <http://www.hivruussia.info/wp-content/uploads/2022/03/Spravka-VICH-v-Rossii-na-31.12.2021-g..pdf>

24 Проект закона «Об обеспечении права на равенство и защите от дискриминации». Жогурку Кенеш. 15 ноября 2022. Online: <http://kenesh.kg/ru/article/show/9701/na-obshtestvennoe-obsuzhdenie-s-15-noyabrya-2022-goda-vinositsya-proekt-zakona-ob-obespechenii-prava-na-ravenstvo-i-zashtite-ot-diskriminatsii>

gender-related barriers to HIV services²⁵ and the inclusion of a representative of the TG community on the Country Coordinating Mechanism, there were only a few small gender-specific programs and most general human rights-programs lacked any specific gender equality components. Indeed, multiple key informants played down or largely denied any kind of gender-related barriers, suggesting that understanding of gender-related barriers remains limited, even among some key implementers of programs to remove human rights-related barriers and HIV services more generally. Civil society representatives and health professionals noted that high turnover among health workers requires frequent information sessions and accessible materials to remind and update knowledge and skills on gender issues that include not only women's but the full range of needs related to gender identity in working with patients.

Strengthening this component will require forceful actions to increase understanding of gender-related barriers, promote women-led and TG people-led programs, identify practical ways to make existing programs gender-responsive or -transformative, develop new programs under this component, and ensure implementers are accountable for stepping up to adequately address gender equality-related issues.

Recommendations:

- Design a low-budget online training for all program implementers on gender equality in HIV program design, implementation and M&E, using the Technical Briefs on [Gender Equality](#) and [Removing Human Rights-related Barriers](#) to HIV Services of the Global Fund to inform such trainings.
- The PR should contract an experienced consultant to work with each implementer of human rights programs to review how their programs address gender inequality and identify practical ways in which gender components can be strengthened or developed.
- Adopt mandatory indicators related to gender equality concerning people from key and vulnerable populations, including gay men and TG people, as part of all programs to remove human rights-related barriers to HIV services. This would be consistent with the Global Fund's stricter requirements for gender equality measures in this round's funding request process (see pages 25 and 26 about the Gender Equality Marker of the [Applicant Handbook](#) for the Allocation Cycle 2023-2025).
- Ensure the availability of shelters for women from key populations who survived gender-based violence, separate from shelters for women from the general

²⁵Joint submission Alternative Report for the 76th CEDAW Session (June 29 – July 09, 2020). Situation of Women who Face Intersecting Forms of Discrimination in Kyrgyzstan. Online: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCEDAW%2FCSS%2FKGZ%2F41429&Lang=en

population, given past experiences of stigma and prejudice against women from key populations in general shelters.

(viii) Supporting community mobilization and advocacy for human rights

HIV program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Community mobilization and advocacy for human rights	**	**	2.5

The assessment identified a variety of CLM initiatives in Kyrgyzstan, including

- Ongoing community oversight of HIV services and advocacy activities
- Human rights monitoring activities linked to electronic databases REACT
- Small grass-roots human rights and service monitoring activities by key and vulnerable population networks
- Monitoring of availability, accessibility and quality of ART through Pereboi.kg
- Periodic realization of Stigma Index studies
- A project to monitor stigma against MSM by health professionals - “Secret Client”

Many of these initiatives are well organized and yield important information about the human rights situation of key and vulnerable populations, including their access to HIV-related health services. For example, monitoring by sex worker groups Tais Plus and others showed that an increase in reported human rights violations among sex workers by police coincided with a decrease in coverage of prevention services for this population.

Key informants recounted numerous examples of how monitoring activities had resulted in individual cases of human rights violations being resolved, as well as in structural issues being addressed. For example, CLM helped prevent the application of draconian fines for simple possession of drugs under the criminal code of 2017. Evidence collected by the Harm Reduction Association of Kyrgyzstan on the negative impacts of these fines on the human rights of the most vulnerable PWUD created sufficient political and public pressure to ensure this legal provision was never implemented in practice; fines were eventually significantly reduced in 2021.²⁶

²⁶ Кыргызстан новый Кодекс о проступках: высокий риск нарушения прав людей, употребляющих Наркотики. Евразийская Ассоциация Снижения вреда. 2019. Online: https://harmreductioneurasia.org/wp-content/uploads/2018/06/Kyrgyzstan_RUS.pdf

Challenges

However, the assessment also found that CLM is fragmented, is not well understood by communities, that follow-up mechanisms are insufficient to ensure that systemic or structural issues identified through CLM are appropriately addressed and that CLM informs consolidated M&E for human rights programs. As a result, return on investments in CLM are not maximized, as opportunities for effecting structural change are missed.

Understanding CLM as the sum of multiple monitoring systems. The assessment found that many stakeholders do not adequately understand CLM, perceiving it as one specific intervention or program rather than a combination of various initiatives that reinforce and complement each other by creating a deeper, more diverse understanding of the systemic and structural challenges. As a result, many appear to conceptualize CLM too narrowly, resulting in missed opportunities to create synergies between different monitoring systems.

Recommendation:

- Efforts should be undertaken to ensure that all stakeholders - including community organizations, service providers, and government agencies - understand CLM as the combination of multiple monitoring systems. Similarly, organizations conducting CLM should coordinate effectively to ensure they do not duplicate each other's efforts.

Unified follow-up mechanism for CLM. At present, no mechanism exists that brings together data collected through various CLM initiatives to allow for its analysis and to determine follow-up strategies to address challenges thus identified.

Recommendation:

- Create a mechanism for reviewing and acting on CLM data from all different CLM initiatives. This mechanism should comprise representatives of community organizations, service providers, professional organizations involved in HIV response, relevant governmental agencies, and donors. It should regularly review data collected through CLM mechanisms with a view to ensuring an appropriate and timely response to any structural issues identified that impede access of key and vulnerable populations to HIV and TB services, including data on newly emerging patterns in epidemiology or changing behaviors that have not been captured yet through other research. Among others, this mechanism should:
- Identify patterns of repetitive human rights violations that require resolution at a political or legislative level, prioritize them based on their significance for the HIV response, and discuss what follow-up is required to resolve the root causes of these patterns

- Inform the Working Group to Monitor the Implementation of Interministerial Order of Activities to overcome legal barriers about these patterns and priorities, and request its involvement in follow-up to address these patterns
- Provide feedback to implementers of CLM on any issues with the quality of data collected, and propose suggestions for improving said quality. Key informants noted that the quality of data collected through CLM varies in quality, which, as quality issues can complicate data analysis and compromise effective follow-up action. Moreover, it can undermine confidence in CLM as a data collection mechanism
- Improve the quality of case documentation, including with the use of databases (such as REACT), to make sure that every documented case contains all essential information to allow for effective analysis and follow-up.

7.2 For TB

(i) Eliminating TB stigma and discrimination in all settings

Significant progress has been made in reducing stigma and discrimination against people affected by TB. The factors that drive the scores up for TB are similar to those that increase the scores for HIV, and the same is true for the factors that tend to reduce the scores.

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Eliminating TB-related stigma and discrimination	1.0	1.5	2.0

The TB program area (which is still developing compared to the HIV program area) has made notable progress, with a 0.5 score increase (as opposed to a 0.2 increase in the HIV program area). Unlike the challenges faced by the HIV program area, which saw the impact of Islamization and conservative trends, the TB program area faces relatively less influence in this regard. These societal trends do not specifically target individuals affected by TB, except for women (for further details, refer to the gender section). The negative impact of the process of Islamization on the stigma associated with TB may have been mitigated to some extent due to the ongoing informational efforts conducted by civil society organizations in collaboration with TB-focused activities targeted at imams.

For the period of 2023-2026, a new TB-VI Program has been approved, which stipulates that the national TB service will take charge of activities aimed at raising public awareness about TB. These activities also aim to reduce the stigma associated with individuals affected by TB.

As part of the Breaking Down Barriers initiative, an important milestone has been achieved with the approval of an assessment of stigma towards people affected by TB, planned to take place in September-December 2023. This assessment will be aligned with the TB Stigma Assessment tool developed by Stop TB Partnership, providing a baseline to guide efforts in combating the stigma surrounding TB.

During interviews, many stakeholders reported that stigma related to TB remains very high and has significant consequences for access to services. During the assessment, people affected by TB repeatedly told of cases of people who were abandoned by their families and forced to live on the street when they were diagnosed with TB and disclosed the diagnosis to their relatives. Such situations pose a direct threat to treatment adherence; moreover, accounts of such abandonment are likely to lead to reluctance to test, thus making it difficult to detect and treat cases in a timely manner. For this reason, this program area only scores two.

Program Challenges

Lack of nationally owned stigma and discrimination campaigns. Like the HIV program area, at present, almost all stigma and discrimination reduction programs are funded through international funding, with no clear plans for transitioning them to national ownership. This is unsustainable, especially with uncertainties over international funding, as the reduction in catalytic human rights funds available to Kyrgyzstan in the coming funding cycle demonstrates.

Recommendations:

- Kyrgyzstan's Advertisement Act and its State Social Contracting Act provide mechanisms to conduct social advertising on issues of public interest. These legal provisions should be used to organize national TB stigma reduction campaigns aimed at the public. Among others, these campaigns should focus on preventing the abandonment of people diagnosed with TB, an issue that remains common. The use of this mechanism would represent a good example of the Global Fund's value-for-money approach, as it increases sustainability and efficiency.
- Continue engaging TB service organizations with religious and community leaders to promote community support for health and social services for people vulnerable to or living with HIV and TB.

Lack of national strategy to monitor levels of stigma and discrimination. Monitoring levels of stigma and discrimination related to TB is currently done haphazardly, making it difficult to track and respond to developments as they occur.

Recommendations:

- State organizations and NGOs working in the TB response should develop a strategy that uses a more diverse set of tools to routinely measure stigma and discrimination over time, based on the TB Stigma Assessment tool developed by the Stop TB Partnership. Local community organizations and providers of TB services are well placed to routinely collect data on stigma and discrimination as part of CLM, but currently lack the tools and resources to do so. Community organizations could, for example, regularly administer simple questionnaires to their clients and beneficiaries. This strategy should include mechanisms to periodically inform stakeholders about changes in stigma and discrimination and possible recommendations to address them.

(ii) Ensuring the non-discriminatory provision of TB health services

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Ensuring people-centered and rights-based TB services at health facilities	1.0	2.0	3.0

Much like the achievements in the HIV program, considerable advancements have also been realized within the TB Program area. USAID's Cure TB program, for instance, reports having successfully trained more than 30,800 individuals from 2019 to 2023, including health professionals, community and religious leaders (as well as volunteers) within specific geographic regions to address TB-related matters. Subsequently, these trained individuals conducted information sessions with the aim of heightening awareness about TB and diminishing the stigma and discrimination faced by TB patients. Their efforts resulted in reaching nearly 1.4 million people across the nation.²⁷

Despite these considerable achievements in the training coverage, community representatives raised concerns about the methods and approaches used by primary health care professionals (PHCP), the sanitary-epidemiological service, and TB health care organizations. For instance, when a new TB case is identified, an urgent notification is sent to the local sanitary-epidemiological service to conduct an epidemiological investigation. Information about the disease becomes known to a relatively broad group of individuals not involved in the epidemiological investigation process. This is particularly relevant in small communities, where residents often have close familial, friendly, or dynastic connections. Furthermore, as part of the epidemiological investigation, representatives of the sanitary service visit the patient's home, drawing significant attention from neighbors. As a result, both the affected individual and those in close proximity are subjected to stigma and

²⁷ Cure Tuberculosis Project. USAID. Newsletter: March 2023. Online: <https://www.usaid.gov/kyrgyz-republic/fact-sheets/cure-tuberculosis-project>

discrimination from fellow villagers and relatives. Part of this is linked to the lack of information about the disease among the general population.²⁸

A new TB-VI Program for 2023-2026 mentions stigma reduction training for NGOs but does not prescribe such training for health professionals.

Challenges

Lack of domestic funding for training of health workers. Similar to the HIV program area, the progress assessment found that many of these trainings, including those that are taught at the National Institute for Continuing Medical Education, are supported through international funding rather than from national budgets. This raises concerns about their sustainability.

Recommendation:

- Domestic funds should be made available to train health care workers on stigma and discrimination.

Lack of M&E to assess the quality and impact of training. There is very little knowledge about the extent to which these trainings contribute to this dynamic and what training modalities have been most successful. Beyond pre- and post-training tests that assess changes in knowledge at the end of training, little data is collected to assess their effect on the behavior and knowledge of health care providers over time.

Recommendation:

- Assess the longer-term effects of training on the knowledge and behavior of health care workers to identify effective training modalities.

PHCP, the sanitary-epidemiological service, and TB health care organizations conduct epidemiological investigations with little regard to possible stigmatizing effects on TB patients. As a result of such epidemiological investigations, information about TB becomes known to a relatively broad group of individuals not involved in the process itself.

Recommendation:

- Advocacy should be undertaken to improve the epidemiological investigation protocol with due respect to confidentiality and stigma reduction.

Use CLM to inform health care workers about training and policies. At present, no mechanisms exist to ensure that data collected through CLM is regularly shared with health

²⁸ АНАЛИЗ БАРЬЕРОВ ДОСТУПНОСТИ УСЛУГ ДИАГНОСТИКИ И ЛЕЧЕНИЯ ТБ В КЫРГЫЗСТАНЕ. TB People Kyrgyzstan. 2022.

professionals and decision-makers, so that any challenges identified in that data can be effectively addressed.

Recommendations:

- Regularly inform health professionals, outreach and social workers, and case managers about the work of street lawyers and other CLM initiatives.
- Convene periodic meetings with medical education institutions to review results of CLM, stigma index and other relevant studies, to determine strategies and programmatic steps to continue to reduce stigma and discrimination in health institutions. To improve accountability, existing accountability procedures for health care workers should be used when CLM identifies cases of stigmatizing or discriminatory treatment or other professional misconduct. When these are part of a pattern of such cases, steps should also be taken to hold chief doctors accountable.

(iii) Ensuring rights-based law enforcement practices

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Ensuring people-centered and rights-based law enforcement practices	0.0	1.0	1.5

Although Kyrgyzstan has institutionalized the sensitization of law enforcement officers on HIV, the same is not the case for TB. There is no specific training module on TB. At the National Police Academy, police college, and local levels civil society organizations are mostly focused on providing training about HIV and key populations rather than TB.

Interviews with street lawyers demonstrate that TB often falls outside the scope of work with law enforcement.

Challenges

Lack of training for drug enforcement officers. Key informants noted that sensitization of law enforcement officers on human rights and TB is often missing.

Recommendation:

- Include a separate module on the role of law enforcement in the reduction of stigma and discrimination against the groups of populations vulnerable to TB.

Use CLM to inform police training and policies. At present, no mechanisms exist to ensure that data collected through CLM is regularly shared with law enforcement

professionals and decision-makers so that the challenges identified in that data can be effectively addressed.

Recommendations:

- Regularly inform police officers about the work of street lawyers and other CLM initiatives.
- Convene periodic meetings with law enforcement institutions to review results of CLM, Assessment of TB-related Stigma, and other relevant studies, to determine strategies and programmatic steps to continue to reduce stigma and discrimination in law enforcement.

(iv) Increasing legal literacy (*“know your rights”*)

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Legal literacy (<i>“know your rights”</i>)	2.0	2.5	2.7

Following the expansion of the street lawyers program, four street lawyers have been actively serving the communities affected by TB (see the section below). These street lawyers are engaged in disseminating human rights information in these communities. During interviews with people affected by TB, it was evident that leaflets and printed materials on topics such as stigma, discrimination, and understanding one's rights pertaining to TB were being provided.

Challenges

During interviews with TB shelter clients and social workers who assist TB patients, it became apparent that many individuals within these affected communities are not fully aware of their entitlements, such as the right to confidentiality, labor rights, access to free health care services, and immigration rights when working in Russia and Kazakhstan. Consequently, this lack of knowledge often leads patients to seek symptomatic treatment and avoid TB screening due to fears of job loss, or of negative reactions from their families, with women being particularly susceptible to these challenges.

Recommendations:

- Continue the creation and dissemination of “know your rights” materials within TB-affected communities. Ensure that these materials are readily available to health care providers and social workers assisting individuals affected by TB.
- Implement a system where community members can access this information conveniently without the necessity of carrying printed materials, to prevent unnecessary exposure and suspicion within the community.

(v) Increasing access to justice for people affected by TB

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Increasing access to justice	0.0	1.0	2.5

In 2020 the street lawyers program was extended to include TB, with four new street lawyers from the TB community conducting legal literacy and legal support activities among TB-affected communities. For TB, the geographical coverage is primarily concentrated in Bishkek and Chui Region, Osh and Osh Province. Although such an expansion is a noticeable achievement, four street lawyers are not enough to provide sufficient coverage in these provinces.

The newly adopted *State Guaranteed Legal Aid Act № 91* creates opportunities to institutionalize street lawyers as part of state-guaranteed free legal aid for people vulnerable to TB. During interviews, representatives of civil society organizations and experts from the Ministry of Justice noted that there are plans to develop regulations concerning the legal aid and actively rely on the experience of the street lawyers program to expand the training of legal aid coordinators, legal professionals, and paralegals from the civil sector, including on TB-related legal issues.

Challenges

Limited community ownership and control. Similar to the HIV program, the street lawyers program is owned by the community of people affected by TB. The program is managed by FSK, a community-friendly rather than community-led organization, meaning that the community has little ability to adapt the program to fit its needs.

Recommendation:

- Increase ownership by key and vulnerable groups and organizations of the street lawyers' program by accelerating the process of transferring responsibilities over street lawyers from FSK to TB service providers and community-based organizations.

Building long-term collaborations between street lawyers, police, and health officials.

There is very little evidence of structural efforts to ensure that street lawyers build long-term working relationships with police and health officials, even though such relationships are critical to both the sensitization of such officials and to facilitating the work of street lawyers.

Recommendation:

- Invest in activities aimed at facilitating close working relationships between street lawyers and health and police officials in their geographic location.

Implementation of legal aid law. The *State Guaranteed Legal Aid Act № 91* has not been implemented yet. Potentially it provides for institutionalization of paralegals working in the fields of TB.

Recommendations:

- Advocate to ensure that about 80% of legal aid coordinators provided for in the law and around 70 free legal aid professional lawyers are sensitized on TB issues and the needs of vulnerable populations and that they become acquainted with TB street lawyers and their work and start collaborating with them to refer clients to appropriate services.
- Stakeholders in the TB response should help the Ministry of Justice shape policy documents on the implementation of the legal aid law to institutionalize paralegals and to ensure state funding – for example through social contracting – for their work.
- Information about free legal aid and how to contact the district free legal aid coordinators should be distributed to vulnerable populations through street lawyers, peer educators, and other outreach workers.
- Consider negotiating with the state-guaranteed legal aid coordinators to include in their services a basic consultative package which would include a brief explanation of fundamental rights and freedoms, as well as legal responsibilities and ethics of doctor-patient relations in the context of TB. The information for coordinators should also include a standard operating procedure for handling key and vulnerable populations, a basic information sheet on rights, obligations, and remedies, and information on referral services.

Training of paralegals. With the creation of paralegals as a form of consultative legal support under the legal aid law, the International University of Kyrgyzstan has developed a certification course for paralegals (based on the course for HIV and TB paralegals) which was piloted in December 2022.

Recommendation:

- All street lawyers working with clients vulnerable to TB, as well as most capable case managers and outreach workers, should go through this training in order to build a pool of certified peer paralegals available to address vulnerable populations' needs in access to legal aid. Such training on TB issues should be informed by the results of CLM.

(vi) Improving laws, regulations, and policies relating to TB

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Monitoring and reforming laws, regulations, and policies relating to TB	2.0	2.5	2.7

Following active advocacy by civil society and community members, in March 2023 the government enacted a new TB-VI Program for the years 2023-2026. The program stipulates a variety of activities to improve the enabling environment for TB services, including the improvement of policies to optimize financing for TB services, enhance the use of TB data for decision-making, and reduce stigma and discrimination. UNAIDS Cure Tuberculosis reported working with the government to improve TB treatment and prevention policies, including financing mechanisms. The government is working in collaboration with civil society to draft a public health law with new provisions to reduce stigma and discrimination through the National TB Program and other stakeholders.²⁹

Challenges

The draft public health law retains a section on involuntary TB treatment for limited case scenarios, leaving it to the discretion of the government to enact a corresponding regulation. Interviewed civil society activists informed that several human rights and stigma-related activities, including stigma-reduction training for health professionals, were excluded before the enactment of a new TB-VI Program without consulting civil society.

Recommendation:

- Invest in the TB expertise of the Working Group to enable the group members to monitor this area. The government regulation on involuntary treatment of TB patients clearly stipulates that such treatment must be of a limited duration and subject to review and appeal, according to WHO standards, with due regard to five criteria of the Siracusa Principles, and only as a measure of last resort after all voluntary measures to isolate a patient have failed.
- Invest in supporting the Working Group to monitor that all newly enacted treatment and training standards are human rights-based.

(vii) Reducing HIV and TB-related gender discrimination, harmful gender norms, and violence against women and girls in all their diversity

TB program area	Score
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²⁹ Cure Tuberculosis Project. USAID. Newsletter: March 2023. Online: <https://www.usaid.gov/kyrgyz-republic/fact-sheets/cure-tuberculosis-project>

	Baseline (2018)	Mid-term (2020)	Progress (2023)
Reducing TB-related gender discrimination, harmful gender norms and violence	1.0	1.5	1.7

Similar to the HIV program area, this component remains the least developed among programs to remove human rights-related barriers to TB services. Some of the interviewed stakeholders mentioned only a few small gender-specific interventions and projects, mostly implemented by USAID, including highlighting gender aspects affecting TB diagnosis and treatment, such as barriers to health care and approaches to counseling women and men. Key informants from civil society played down or largely denied any kind of gender-related barriers, suggesting that understanding of gender-related barriers remains limited, even among some key implementers of programs to remove human rights-related barriers to TB services.

The limited scope of programs stands in contrast with the findings of the *Breaking the Silence* study which examined, among others, gender-related barriers to TB services in Kyrgyzstan.³⁰ This study identified cases of physical, psychological, and economic violence against women in relation to TB and violations of their reproductive rights that it said were related to gender stereotypes and power inequalities, lack of information and TB myths. It noted serious consequences - including (self-)stigma, divorce, separation from children, discontinued pregnancy, and multiple issues for single mothers - that were catastrophic for women.

Strengthening this component will require forceful actions to increase understanding of gender-related barriers, promote women-led and TG people-led programs, identify practical ways to make existing programs gender-responsive or transformative, develop new programs under this component, and ensure implementers are accountable for stepping up to adequately address gender equality-related issues.

Recommendations:

- Design a low-budget online training for all program implementers on gender equality in HIV and TB program design, implementation, monitoring, and evaluation, using the Technical Briefs on [Gender Equality](#) and [Removing Human Rights-related Barriers](#) to TB services.
- The PR should contract an experienced consultant to work with each implementer of human rights programs to review how their programs address gender inequality and identify practical ways in which gender components can be strengthened or developed

³⁰ Breaking the Silence: Human Rights, Gender, Stigma and Discrimination Barriers to TB Services in Georgia, Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine. 2020. Online: <http://pas.md/en/PAS/Studies/Details/214>

- Adopt mandatory indicators related to gender equality concerning people from vulnerable populations, as part of all programs to remove human rights-related barriers to TB services
- Promote family counseling and reconciliation for families of people affected by TB to reduce the negative impact of stigma and gender stereotypes on family acceptance and support for patients
- Implement recommendations given in Breaking the Silence: Human Rights, Gender, Stigma and Discrimination Barriers to TB Services in Georgia, Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine.

(viii) Supporting community mobilization and advocacy for human rights

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Community mobilization and advocacy, including support to TB survivor-led groups	1.0	2.0	2.2

The assessment has identified various CLM initiatives in Kyrgyzstan, which include the following:

- Continuous community oversight of TB services and advocacy efforts.
- Human rights monitoring activities connected to the electronic database Oneimpact.
- Smaller-scale grass-roots human rights and service monitoring activities conducted by networks of vulnerable populations.

Many of these initiatives are well structured and provide valuable information regarding the human rights obstacles that vulnerable populations face in accessing TB services. For instance, in 2023, the digital platform Oneimpact boasted over 4,500 users, including community members, health care professionals, and social workers. These users reported a wide range of issues related to TB diagnosis, care, and treatment, including instances of stigma and discrimination.

Challenges

Although the introduction of Oneimpact is a considerable development of CLM in respect to TB in Kyrgyzstan, the follow-up mechanisms for cases of stigma and discrimination are not fully developed, as Oneimpact relies on the voluntary interaction between patients and health practitioners rather than on any complaint procedure. Also, there are insufficient mechanisms to ensure that systemic or structural issues identified through CLM are appropriately addressed and that CLM informs consolidated M&E for human rights

programs. As a result, the return on investments in CLM are not maximized, as opportunities for effecting structural change are missed.

Recommendation:

- Create a mechanism for reviewing and acting on CLM data from CLM initiatives, including Oneimpact and REACT. This mechanism should comprise representatives of community organizations, service providers, professional organizations involved in the TB and HIV responses, relevant governmental agencies, and donors. It should regularly review data collected through CLM mechanisms with a view to ensuring an appropriate and timely response to any structural issues identified that impede access of key and vulnerable populations to HIV and TB services, including data on newly emerging patterns in epidemiology or changing behaviors that have not been captured yet through other research. Among others, this mechanism should:
 - Identify patterns of repetitive human rights violations that require resolution at a political or legislative level, prioritize them based on their significance for the HIV and TB response, and discuss what follow-up is required to resolve the root causes of these patterns
 - Inform the Working Group about these patterns and priorities and request its involvement in follow-up to address these patterns
 - Regularly review actions taken through the Working Group to address priority issues identified through CLM
 - Provide feedback to implementers of CLM on any issues with the quality of data collected, and propose suggestions for improving said quality, as quality issues can complicate data analysis and compromise effective follow-up action. Moreover, it can undermine confidence in CLM as a data collection mechanism.
- Improve the quality of case documentation, including with the use of databases such as REACT, Oneimpact, etc. to make sure that every documented case contains all essential information to allow for effective analysis and follow-up.

(ix) Health, human rights and gender services for people in prisons and on probation

TB program area	Score		
	Baseline (2018)	Mid-term (2020)	Progress (2023)
Addressing the needs of people in prisons and other closed settings	2.0	3.0	3.5

Kyrgyzstan has made a concerted effort to reduce its prison population in recent years. According to the head of the Penitentiary Service, in 2020 the number of prisoners dropped from 11,500 to about 9,000 inmates.³¹ This means that fewer people living with HIV and TB and members of key populations are in prison now than at almost any other point in the HIV epidemic. These decarceration efforts contribute significantly to the goal of removing human rights-related barriers to HIV and TB services for key and vulnerable populations.

Kyrgyzstan also remains a regional leader in providing harm reduction services for people who use drugs in prisons, including access to needle and syringe programs and opioid maintenance programs. However, the number of clients in both types of programs has been declining for a number of years—a trend that is often attributed to factors like the shift of the drug market from opioids to synthetic stimulants, the decline in the number of people with drug dependence who receive prison sentences, as well as the unwelcoming attitude by some influential fellow inmates towards opioid maintenance clients. However, it has not been formally studied.

Kyrgyzstan's relatively new probation service plays an important role in the implementation of the state decarceration policy. Among four types of probation, post-penitentiary probation accompanies prisoners following their release on probation and seeks to support them in the process of reintegration into society. The probation service is willing to cooperate – and has been cooperating – with civil society organizations to prepare prisoners for release and ensure they receive appropriate medical and social services, but this collaboration is more focused on TB than HIV.

Prison staff members, probation officers and civil society organizations describe social support and accompaniment of released prisoners as an effective intervention to ensure the re-integration of former prisoners into society and to link them with HIV and TB services upon release. However, the sustainability of this program is tenuous, as it largely depends on international funding because this work has not been integrated into the standard package of services paid for by the government.

Recommendations:

- A study should be conducted to assess the quality of harm reduction services and elucidate the reasons why the number of clients has declined and define necessary action to be undertaken if needed.
- Ensure that the National Probation Service, local probation units, and organizations accompanying prisoners released on probation have access to health information needed to ensure released prisoners are able to transition to appropriate health services without delay. Moreover, probation offices and their civil society partners

³¹ Сколько всего заключенных в КР и как много из них сидят по тяжким статьям. Sputnik.kg 03.12.2020. Online: <https://ru.sputnik.kg/20201203/gsin-askat-ehgemberdiev-zaklyuchennye-chislo-prestupleniya-1050656532.html>

should ensure released prisoners have access to legal aid and know-your-rights activities.

- Integrate social support and accompaniment of released prisoners into the standard package of services funded according to the State Social Contracting Act № 70 of 28 April 2017 to ensure continuity of health and social services.

8. Implementation status of human rights program essentials

The Global Fund Grant Cycle 7 (GC7) requires all countries to convey through their funding requests the status of implementation of program essentials for HIV and TB. The program essentials represent a set of standardized criteria governing the delivery of services by programs supported by the Global Fund. As part of the process of completing the Essential Data Tables to substantiate their funding requests, all applicants must furnish an update on their progress towards achieving these program essentials and outline any plans aimed at addressing program essentials that remain unmet. Furthermore, countries qualifying for the human rights matching fund are subject to conditions mandating that their funding requests ensure the full implementation of all human rights program essentials.

The program essentials concerning HIV and human rights encompass:

- Prevention and treatment programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers to these programs
- Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings
- Legal literacy and access-to-justice activities are accessible to people living with HIV and key populations
- Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.

The human rights program essential for TB states that "All TB programming must be human rights-based, gender-responsive and informed by and respond to the analysis of inequities; and include stigma and discrimination reduction activities for people with TB and TB-affected populations; legal literacy and access to justice activities; as well as support for community mobilization and advocacy and community-led monitoring for social accountability." This should also entail activities focused on reducing stigma and discrimination against individuals with TB and those affected by TB, legal literacy and access to justice initiatives, and support for community mobilization, advocacy, and community-led monitoring for social accountability.

The tables below present the comprehensive analysis conducted by the progress assessment team, assessing Kyrgyzstan's progress in adhering to the program essentials for HIV and TB.

HIV Program Essentials	Are all elements of a supportive environment ³² for effective operationalization of the program essentials in place?	Implementation Status
HIV programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers.	Yes	Low level integration is observed in all programs Implementation is > 50%
Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings.	Yes	Training activities for HIV health practitioners are implemented, but there is a gap in training activities targeting primary health care workers Implementation is > 50%
Legal literacy and access to justice activities are accessible to people living with HIV and key populations.	Yes	Programs exist in large cities covering up to 65% of key populations Implementation is > 50%
Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies, and practices that hinder effective HIV responses.	Yes	National-level activities exist but there is a gap in activities targeting Members of Parliament Implementation is > 50%

³² 1. a recent assessment of human rights-related barriers; 2. a country-owned, costed plan/strategy to reduce barriers; 3. an oversight mechanism to oversee implementation

All HIV programs for key and vulnerable populations have limited integration of human rights interventions, mostly because the street lawyers program is operated by the FSK separately from service-providing NGOs and community organizations. However, the quality and scale of some programs remain low. There is a significant gap in integrating interventions to reduce gender-related barriers in HIV programs.

Stigma and discrimination training and sensitization activities for health care professionals are implemented on a national scale, but mostly with international funding. There is a significant challenge to expand these activities to cover primary and secondary care workers.

Legal literacy and access-to-justice activities programs' geographical coverage is primarily concentrated in Bishkek and Chui Region, Osh and Osh Province, and the city of Jalalabad, which accounts for approximately 20% of the territory of Kyrgyzstan. However, it is in these provinces that the largest number of representatives from key and vulnerable population groups reside, allowing for coverage of these groups to reach around 65%. Key populations' ownership is the primary concern.

There is a wider range of advocacy activities focused on removing harmful laws or practices. Despite these efforts, advocacy at the level of the National Parliament is not consistent and lacks a strategic approach to respond to the recent conservative trends in society.

In addition, the progress assessment identified limited involvement of grassroots community organizations in designing and coordinating essential interventions, inadequate focus on long-term collaborations between communities and local authorities, low support for frontline community workers, weak monitoring and evaluation systems, and inadequate coordination among implementers.

TB program essential	Are all policies and guidelines in place to fully operationalize the program essential?	Implementation Status
All TB programming must be human rights-based, gender-responsive, and informed by the analysis of inequities; and include stigma and discrimination reduction activities for people with TB and TB-affected populations; legal literacy and access to justice activities; as well as support for community mobilization and advocacy and CLM for social accountability.	Yes, although the TB-VI Program retains very limited references to the prevention of stigma and discrimination as well as to strengthening the engagement with civil society to prevent stigma and discrimination as a reason for late diagnosis and poor adherence to treatment.	Some programs (<30%)

While all TB services, including those provided at public health facilities, claim to adhere to human rights standards, only a limited number, like shelters and programs for ex-prisoners, can genuinely be classified as human rights-based. Furthermore, despite the existence of current analyses of inequalities, the gender responsiveness of all TB services remains lacking. In larger urban centers, legal literacy and access-to-justice services are accessible to key and vulnerable populations, and both access and service quality are gradually improving. Additionally, community mobilization, advocacy efforts, and CLM related to TB issues are beginning to gain ground, following a similar trajectory as CLM initiatives for HIV.

Addressing these challenges to improving the implementation of program essentials in HIV and TB programming is crucial, especially considering the significant reduction in catalytic human rights funding available in the upcoming Global Fund funding cycle for Kyrgyzstan. This underscores the need for strategic and effective program selection, as well as the convergence of domestic funding, technical support, and funding partners to ensure impactful interventions and optimal resource utilization.

9. Cross-cutting observations and recommendations

Despite the noticeable progress, the assessment team identified a number of critical challenges that will need to be addressed to enhance the quality, scale-up, and impact of programs to remove human rights-related barriers. As of January 2023, two laws concerning the restrictions on NGOs with foreign funding, as well as a law concerning the protection of children from information about “non-traditional sexual relations”, drugs and sex, were under consideration by the Parliament. According to the majority of interviewed experts, the chances of these laws being passed are very high. If these laws are enacted, the work of NGOs will become significantly more complex due to additional administrative burdens, increased government oversight, and the potential threat of funding loss for foreign NGOs. Moreover, there will be an increased stigma towards key populations, particularly MSM and TG individuals. This will necessitate additional expansions of harm reduction programs as well as access-to-justice programs, making the existing program insufficient in terms of coverage. This is particularly important given the significant reduction in catalytic human rights funding available to Kyrgyzstan in the forthcoming Global Fund funding cycle, which will make it all the more critical that programs that are funded are strategically selected and are effective, and that domestic funding, technical partners and funders converge in supporting the interventions that are most impactful and provide the best value for money. Below are some of the key cross-cutting challenges that the progress assessment identified:

Insufficient involvement of grass-roots community organizations. Grass-roots community organizations do not play enough of a role in the conceptualization, implementation, and oversight of programs to remove human rights-related barriers. Given that human rights programs seek to address the needs of their communities, these

organizations should play a leading role in these programs and be the main beneficiaries of catalytic human rights funding. The assessment team, however, found that professional organizations tend to dominate these programs: They determine strategies, receive the bulk of the funding, and make most programmatic decisions, while community organizations are often reduced to the role of junior partner, with little access to information about program implementation, strategic decisions, or ability to influence the direction of programs. In a worrying sign, there were several cases where the role of key community organizations was reduced in the last few years rather than increased. These dynamics are out of step with the Global Fund's new [strategy](#), which calls for a greater role for community organizations. Moreover, successful human rights programs tend to have strong community involvement.³³

Recommendations:

- Strengthen the role of community organizations in the conceptualization and implementation of programs to remove human rights-related barriers. As much as possible, these programs should be implemented by community organizations, with professional organizations playing a supporting role. Avoid consolidation of service project implementation arrangements within large professional organizations that are not rooted in communities and have little to develop effective peer-to-peer support systems.

Focus on developing long-term collaborations between communities, health, and law enforcement systems. More attention should be devoted to building long-term collaborations and relationships between community organizations, advocates and outreach workers, and key personnel in the health care system and law enforcement agencies, building upon best practices of working with state agencies and institutions through civil society councils.³⁴ In its sensitization activities with law enforcement and health workers, Kyrgyzstan continues to significantly rely on one-off training sessions that do little to build constructive, long-term connections and collaborative relationships between trainees and the communities they serve. In other Breaking Down Barriers initiative countries, programs that proactively build long-term operational collaborations between health and police officials and community advocates such as outreach workers and paralegals have repeatedly been identified as good practice examples.³⁵

Recommendations:

- Investments should be made in activities aimed at facilitating close working relationships between street lawyers and health and police officials in their geographic location, including based on CLM data. This could take various forms:

³³ Communities and human rights must be at the center of the next Global Fund Strategy. The Developed Country NGO and Developing Country NGO delegations to the Global Fund Board. 17 February 2021. Online: <https://gfo.aidspace.org/es/node/5497>

³⁴ According to the Act On Civil Society Councils at state agencies of 24 May 2014 № 74

Об общественных советах государственных органов

³⁵ Implementing and Scaling Up Programs to Remove Human Rights Related Barriers to HIV Services. A Practical Guide. Frontline AIDS. 2020. Page 53. Online: https://www.theglobalfund.org/media/9731/crg_programmeshumanrightsbarriershivservices_guide_en.pdf

combined trainings that bring together street lawyers, peer educators, and community advocates with health and law enforcement personnel; establishing local groups responsible for reviewing and responding to findings of CLM; organizing joint dialogues and practical exercises (using low-cost, including online, modalities) on ethical standards to promote for mutual trust and cooperation and counter an environment of competition and backroom decision-making.

Lack of strategy to address challenges posed by the adoption of laws on child protection from information and laws on NGOs

The absence of a strategic response to challenges associated with the enactment of laws regarding child protection from information about non-traditional sexual relations and laws concerning NGOs has become apparent. Interviews with NGO representatives have revealed that strategic engagement with deputies and professionals working within the Parliament is not being carried out. Furthermore, there is an absence of strategies aimed at working with conservative-minded deputies and influential public figures. The funding allocated to NGOs does not encompass proactive and ongoing efforts to analyze and address long-term strategic challenges, particularly when concerted actions between NGOs and other representatives of the civil sector are required.

Recommendation:

- **Establishment of an expert working group and core funding.** To effectively address this challenge, it is recommended that a small working group of experts be created and funded. This group would be tasked with actively and efficiently addressing the issue of embedding continuous dialogue on the role of legislative activities in perpetuating stigma towards key populations in the context of HIV and TB. This includes providing technical support for legislative activities at the committee level within the Parliament, particularly in evaluating the impact of proposed bills on Kyrgyzstan's international commitments and health-related indicators, encompassing HIV, TB prevention, violence prevention, and societal intolerance. Additionally, it is advised to ensure mandatory ongoing funding (core funding) for NGOs actively engaged in advocacy work and who are currently receiving international funding. Such mandatory core funding would enable proactive responses to the risks and challenges identified above.

Furthermore, it is advisable to establish and support a national platform for constructive dialogue between governmental structures and NGOs that may either be designated as "foreign representatives" or have already received this designation. This platform would serve to enhance transparency and minimize negative perceptions surrounding foreign funding's hidden influence on the country's domestic affairs.

Integration of human rights programs into services. More needs to be done to effectively integrate human rights programs into health services. While Kyrgyzstan has made progress

with the institutionalization of training for health workers and law enforcement officials, key human rights services such as legal literacy activities, CLM, and legal aid services are not adequately integrated into or linked to the services offered by health and legal institutions or community-based service providers, thus undermining their sustainability.

Recommendation:

- Efforts are required to improve integration. As much as possible, interventions to remove human rights barriers should be integrated into prevention and treatment services, including to improve sustainability through linkages to state-guaranteed legal aid. Among others, these services should be incorporated into social contracting packages.

Remuneration and support for frontline community workers. Numerous stakeholders identified high rates of turnover among peer outreach workers as a significant problem that affects the quality of programs. Among others, they identified very low remuneration of peer outreach workers and lack of adequate official recognition as a cause of this turnover. Some likened the lack of investment in outreach workers to discrimination against key actors in the HIV and TB response, and wondered how that lack of official recognition of their work affects the quality of their work with key and vulnerable populations.

Recommendation:

- Ensure that outreach workers at community-based organizations receive appropriate remuneration, using government pay scales for social workers, as outlined in *Government Decree № 157* of 29 February 2012. Outreach workers should receive adequate training and certification. A curriculum at health education institution(s) for outreach workers should be developed for purposes of certification and strengthening professional identity. Targets for outreach workers should be realistic.

Insufficient coordination between implementers. Coordination between implementers of human rights programs remains inadequate. Meetings of stakeholders to review the implementation of HIV and TB programs have been ad hoc and focused on Global Fund program implementation. As a result, stakeholders' activities are often implemented in isolation and opportunities for synergies are lost. Tellingly, the mechanism for coordination of national efforts to address human rights and legal barriers provided for in the *Interministerial Plan of Activities to Overcome Legal Barriers to HIV and TB Services in Kyrgyzstan in 2022-2025* is still not operational, nor is there a central mechanism for reviewing and acting on the findings of Kyrgyzstan's various CLM initiatives.

Recommendations:

- Establish and support a Joint Monitoring Group on joint efforts of state and civil society stakeholders to implement the *Joint Order of the Ministry of Health № 311 of 14 March 2022*, *Ministry of Interior № 219 of 14 March 2022*, and the *Ministry of*

Justice №34 of 14 February 2022 On the Approval of the Interministerial Plan of Activities to Overcome Legal Barriers to HIV and TB Services in Kyrgyzstan in 2022-2025.

- As part of support, consider establishing a Technical Assistance Group comprising professional lawyers, project managers, epidemiologists, and government relations experts, to provide assistance to key populations on legal, epidemiological, ethical, and government relations issues embedded in the Interministerial Plan. Consider engaging the Public Health Centre of the Ministry of Health into the work of the Technical Assistance Group with the purpose of building the capacity of a specific department of the Ministry of Health to continue coordination of technical assistance beyond the Global Fund program.

Weak M&E systems. Finally, the assessment found little evidence of improvements in the M&E system for programs to remove human rights-related barriers. The lack of a strategic and coordinated approach to collecting routine data and conducting targeted evaluations contributes to the challenge of measuring the impact of comprehensive human rights programs on the continuum of HIV and TB treatment and care.

Recommendation:

- Develop a unified M&E mechanism that would be able to align with overall HIV and TB national M&E to determine and track the impact of human rights activities on the continuum of HIV and TB treatment and care, using CLM data and Global AIDS Monitoring indicators.

Annex 1: Abbreviations and Acronyms

ART	Antiretroviral treatment
CLM	Community-led monitoring
FSK	Soros Foundation Kyrgystan
GC7	Grant Cycle 7 (Global Fund)
M&E	Monitoring and evaluation
MDR/RR-TB	Multidrug-resistant tuberculosis/rifampicin-resistant tuberculosis
MSM	Men who have sex with men
NGO	Non-governmental organization
PHCP	Primary health care professionals
PLHIV	People living with HIV
PR	Principal Recipient
PWID	People who inject drugs
PWUD	People who use drugs
STI	Sexually transmitted infection
TB	tuberculosis
TG	transgender
USAID	United States Agency for International Development
WHO	World Health Organization
Working Group	Working Group to Monitor the Implementation of the Interministerial Plan

Annex 2: Recommendations

HIV and TB Program Area	Pivotal legal and policy instruments
Eliminate HIV and TB-related stigma and discrimination in all settings	
- Organize national HIV and TB stigma reduction campaigns targeting the public. - Develop a strategy incorporating diverse tools for routine measurement of stigma and discrimination. - Establish and fund a small expert working group to actively address legislative activities perpetuating stigma towards key populations in HIV and TB contexts.	- Law of Kyrgyzstan No. 155 "On Advertising" dated 24 December 1998 - Law of Kyrgyzstan of 28 April 2017, No. 70 "On State Public Procurement"
Ensure non-discriminatory provision of health care	
- Advocate for the allocation of domestic funds to train healthcare workers, including those in primary and secondary care, in addressing stigma and discrimination. - Evaluate the sustained impact of training programs on the knowledge and behavior of healthcare workers to identify and implement effective training methods. - Promote the elimination of drug user registries as part of efforts to combat stigma and discrimination. - Ensure consistent communication to health professionals, outreach and social workers, and case managers about the activities of street lawyers and other community-led monitoring initiatives.	- Law of Kyrgyzstan of 28 May 2013, No. 81 "On the Status of Medical Worker" - Appendix #3 to the order of the Ministry of Health and Social Development of Kyrgyzstan № 755 from "08" June 2021. "Regulations on Certification of Medical and Pharmaceutical Workers in Kyrgyzstan"
HIV and TB-related legal literacy	
- Negotiate with the state-guaranteed legal aid coordinators to include in their services a basic consultative package for key and vulnerable populations with a brief explanation of fundamental rights, and freedoms, as well as legal responsibilities and ethics of doctor-patient relations. - All street lawyers, as well as most capable case managers and outreach workers, should go through this training in order to build a pool of certified peer	- Law of Kyrgyzstan No. 91 of 10 August 2022 "On State Guaranteed Legal Aid" - Resolution of the Government of Kyrgyzstan No. 314 of 31 May 2017 "On Establishment of the Center for Coordination of State Guaranteed Legal Aid under the Ministry of Justice of Kyrgyzstan"

paralegals to address key populations' needs in the access to legal aid.	
Improve access to justice	
• Increase ownership of key and vulnerable groups and organizations of the street lawyers' program • Ensure that street lawyers build long-term working relationships with local police and health officials • Ensure that about 80% of the state-guaranteed free legal aid coordinators and around 70 free legal aid professional lawyers are sensitized on HIV and TB issues and the needs of key and vulnerable populations	• Law of the Republic of Kyrgyzstan No. 91 of 10 August 2022 "On State Guaranteed Legal Aid" • Resolution of the Government of Kyrgyzstan No. 314 of 31 May 2017 "On Establishment of the Center for Coordination of State Guaranteed Legal Aid under the Ministry of Justice of Kyrgyzstan"
Monitor and reform HIV-related laws and policies	
• Support Joint Monitoring Group (Order of the Ministry of Health of the Kyrgyzstan from February 14, 2023, № 131) to unite and coordinate civil society monitoring efforts and activities related to law and policy reforms (see also recommendations below in cross-cutting issues) • Invite lawmakers for the extended sensitization sessions of the Joint Monitoring Group • Promote cooperation between community organizations and the Ministry of Interior, to accelerate focusing law enforcement activities on wholesale trafficking with the purpose of systematic enrichment, and to facilitate voluntary referrals of people who use drugs to evidence-based social and medical services.	• Order of the Ministry of Health from 14 March 2022, № 311, the Ministry of Internal Affairs from 14 March 2022, № 219, and the Ministry of Justice from 14 February 2022, № 14 "On Approval of the Interagency Action Plan to overcome legal barriers to HIV and TB services in Kyrgyzstan for 2022-2025". • Order of the Ministry of Health of Kyrgyzstan from 14 February 2023, № 131 "On the establishment of a working group to monitor the implementation of the "Action Plan to overcome legal barriers to HIV and TB services in Kyrgyzstan for 2022-2025".
Reducing HIV and TB-related gender discrimination, harmful gender norms, and violence against women and girls in all their diversity	
• Design a low-budget online training for all program implementers on gender equality in HIV and TB program design, implementation, monitoring and evaluation • Adopt mandatory indicators related to gender equality concerning people from key and vulnerable populations	• Law of the Kyrgyzstan of April 27, 2017, No. 63 "On Protection and Protection from Family Violence • Resolution of the Government of Kyrgyzstan of 1 August 2019, No. 390 "On the Procedure for the Implementation of Protection and Protection from Family Violence"

• Promote family counseling and reconciliation for families of people living with HIV and TB • Ensure the availability of shelters for women from key populations	
Support community mobilization and engagement	
• Ensure that all stakeholders, including community organizations, service providers, and government agencies, understand CLM as the combination of multiple monitoring systems that overlap but do not duplicate each other's efforts. • Create a mechanism for reviewing and acting on CLM data from all different community-led monitoring initiatives. • Improve the quality of case documentation, including with the use of databases, such as REACT, Oneimpact, etc. to make sure that every documented case contains all essential information to allow for effective analysis and follow-up	• Order of the Ministry of Health of Kyrgyzstan from 14 February 2023, № 131 "On the establishment of a working group to monitor the implementation of the "Action Plan to overcome legal barriers to HIV and TB services in Kyrgyzstan for 2022-2025".
Ensure rights-based law enforcement	
• Advocate for human rights training for drug enforcement officers to become part of the curriculum at police education institutions • Promote horizontal cooperation at the local level between local community organizations and local law enforcement departments, including routine engagement through regular weekly information sessions for officers at every department concerning HIV, TB, and human rights. • Regularly inform police officers about the work of street lawyers and other community-led monitoring initiatives. •	• Resolution of the Cabinet of Ministers of the Kyrgyzstan dated 10 August 2022, No. 445 "On Approval of the Anti-Drug Program of the Cabinet of Ministers of Kyrgyzstan and its Implementation Plan for 2022-2026". • Order of the Ministry of Health from 14 March 2022, № 311, the Ministry of Internal Affairs from 14 March 2022, № 219, and the Ministry of Justice from 14 February 2022, № 14 "On Approval of the Interagency Action Plan to overcome legal barriers to HIV and TB services in Kyrgyzstan for 2022-2025".
Health, human rights, and gender services for people in prisons and on probation	
• Assess the quality of harm reduction in prisons and the reasons why the number of clients declined	• Order of the Ministry of Health from 14 March 2022, № 311, the Ministry of Internal Affairs from 14 March 2022, № 219, and the

• Ensure that the National Probation Service, local probation units, and organizations are able to help released prisoners transition to appropriate health services without delay and discrimination	Ministry of Justice from 14 February 2022, № 14 "On Approval of the Interagency Action Plan to overcome legal barriers to HIV and TB services in Kyrgyzstan for 2022-2025".
Cross-cutting TB and HIV recommendations	
• Strengthen the role of community organizations in the implementation of programs to remove human rights-related barriers, with professional organizations playing a supporting role. • Integrate interventions to remove human rights barriers into prevention and treatment services, including through linkages to state-guaranteed legal aid and public procurement. • Ensure that outreach workers at community-based organizations receive appropriate remuneration, using government pay scales for social workers as outlined in Government Decree № 157 of 29 February 2012. • Support a Joint Monitoring Group to implement the Interagency Action Plan to overcome legal barriers to HIV and TB services in the Kyrgyzstan for 2022-2025 • Establish and support a Technical Assistance Group comprising professional lawyers, project managers, epidemiologists, and government relations experts, to provide assistance to community-based organizations in removing or overcoming legal and policy barriers to HIV and TB services, and mitigate adverse consequences of new laws against NGOs with foreign funding, and against LGBTI. • Consider engaging the Public Health Centre of the Ministry of Health in the work of TAG to continue the coordination of technical assistance beyond the Global Fund Program. • Develop a unified M&E mechanism to align with overall HIV and TB national M&E and track the impact of human rights activities on the continuum of HIV and TB treatment and care, using CLM data and Global AIDS Monitoring indicators.	• Order of the Ministry of Health from 14 March 2022, № 311, the Ministry of Internal Affairs from 14 March 2022, № 219, and the Ministry of Justice from 14 February 2022, № 14 "On Approval of the Interagency Action Plan to overcome legal barriers to HIV and TB services in the Kyrgyzstan for 2022-2025". • Order of the Ministry of Health of Kyrgyzstan from 14 February 2023, № 131 "On the establishment of a working group to monitor the implementation of the "Action Plan to overcome legal barriers to HIV and TB services in Kyrgyzstan for 2022-2025".

Annex 3: Key Informants List³⁶

#	Name	Organization and position
Government		
1	Umutkan Chokmorova	Republican Center for Controlling Viral Hepatitis and HIV, Director
2	Aibek Bekbolotov	Republican Center for Controlling Viral Hepatitis and HIV, Deputy Director
3	Aida Karagulova	Bishkek Center for Controlling Viral Hepatitis and HIV, Director
4	Midin uulu Daniyar	Probation Department of the Ministry of Justice, Deputy Head
5	Aisuluu Emilbekova	Probation Department under Ministry of Justice, Head of the Department for Social Work and Re-integration
6	Kairat Usubaliev	Probation Department under Ministry of Justice
7	Ruslan Tokubaev	Republican Center for Mental Health and Narcology, Director
8	Sanjar Isaev	Government Apparatus of Kyrgyzstan, Head of the Public Health and Social Development Department
9	Nazgul Soltobekova	Medical Department of the Penitentiary System, Head of the Main Medical Department
10	Gulsara Kukanova	Medical Department of the Penitentiary System, TB Programs Coordinator
11	Azamat Sokeev	Medical Department of the Penitentiary System, HIV Programs Coordinator
12	Olesya Davletbakova	Medical Department of the Penitentiary System, Needle and Syringe Exchange Programs Coordinator
13	Abdullaat Kadyrov	National TB Center, Director
14	Dogdurbek Zhekshebaev	Chuy Oblast TB Center, Director
15	Aichurok Kamaeva	State Guaranteed Legal Aid Department of the Ministry of Justice, Head of the Legal Aid and Legal Education Office
16	Timur Isakov	State Guaranteed Legal Aid Department of the Ministry of Justice, Head of the Monitoring, Digitization and Control of Execution Office
17	Elmira Narmatova	Osh Oblast Center for Controlling Viral Hepatitis and HIV, Director

³⁶ In addition to this list, the Progress Assessment team held seven focus group discussions with 71 persons from various key population groups. We do not include the names of the focus group participants for safety and confidentiality reasons.

18	Uluk Motorov	Osh Oblast Center for Controlling Viral Hepatitis and HIV, Head of the Dispensary Department
19	Elmira Satarova	Jalal-Abad Oblast Center for Controlling Viral Hepatitis and HIV, Director
20	Police Officer (requested anonymity)	
21	Police Officer (requested anonymity)	
22	Police Officer (requested anonymity)	
23	Police Officer (requested anonymity)	
24	Police Officer (requested anonymity)	
25	Police Officer (requested anonymity)	
Donor agencies		
26	Ilim Sadykov	Soros Foundation Kyrgyzstan, Public Health Programs Director
27	Baktygul Chalgynchieva	Soros Foundation Kyrgyzstan, Mentor and administrator of the REACT database
28	Niyaz Kochkorov	Soros Foundation Kyrgyzstan, Coordinator of the para lawyers in the South Kyrgyzstan
29	Bakyt Myrzaliev	Country Representative, KNCV
30	Murat Ahmatov	Public Foundation “KNCV-KG”, Director
31	Ayimgul Duishekeeva	Public Foundation “KNCV-KG”, Specialist
32	Natalya Shumskaya	AFEW Kyrgyzstan, Director
33	Gulzat Kobosheva	AFEW Kyrgyzstan, Project Specialist for Catalytic Funding
34	Meerim Sarybaeva	UNAIDS, Country Director
35	Bermet Amirova	GIZ BACKUP Health Project, Technical Advisor
36	Dinara Aldasheva	GIZ BACKUP Health Project, Technical Advisor
37	Daniyar Saliev	PEPFAR funded EpiC Project, Director
38	Aida Estebesova	USAID, Health and Education Office, Project Management Specialist
39	Patrick Nadol	CDC, Country Director
40	Damira Bibosunova	CDC, Prevention Advisor
41	Ernest Robello	CADAP 7, Director
42	Asel Duysheeva	CADAP 7, National Coordinator in Kyrgyzstan
43	Inga Babicheva	UNDP in Kyrgyzstan, HIV\TB Coordinator\Deputy program manager
44	Jake Rashbass	EJAF, Senior Programme Lead for Eastern Europe and Central Asia
45	Samantha Huffman	Cure TB Project, Strategic Information Director
46	Ainura Kadyralieva	Cure TB Project, M&E Specialist

47	Rakhat Cholurova	Cure TB Project, Technical Director
48	Timur Bazikov	USAID, Senior TB Advisor
NGO		
49	Dilshat Khaitov	TB People in Kyrgyzstan, Director
50	Sergei Bessonov	PWUD community activist
51	Irena Ermolaeva	PWUD community activist
52	Aibar Sultangaziev	Association "Partners Network", Director
53	Shahnaz Islamova	NGO "Tais Plus", Director
54	Batma Estebesova	NGO "Sotsium", Director
55	Baktygul Israilova	National Network of Women living with HIV, Director
56	Ramilya Almazbekova	NGO "Kyrgyz Indigo", Head of Advocacy and Human Rights Department
57	Askar Baigashkaev	NGO "Kyrgyz Indigo", Para Lawyer
58	Beka Esenbekov	NGO "Kyrgyz Indigo", Sexual & Reproductive Health and Rights Project Assistant
59	Nadejda Sharonova	NGO "Podruga", Director
60	Talant Abdullaev	NGO "Musaada", Para lawyer
61	Elmira Karimova	NGO "Plus Center", Para lawyer
62	Mamasobir Burkhanov	NGO "Parents Against Drugs", Director
63	Baykozi Ermatov	NGO "Tais Plus 2", Director
64	Arzygul Kurmanalieva	NGO "Tais Plus 2", Para lawyer
65	Chinara Shukrali kyzy	TB People Jalal-Abad branch, Para lawyer
66	Aisuluu Kannazarova	NGO "Healthy Generations", Director
67	Abdurasul Khamidov	NGO "Healthy Generations", specialist
68	Iskender Abdurasulov	NGO "Healthy Generations", Para lawyer