Country Office Evaluation: Kyrgyzstan

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Acronyms

AMR	antimicrobial resistance
BCA	Biennial Collaborative Agreement
BMGF	Bill & Melinda Gates Foundation
COE	country office evaluation
DPCC	Development Partners Coordination Council
DPDSES	Department of Disease Prevention and State Sanitary and Epidemiological Surveillance
DRA	National Drug Regulatory Agency
DRCU	Disaster Response Coordination Unit
EQ	evaluation question
EURO	WHO Regional Office for Europe
FAO	Food and Agriculture Organization of the United Nations
Gavi	The Vaccine Alliance
GDO	Geographically Dispersed Office
GDP	gross domestic product
GFATM	The Global Fund to fight AIDS, Tuberculosis and Malaria
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GPW	General Programme of Work
GSM	Global Management System
HQ	WHO headquarters
HRH	human resources for health
IHR	International Health Regulations (2005)
JEE	Joint External Evaluation
MDG	Millennium Development Goal
MHIF	Mandatory Health Insurance Fund
MoH	Ministry of Health
NCD	noncommunicable disease
NPO	national professional officer
ODA	overseas development assistance
PB	programme budget
PIP	Pandemic Influenza Preparedness
RCHP	Republican Centre for Health Promotion

SDG	Sustainable Development Goal
UHC	universal health coverage
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFIP	United Nations Fund for International Partnerships
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRC	United Nations Resident Coordinator
USAID	United States Agency for International Development
WB	World Bank
WCO	WHO Country Office
WFP	World Food Programme
WHO	World Health Organization
WHO-PEN	WHO Package of Essential Noncommunicable Disease Interventions
WR	WHO Representative

Executive Summary

Country office evaluations are included in the WHO Organization-wide evaluation workplan for 2018-2019, approved by the Executive Board in January 2018. The workplan clarifies that country office evaluations "*will focus on the outcomes/results achieved by the country office, as well as contributions through global and regional inputs in the country. In addition, these evaluations will aim to analyse the effectiveness of WHO programmes and initiatives in the country and assess their strategic relevance within the national context"*. They encompass the entirety of WHO activities during a specific period and aim to provide findings, recommendations and lessons that can be used in the design of new strategies and programmes in-country.

This country office evaluation was the second of its type undertaken in the European Region by the WHO Evaluation Office. Its main purpose was to identify achievements, challenges and gaps and document best practices and innovations of WHO in Kyrgyzstan on the basis of its achievements. These include not only results of the WHO Country Office (WCO) but also contributions at the regional and global levels to the country programme of work. As with all evaluations, this country office evaluation meets accountability and learning objectives endorsed by the Executive Board of WHO. It will be publicly available and reported on through the annual Evaluation Report.

Covering the period of three consecutive Biennial Collaborative Agreements (2014-2015, 2016-2017 and 2018-2019), this evaluation built on an analysis of relevant existing documents and data, complemented by the perspectives of key stakeholders, to:

a. Demonstrate achievements against the objectives formulated in the Biennial Collaborative Agreements (BCA) and other relevant strategic instruments; and corresponding expected results developed in the WCO biennial workplans, while highlighting the challenges and opportunities for improvement.

b. Support the WCO and partners when developing the next strategic instruments based on independent evidence of past successes, challenges and lessons learned.

c. Provide the opportunity to learn from the evaluation results at all levels of WHO. These can then usefully inform the development of future country, regional and global support through a systematic approach to organizational learning.

The main expected use for this evaluation is to support the WCO as it considers the upcoming BCA and for future planning. Other main users of the evaluation are the WHO Regional Office for Europe, its geographically dispersed offices and WHO headquarters in order to enhance accountability and learning for future planning. The Government of Kyrgyzstan as a recipient of WHO's actions, as well as the people of Kyrgyzstan, and other organizations, including donors, partners, national institutions and civil society, have interest to be informed about WHO's achievements and be aware of best practices. Also, the Executive Board has direct interest in learning about the added value of WHO's contributions in Kyrgyzstan. Finally, over the medium-term, it will contribute to build a body of evidence around possible systemic issues to be addressed corporately, such as the development of models of WCOs work/presence in countries.

Guided by the WHO evaluation practice handbook, the evaluation was based on a rigorous and transparent methodology to address the evaluation questions in a way that serves the dual objectives of accountability and learning. The methodology ensured impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and using a mixed methodological approach (e.g. quantitative and qualitative data) to ensure triangulation of information through a variety of means.

Relevance of the strategic choices

Generally speaking, the WCO's priorities as expressed in the three BCAs covered by the evaluation are rooted in a situation analysis of the health needs in Kyrgyzstan and are well aligned with national health strategies, in particular: the Den Sooluk Health Strategy 2012-2016, the National Public Health 2020 Strategy, and the National Health Strategy for 2019-2030. Overarching priorities of the BCAs, such as noncommunicable diseases, universal health coverage, antimicrobial resistance, mother and child health, and emergency preparedness, among others, were all deemed as highly relevant by national stakeholders. BCAs are developed in close collaboration with the Ministry of Health, and bi-annual reviews of the BCAs undertaken jointly by the WCO and the Ministry of Health ensure the continued relevance of the WCO's programme of work throughout the course of implementation.

The BCAs are also aligned with WHO's General Programme of Work, the Regional Office for Europe's Health 2020 strategy, as well as the United Nations Development Assistance Framework. While the BCA 2014-2015 did not explicitly align its priorities with the global international commitments on health, the 2016-2017 and 2018-2019 BCAs have gradually made these linkages more explicit, with the latter BCA linking each priority to a specific Sustainable Development Goal target.

While BCA priorities are generally relevant and aligned with national priorities, the evaluation identified a number of national health priorities that have not been addressed adequately in the BCAs. For example, in an effort to make its programming more strategically focussed, the BCA 2018-2019 has increased its focus on noncommunicable diseases while moving away from communicable diseases, especially HIV, hepatitis and tuberculosis. Yet, data indicates that these diseases still constitute a major health problem for the population in Kyrgyzstan and stakeholders (Government and partners alike) acknowledged that they have felt a gap since the WCO has reduced its efforts in this area.

Considering the importance of having a strategically focussed programme of work, it is particularly important for the WCO to ensure that its priorities are based on a sound analysis of its comparative advantage and those of other partners in the country to ensure that any gap in terms of addressing national health priorities is filled.

Other priorities that were only very lightly reflected in the BCAs were the social determinants of health and health and the environment. These priorities are increasingly important to WHO and the Regional Office for Europe for addressing equity issues and ensuring that marginalized populations live in an enabling environment that allows them to live a healthy life. By further integrating social determinants of health as well as health and the environment into its programme of work, the WCO would be better positioned to address equity and gender equality issues that have only been partially addressed in the BCAs. Additionally, a greater focus in these areas would help the WCO to move away from a purely medical approach to health by making linkages with other sectors and addressing health issues more holistically. In order to fully achieve the Sustainable Development Goals and health-related targets, such a multisectoral approach is warranted.

WHO's contribution and main achievements

All consulted stakeholders, Government and partners alike, recognised the important work undertaken by the WCO throughout the evaluated period. The WCO has conducted a wide-range of activities, from providing technical advice and training to producing knowledge and facilitating multi-stakeholder discussion on health-related issues. The WCO has produced a wide range of outputs in all categories of the Twelfth General Programme of Work, and some of these outputs have led to outcome-level results. One great example of this is the strategic and technical support provided by the WCO to the Government of Kyrgyzstan for the development of the 2030 National Health Strategy. The WCO facilitated a participatory and multisectoral process, involving all sectors of the Government in the development of the Strategy. In this process, the WCO also influenced Government policy-making to adopt a broader public health approach rather than addressing health issues from a purely

epidemiological perspective – a central feature of the 2030 Health Strategy. Other outcome-level results were observed, especially in the area of mother and child health, where the WCO's efforts to improve perinatal care have contributed to a reduction in maternal mortality. The WCO's efforts have also led to better emergency preparedness and increased Government capacity to comply with International Health Regulations. Through several studies and advocacy efforts, the WCO also effectively contributed to positioning the issue of noncommunicable diseases on the national agenda.

However, even though the WCO has achieved numerous outputs, it is unclear how many of these outputs have led to outcome-level results. This may be due to the fact that, despite some efforts in refocussing its programme of work, the WCO still addresses numerous priority areas and associated outputs. Additionally, the WCO lacks a theory of change, nested with a broad and long-range strategic approach, that could help it better articulate the results chain between outputs and outcomes.

The WHO Regional Office for Europe has provided valuable support to the WCO and the Government of Kyrgyzstan during the period under review. Support provided in the areas of HIV was particularly valued given the burden of the disease in Kyrgyzstan and the fact that the BCA 2018-2019 no longer addressed this priority. However, some staff in the WCO highlighted that the Regional Office for Europe has conducted numerous technical missions since 2014 and given that the WCO now has more capacity, a reduction in the number of missions conducted by the Regional Office may be warranted.

The strong relationship between the WHO Representatives (past and present) and the Ministry of Health was identified as an important factor facilitating the ownership of policies and strategies developed with support from the WCO. However, budget allocated to the health sector remains limited and the Ministry of Health still lacks capacities in public health – a central feature of the new health strategy – which may hinder the Government's ability to implement this strategy. As a recognized leader and knowledge convenor in the health sector in Kyrgyzstan, the WCO is well positioned to generate evidence on the cost-benefits of investing in health, and more particularly in preventive and primary care services. It is also well positioned to convene donors and partners and encourage them to support the implementation of the Strategy, based on their comparative advantage. However, if the WCO truly wants to support the Government as it implements its 2030 National Health Strategy over the next few years, it will need to further focus on and develop its own capacity to address the social determinants of health, which are intrinsically linked with the broader public health approach recently adopted by the Government.

Ways of working and programme management challenges

Throughout the period assessed by the evaluation the WCO has used all core functions, though the core function of technical support and building capacity was predominantly used in the BCA 2014-2015. With the arrival of the new WHO Representative in 2015, the WCO started to increasingly exercise its core function of leadership by repositioning itself as a leader in the health sector. The core function of knowledge and dissemination as well as policy advice were also widely used as the WCO produced a wide range of studies and analyses that fed into the development of policies and strategies. However, stakeholders noted that there was room for the WCO to further support the Government's own research agenda.

Following the arrival of the WHO Representative, the WCO embarked on a transformation process in 2017 that resulted in the development of a strong strategic vision for the WCO. Additionally, this process led to an increase in the number of programme staff, more training and team building opportunities for WCO personnel, and increased staff motivation. Following the transformation process, resources for Category 6 (Corporate Services and Enabling Functions) more than quadrupled, which allowed the office, among other things, to introduce several administrative positions and a position of communications officer, all of which are crucial to the functioning of the WCO and its visibility in the country. As resources from the Bill and Melinda Gates Foundation are winding down, the office will need to look for other funding sources, which may prove challenging given that several donors prefer providing funding for programmes but not administration. Securing these resources will

be key if the WCO wants to maintain the leadership, visibility and traction that it has gained among partners of the health sector in Kyrgyzstan as part of the transformation process.

Recommendations

As this evaluation highlights, WHO has achieved significant gains in supporting the Ministry of Health over several successive biennia, culminating in the development and finalization of the 2030 National Health Strategy for Kyrgyzstan. With the 2030 National Health Strategy now in place, the following four recommendations are aimed at ensuring that WHO is best positioned to help support the Government in its implementation moving forward.

1. Support to Government for the 2030 National Health Strategy

The WHO Country Office should capitalise on the significant momentum it has achieved in enhancing its strategic partnerships at country level to better contribute towards improving the health status in Kyrgyzstan. It is recommended that the WHO Country Office use its convening power around health to:

I. consider how to facilitate better support to the Ministry of Health in its implementation of the 2030 National Health Strategy through strategic engagement with other ministries in pursuit of an intersectoral approach to health (e.g. Ministry of Agriculture on the zoonotic sources of antimicrobial resistance, Ministry of Environment on the environmental sources of noncommunicable diseases, and so on);
II. engage strategically with other health system actors in sectors where partnership has not been as well developed, including non-State actors; and
III. enhance partnership with other United Nations agencies wherever such intersectoral work would enhance efficiency and effectiveness in pursuit of shared objectives in support of the Government.

2. Strategic focus

The Regional Office for Europe and the Head of the WHO Country Office should elaborate a longer-term strategic planning instrument – extending over a period of multiple future Biennial Collaborative Agreements, and over the period of the Thirteenth General Programme of Work and beyond – that ensures a good strategic fit with the unmet needs of Kyrgyzstan, the directions set by its Government in the 2030 National Health Strategy, the Thirteenth General Programme of Work, the Sustainable Development Goals and WHO's comparative advantage. Relying on WHO's recognized comparative advantages, this strategy should:

I. ensure an explicit focus on long-term strategic issues for Kyrgyzstan, including: primary health care, with its emphasis on prevention; the continued burden of communicable diseases, while still addressing the growing burden of noncommunicable diseases; and the role of gender, human rights and equity as social determinants of health;
II. articulate a theory of change to better frame the pathway for change, including a clear priority-setting process and targets for both the expected outcome and output levels, and clarify the expected contribution from all levels of the Organization in a measurable manner;
III. further develop its role in bringing impartial research to bear on policy discussions (including by conducting or commissioning a cost-effectiveness analysis to demonstrate the benefits of investing in health, exploring the respective merits of voluntary versus mandatory approaches to health insurance funding), building on its successes in this area to date;
IV. likewise increase its role in promoting health through awareness-raising initiatives aimed at behavioural change, similarly building on its successes in this area to date;

V. redouble its focus on strengthening digitization and institutionalizing digital health and, within its support role to Government, in advocating for the enactment, implementation, monitoring and enforcement of the draft law on essential medicines price regulation;

VI. set up a monitoring framework to measure WHO's progress in supporting Government toward its targets; and

VII. establish a regular informal forum to bring key stakeholders around the table to discuss WHO's work and progress against planned activities and allow exchange of knowledge and best practice.

3. Continued leadership and visibility following the end of the transformation process

I. In order to sustain the momentum achieved through the WHO Country Office transformation process, the WHO Country Office should ensure adequate follow-up on key initiatives is maintained so that its gains are sustainable and staff remain motivated to contribute to the significant work ahead in supporting implementation of the 2030 National Health Strategy.

II. In order to sustain the momentum achieved through the *WHO transformation process*, the WHO Country Office should liaise with the Regional Director and his team to ensure that the support of the Regional Office for Europe continues to maximally enable the work of the WHO Country Office in its support to implementation of the 2030 National Health Strategy (and, by extension, attainment of the health-related Sustainable Development Goals). Specific areas it should address include: maximizing internal communication and coordination within the Regional Office to ensure efficiency, coherence and complementarity of support; achieving an optimal balance between WHO Country Office accountability and delegation of authority to the WHO Country Office; and timeliness and efficiency of business processes.

4. Mapping of staff capacity to strategic priorities

The WHO Country Office staffing and skills mix should be assessed in the light of the priorities, addressing gaps for relevant areas and providing capacity building opportunities to existing staff in order to be better prepared and respond more effectively to the emerging strategic priorities of the country.

1. Introduction

1. Country office evaluations (COEs) are included in the WHO Organization-wide evaluation workplan for 2018-2019, approved by the Executive Board in January 2018.[1] The workplan clarifies that COEs "*will focus on the outcomes/results achieved by the country office, as well as contributions through global and regional inputs in the country. In addition, these evaluations will aim to analyse the effectiveness of WHO programmes and initiatives in the country and assess their strategic relevance within the national context"*. They encompass the entirety of WHO activities during a specific period. The COEs aim to provide findings, recommendations and lessons that can be used in the design of new strategies and programmes in-country.

1.1 Evaluation features

2. **Purpose.** This COE was the second of its type undertaken in the European Region by the WHO Evaluation Office. Its main purpose was to identify achievements, challenges and gaps and document best practices and innovations of WHO in Kyrgyzstan. These include not only results of the WHO country office (WCO) but also contributions from the regional and global levels to the country programme. As with all evaluations, this COE meets accountability and learning objectives. It will be publicly available and reported on through the annual Evaluation Report.

3. **Objectives**. This evaluation built on an analysis of relevant existing documents and data, complemented by the perspectives of key stakeholders, to:

a. Demonstrate achievements against the objectives formulated in the Biennial Collaborative Agreements (BCAs) 2014-2019 (and other relevant strategic instruments) and corresponding expected results developed in the WCO biennial workplans, while pointing out the challenges and opportunities for improvement;

b. Support the WCO and partners when developing the next BCA (and other relevant strategic instruments) based on independent evidence of past successes, challenges and lessons learned; and

c. Provide the opportunity to learn from the evaluation results at all levels of WHO. All programmes can benefit from knowing about their successes and challenges at global, regional (including geographically dispersed offices) and country levels. These can then usefully inform the development of future country, regional and global support through a systematic approach to organizational learning.

4. **Expected use**. The main expected use for this evaluation is to support the WCO as it considers the development of the next BCA and for future planning. Other main users of the evaluation are the WHO Regional Office for Europe (EURO), and WHO headquarters (HQ) in order to enhance accountability and learning for future planning. The Government of Kyrgyzstan as a recipient of WHO's actions, as well as the people of Kyrgyzstan, and other organizations, including donors, partners, national institutions and civil society, have interest to be informed about WHO's achievements and be aware of best practices. Also, the Executive Board has direct interest in learning about the added value of WHO's contributions in Kyrgyzstan. Finally, over the medium-term, it will contribute to build a body of evidence around possible systemic issues to be addressed corporately, such as the development of models of WCOs work/presence in countries.

[1] Evaluation update and proposed workplan for 2018-2019. Document EB142/27 (http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_27-en.pdf).

5. **Scope**. The evaluation covered all activities undertaken by WHO (WCO, EURO and HQ) in Kyrgyzstan, as framed in the 2014-2015, 2016-2017 and 2018-2019 BCAs and other strategic documents covering activities not part of the BCAs that took place over that period.

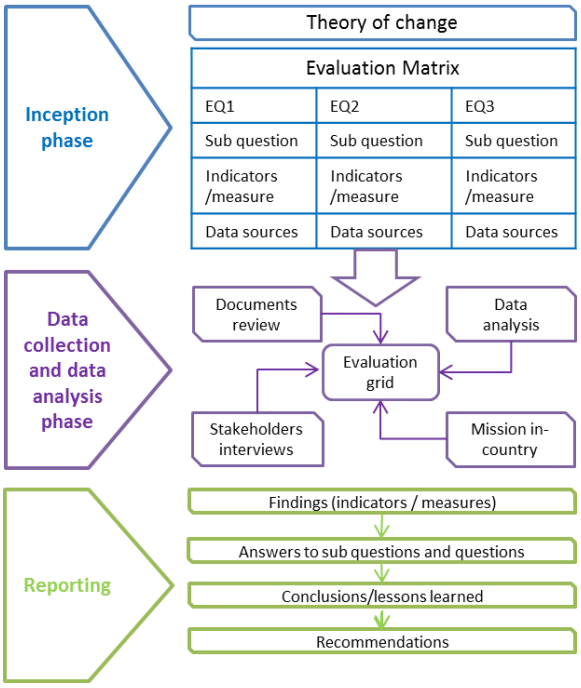
6. **Evaluation questions**. All COEs address the 3 main evaluation questions (EQ) identified below. The sub-questions are then tailored according to country specificities and detailed in an evaluation matrix (see Annex 2).

- **EQ1 - Were the strategic choices made in the BCAs** (and other relevant strategic instruments) **the right ones to address Kyrgyzstan's health needs and coherent with government and partners' priorities**? (relevance) This question assessed the strategic choices made by WHO at the BCA design stage and their flexibility to adapt to changes in context.
- **EQ2 - What is the contribution/added value of WHO towards addressing the country's health needs and priorities**? (effectiveness/elements of impact/progress towards sustainability) To address this question, the evaluation team considered the biennial workplans produced during the evaluation period and focused on best practices and innovations observed.
- **EQ3 – How did WHO achieve the results**? (efficiency) In this area the evaluation sub-questions covered the contribution of the core functions, the partnerships and allocation of resources (financial and staffing) to deliver the expected results and, for each, sought to identify best practices and innovations.

1.2 Methodology

7. Guided by the *WHO Evaluation Practice Handbook*, the evaluation was based on a rigorous and transparent methodology to address the evaluation questions in a way that serves the dual objectives of accountability and learning. The methodology (summarized in Figure 1 below and developed further in Annex 2) demonstrated impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and using a mixed methodological approach (e.g. quantitative and qualitative data) to ensure triangulation of information through a variety of means.

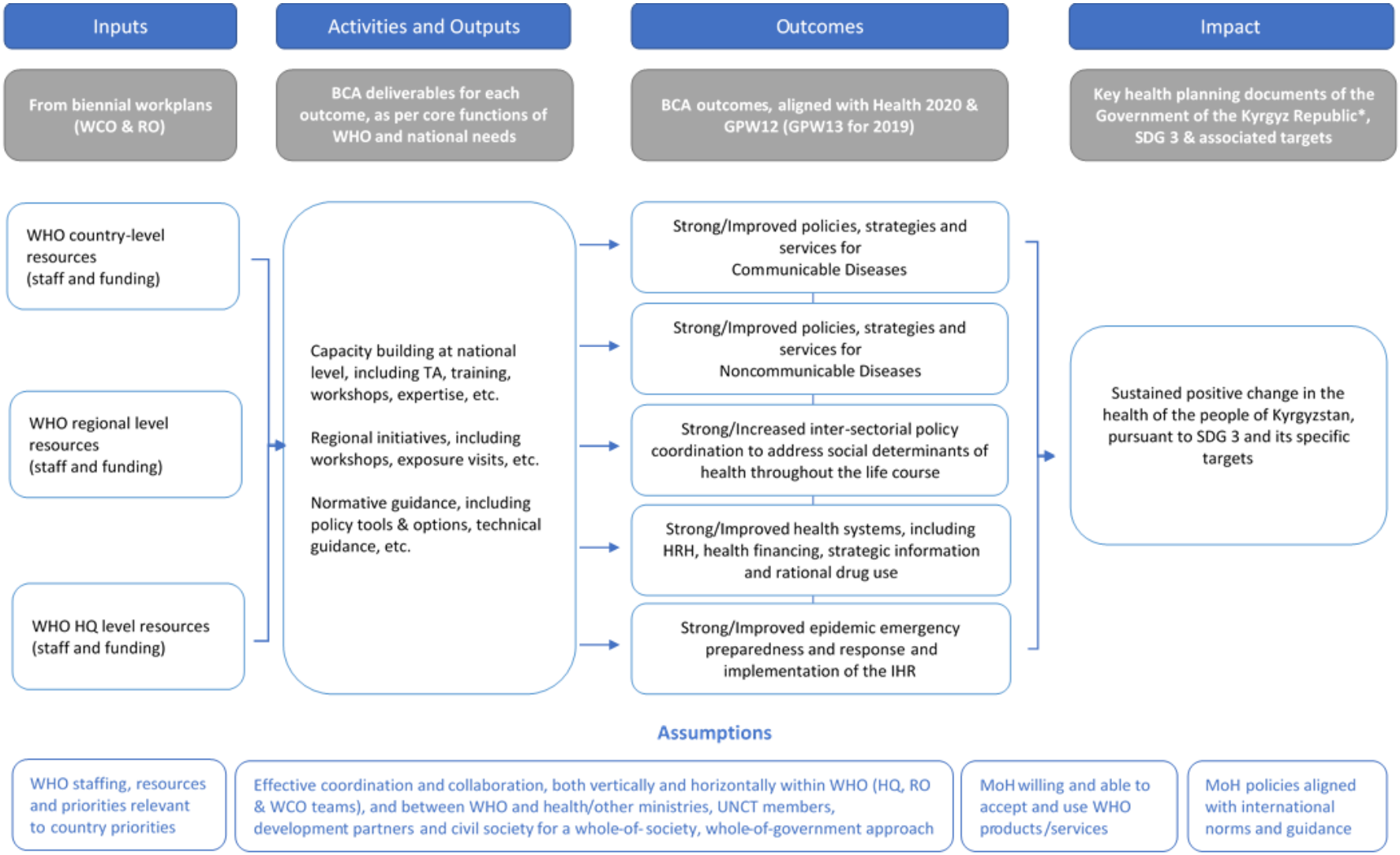
Figure 1: Methodological approach



8. The evaluation was conducted between July and November 2019 by a core team from the WHO Evaluation Office supported by three external consultants. The evaluation adopted the BCA as a primary criterion for the evaluation. However, in the absence of an explicit logic model or theory of change to frame the contributions of WHO in Kyrgyzstan over the evaluation period, during the inception phase the evaluation team proposed a retrospective theory of change (see Figure 2). This theory of change describes the relationship between the BCA strategic priorities, the focus areas and the activities and budgets as envisaged in the biennial workplans; clarifies the linkages with the General Programme of Work (GPW) and programme budgets (PBs); and identifies the main assumptions underlying it. The theory of change is aligned with the one validated by WHO in the context of the evaluation of WHO's presence in countries[2] and in previous COEs. Using the theory of change, the team developed an evaluation matrix, unpacking for each evaluation question the specific indicators/measures for assessing each sub-question, as well as the data collection method and data sources used. The evaluation mainly used existing data collected by WHO and partners, complemented with direct feedback from Ministry officials, WHO staff and other development partners, during the timeframe evaluated. After a comprehensive document review, the team conducted a 10-day mission in-country during which time it conducted a large number of interviews (list available in Annex 3). All the data were then analysed to produce the present report.

[2] WHO (2015). Evaluation of WHO's presence in countries (http://www.who.int/about/evaluation/prepublication-country-presence-evaluation.pdf?ua=1).

Figure 2: Theory of Change – WHO contributions in Kyrgyzstan 2014-2019



** In particular the following: Strategy for the protection and promotion of public health of the Kyrgyz Republic 2020, Den Sooluk National Health Reform Programme of the Kyrgyz Republic for 2012-2016; and for 2019: State Program of Kyrgyz Republic on Public Health Protection and Health Care System Development for 2019-2030 – "Healthy Person – Healthy Country"*

1.3 Country context

9. Kyrgyzstan is a land-locked country with a population of about 6 million that is mainly rural (two thirds) and relatively young (with 31.5% of the population being made up of children under 15). Classified as a lower middle-income country,[3] Kyrgyzstan saw real gross domestic product (GDP) growth slow to 3.5% in 2018 from 4.7% in 2017; GDP is projected to accelerate to 4.3% in 2019 and stabilize at around 4% thereafter, however. The poverty rate is projected to decline from 30.6% in 2014 to 18.8% in 2019.[4] Other relevant health statistics are indicated in Table 1.

Table 1: Kyrgyzstan health statistics[5]

Population (in thousands) total (2016)	5 956
Population proportion under 15 (%) (2016)	31.5
Life expectancy at birth (years) (2016)	75 (Female)
	68 (Male)
Socioeconomic	
Gender inequality index rank (2018) *[source: UNDP]*	122
Human development index rank (2018) *[source UNDP]*	122
Health	
Neonatal mortality rate (per 1000 live births) (2017)	10.7
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2017)	20
Maternal mortality ratio (per 100 000 live births) (2015)	76
Infants exclusively breastfed for the first six months of life (%) (2014)	40.9
Health systems	
Medical doctors (per 10 000 population) (2014)	18.76
Nursing and midwifery personnel (per 10 000 population) (2013)	64.299
(DTP3) immunization coverage among 1-year-olds (%) (2017)	92
Health financing	
Total expenditure on health as a percentage of GDP (2014)	6.5
Domestic private health expenditure as percentage of current health expenditure (2015)	48.2
Out-of-pocket expenditure as percentage of current health expenditure (2015)	38.8
General Government expenditure on health as % of total Government expenditure (2014)	11.92

10. The Strategy for the protection and promotion of public health of the Kyrgyz Republic 2020 *(Health-2020)* was approved by the Kyrgyz Government in 2014. An action plan to follow the Regional Health 2020 strategy was developed in 2015. The Strategy is also aligned with the National Sustainable Development Strategy of the Kyrgyz Republic for 2013-2017, with its successor the National Development Strategy of the Kyrgyz Republic for 2018-2040 (and the mid-term National Development Programme for 2018-2022), and with the principles of the Den Sooluk National Health Reform Programme of the Kyrgyz Republic for 2012-2016 (extended to the end of 2018). In December 2018 the Government approved the State Programme of the Kyrgyz Republic on Public Health Protection and Health Care System Development: Healthy Person – Prosperous Country, 2019-2030 (hereafter referred to as the 2030 National Health Strategy). The 2030 National Health Strategy is aimed at strengthening intersectoral collaboration as well as strengthening and supporting the key priority areas identified in the Den Sooluk programme: cardiovascular diseases, maternal and child health, tuberculosis (TB) and HIV infection. It

[3] World Bank Kyrgyz Republic (https://www.worldbank.org/en/country/kyrgyzrepublic/overview#1, accessed 28 June 2019).
[4] World Bank Kyrgyz Republic (https://www.worldbank.org/en/country/kyrgyzrepublic/overview#1, accessed 28 June 2019).
[5] Global Health Observatory, WHO (https://www.who.int/data/gho/data/countries/country-details/GHO/kyrgyzstan?countryProfileId=35da4dcc-e091-4dc2-bade-ea785f450743, accessed 28 November 2018).

also aims to ensure universal access of the population to health services, including socially vulnerable groups.

11. Progress in accomplishing the goals set forth in this broad policy and strategic framework has been mixed, however. Kyrgyzstan gained its independence in 1991 and has been undergoing health reforms since 1996. The reform process has not moved forward as quickly as anticipated and, despite progress in moving towards the Sustainable Development Goal (SDG) targets, the health priorities identified in the aforementioned policies and strategies have not changed significantly over the six-year period to be covered in this evaluation. Slow economic growth, rising health care costs, deteriorating infrastructure, slow public-sector reform, governance practices, inefficient institutions and an outdated health information system have all posed challenges to the reform process.[6]

12. Accordingly, an overview of the specific health profile of Kyrgyzstan presents a similarly mixed picture. Kyrgyzstan carries a high burden of both communicable and noncommunicable diseases (NCDs), and of injuries and external causes of death. Cardiovascular diseases represent about 50% of the mortality rate, followed by cancer (representing 11% of the mortality rate in 2015) and injuries, poisoning and other consequences of external causes collectively (representing 9% of the mortality rate in 2015). There is also increasing attention to addressing antimicrobial resistance (AMR).[7] Kyrgyzstan was certified malaria-free in 2016, representing an important health milestone. By contrast, HIV and hepatitis levels remain high, and multidrug-resistant TB represents some 25% of new TB cases, placing Kyrgyzstan among the 27 highest multidrug-resistant TB-burdened countries in the world. The immunization rate is 96%, with a slight decrease during the last few years due to immunization resistance; Kyrgyzstan was certified as Rubella Free Country in 2019. Trends in maternal and child health are encouraging, but maternal and infant mortality rates remain the highest in the WHO European Region and there is a large unmet need for contraception and emergency obstetric care. Kyrgyzstan is moving towards universal health coverage (UHC), but structural challenges include insufficient financial protection schemes, high medicine prices, health staff shortages in rural areas, and an inefficient hospital network. The importance of health security is increasingly being recognized in Kyrgyzstan, but a more resilient health system is needed to ensure emergency preparedness and response.

13. Overseas Development Assistance (ODA) for Kyrgyzstan has been declining in recent years. In 2017, Kyrgyzstan received US$ 461 million in ODA, of which 8% (US$ 37 million) was allocated to the health and population sector.[8] The main development partners for health in Kyrgyzstan over the period 2014-2019 include the European Commission, Gavi, Germany, Japan, the Russian Federation, the Swiss Development Cooperation Agency, and the United States Agency for International Development (USAID).[9]

14. The UN system's efforts in Kyrgyzstan have been guided by the United Nations Development Assistance Framework (UNDAF) for the Kyrgyz Republic 2012-2016, focusing on the Millennium Development Goals (MDGs), including health-related targets. Health was covered under UNDAF Pillar 2, Social inclusion and equity.[10] The current UNDAF for the Kyrgyz Republic 2018-2022 aims to support the Kyrgyz Republic to reach the SDGs. Health is considered under Priority IV – Social protection, health and

[6] Biennial Collaborative Agreement between the Ministry of Health of Kyrgyzstan and the Regional Office for Europe of the World Health Organization 2018/2019.

[7] Biennial Collaborative Agreements between the Ministry of Health of Kyrgyzstan and the Regional Office for Europe of the World Health Organization 2014/2015, 2016/2017 and 2018/2019.

[8] http://www.oecd.org/dac/financing-sustainable-development/development-finance-data/aid-at-a-glance.htm

[9] Source: GSM data.

[10] United Nations Development Assistance Framework (UNDAF) for the Kyrgyz Republic 2012-2016.

education.[11] Key UN agencies with which WHO partners in the Kyrgyz Republic include FAO, UNFPA, UNICEF and WFP.

1.4 WHO activities in Kyrgyzstan

15. Kyrgyzstan became a WHO Member State in 1992, shortly after its independence, and WHO opened the WCO in Kyrgyzstan in 1994. Since then, WHO has focused on: improving the population's health and addressing health inequalities; health sector reform; and enhancement of access to quality health-care services. The role of the WCO is also to respond to requests from the host country to support policy-making for sustainable health development, taking a holistic health-system approach. The WCO is the focal point for all WHO activities in Kyrgyzstan. In 2015, the WCO profile was upgraded and it is now under the leadership of a WHO Representative/Head of Country Office.[12] The country team consists of 20 staff members.

16. The WCO's priorities are set forth in the BCAs between EURO and the host country. The WCO implements the agreement in close collaboration with national institutions and international partner agencies. The BCAs between the Ministry of Health of Kyrgyzstan and EURO for 2014-2015, 2016-2017 and 2018-2019 outline the medium-term framework for cooperation with the Government of Kyrgyzstan. The specific BCA deliverables included in all three BCAs and their links to respective programme budget outputs are reproduced in Annex 1.

EURO BCA model

17. In the EURO model, the priorities for the Country Office are set out in a biennial collaborative agreement (BCA) between the WHO Regional Office for Europe and the host country, which constitute a practical framework for collaboration. The BCA is co-signed by the Minister of Health of the host country and the Regional Director for Europe.

18. The agreements are drawn up in a process of successive consultations between national health authorities and the Secretariat of the WHO Regional Office for Europe, initiated at the WCO level, and are based on a bottom-up WHO programme budget planning exercise in order to determine the priority health outcomes for WHO's collaboration in the host country for a particular biennium.

19. The BCA details the collaboration programme, including proposed outputs and deliverables, that are aligned at the outcome and output level with the WHO programme budget and coherent with its GPW. The programme budget outputs are within the managerial responsibility and accountability of the Secretariat, while outcomes define Member States' uptake of these outputs. Achieving the priority outcomes as identified in the BCA is the responsibility of both the WHO Secretariat and the government of the individual Member State.

20. The BCAs also reflect the EURO vision, Better Health for Europe, as well as the concepts, principles and values underpinning the European Policy for health and well-being, Health 2020, adopted by the Regional Committee for Europe in September 2012.[13]

[11] The United Nations Development Assistance Framework (UNDAF) for the Kyrgyz Republic 2018-2022.
[12] http://www.euro.who.int/en/countries/kyrgyzstan/who-country-office
[13] WHO Regional Office for Europe (2013). Health 2020. A European policy framework and strategy for the 21st century (http://www.euro.who.int/en/publications/policy-documents/health-2020.-a-european-policy-framework-and-strategy-for-the-21st-century-2013).

21. The BCA document has two parts:

- Description of the health impacts hoped to be achieved through the agreed biennial programme for collaboration, which will be the focus of the joint efforts of the government and the WHO Secretariat
- Description of the budget for the BCA, its financing and the mutual commitments by the WHO Secretariat and individual government.

22. Technical assistance is delivered in close collaboration between EURO, its geographically dispersed offices (GDO), the WCO and, to a lesser extent, HQ. The WCO does not have technical capacity to the extent that could enable independent provision of technical assistance. The country achievements are therefore mainly the result of the joint contribution of all relevant WHO offices. The WCO also supports the Government in its preparations for WHO governing body meetings.

23. The value of WHO technical and management staff based in EURO, its GDOs and the WCO is not reflected in the budget indicated in the BCA, hence it greatly understates the real value of the support to be provided to the country. Such support goes beyond the budget indicated in the BCA and includes technical assistance and other inputs from HQ, EURO, GDOs and unfunded inputs from the country office.

24. The value of government input – other than channelled through the WHO Secretariat - is not estimated in the BCA.

25. The Office implements the agreement in close collaboration with national institutions, including non-State actors, and international partner agencies.

26. The government of the individual Member State works with WHO on the implementation of the BCA, and in particular on the policy and strategy formulation and implementation processes required and the provision of available personnel, materials, supplies, equipment and local expenses necessary for the achievement of the outcomes and uptake of the priority programme budget outputs identified in the BCA.

2. Findings

27. The findings of the evaluation are presented following the three main evaluation questions and sub-questions identified in the Terms of Reference (see Annex 1 for the full list).

2.1 Relevance of WHO's strategic choices

Are the Biennial Collaborative Agreements and other relevant strategic documents based on a comprehensive health diagnostic of the entire population and on Kyrgyzstan's health needs?

28. As mentioned in Chapter 1, Kyrgyzstan faces a high burden of disease. All three BCAs corresponding to the period covered in this evaluation therefore cover a wide range of programme areas. Box 1 summarizes this programmatic breadth.

Box 1 – Programme areas covered under the BCAs

Programme Area	BCA 2014-2015	BCA 2016-2017	BCA 2018-2019
TB	X	X	X
HIV/AIDS	X	X	
Vaccine-preventable diseases	X	X	X
Prevention and management of NCDs	X	X	X
Mental health and substance use disorders	X	X	X
Violence and injury prevention	X	X	
Nutrition	X	X	X
Reproductive, maternal, newborn, child and adolescent health	X	X	X
Social determinants of health*	X	X	X
Health and the environment*	X	X	X
National health policies, strategies and plans	X	X	X
Integrated people-centred health services	X	X	X
Rational use of medicines and health technologies	X	X	X
International Health Regulations (2005)	X	X	X
Emergency preparedness and response	X	X	X
Knowledge management	X	X	
AMR			X

*Limited information on these programme areas is included in the BCAs, however.

29. In identifying each of these programme areas as relevant priorities, all three BCAs include an analysis of the health situation in Kyrgyzstan, supported by relevant statistics. The BCA situation analyses are also aligned with, and organized according to, each of the programme areas covered, and the underlying statistical data presented is generally well-referenced (e.g. the WHO STEPwise approach to Surveillance, or STEP, surveys; sentinel surveillance data; and so on). However, a formal analysis justifying the choice of priorities is not explicit.

30. At the same time, two programme areas (health and the environment and social determinants of health) receive relatively less coverage in the BCAs than others. The lack of attention to the social determinants of health signifies a broader gap in the BCAs, namely in their attention to equity. All of the BCAs broadly refer to existing health inequalities, both in access to services and health outcomes; none does so in detail, and only limited information is provided on the socio-economic situation of the population. Moreover, none of the BCAs provide an in-depth analysis describing how particularly vulnerable groups are affected by some health issues. That said, the evaluation team did note that there has been an evolution in the way in which the BCAs discuss inequalities. For example, whereas the 2014-2015 BCA does not provide a vulnerability analysis, the two subsequent BCAs do briefly touch upon inequalities between the urban and rural population, and on gender within the discussion of some (but not all) health issues.

31. Another evolution that the evaluation team has observed is that the BCA 2018-2019 is structured around five strategic priority areas (see Box 2), whereas previous BCAs included several programme areas without an overarching strategic framework. Overall, the strategic priorities of the BCA 2018-2019 are highly relevant in that UHC is a central feature of the National Health Sector Strategy for 2019-2030. Additionally, as the WCO has increasingly been assuming a leadership and convening role in the health sector, fostering policy dialogue and intersectoral action is pertinent. Also aligned with the country's needs is the focus on NCDs; however, despite the situational analysis in the BCA 2018-2019 confirming that "regardless of the efforts HIV, TB and hepatitis" are still at high levels, the focus on communicable diseases (e.g. TB, HIV, hepatitis) has decreased substantially compared to previous BCAs.

Box 2 – BCA 2018-2019: Strategic Priorities

1. Improve public health outcomes, address inequalities in health and serve the vulnerable especially in the area of tuberculosis control, vaccine-preventable diseases and antimicrobial resistance

2. Conduct policy dialogue, development, implementation and monitoring of national policies, good governance and inter-sectorial action, and uptake of best practices and services to address NCDs

3. Improve reproductive, maternal, newborn, child and adolescent health

4. Move towards Universal Health Coverage – strengthening health systems and health service delivery

5. Ensure health security and effective public health response to disasters including infectious hazard management, and country health emergency preparedness and IHRs

Are the BCAs and other relevant strategic instruments coherent with the National Health Strategy and any other relevant national health strategies, as well as the SDG targets relevant to Kyrgyzstan?

32. All three BCAs make specific reference to the key priorities of the National Health Strategy in place at the time they were developed. For example, BCA 2014-15 refers to the Den Sooluk Health Strategy 2012-2016, as well as specific health strategies including, inter alia, the National Strategy on Control of NCDs (2013-2020), the National Strategy on Health Protection and Promotion, the National Programme of Immunoprophylaxis (2013-2017), and e-Health (2015-2020). BCA 2018-2019 makes reference to the National Public Health 2020 Strategy (developed in 2013), as well to the new generation National Health Sector Strategy for 2019-2030 (the 2030 National Health Strategy). Ministry of Health (MoH) staff corroborated this high level of alignment, overwhelmingly reporting that the BCAs were developed through strong collaboration and consultation between WHO and the MoH, and that the BCAs fully reflect the country's needs, are aligned with its health priorities, and are highly relevant.

33. BCA priorities such as NCDs, UHC, and Emergency Preparedness and Response, among others, are aligned with key priorities of the National Health Strategy and consistently addressed by all BCAs covered by this evaluation. MoH staff emphasized that a high proportion of deaths in Kyrgyzstan are linked to cardiac diseases (52% of deaths). In this respect, all stakeholders acknowledged that the prevention and control of NCDs is a key priority for the Government and that WHO's strong emphasis on NCDs has been highly relevant. The increased emphasis in the BCAs on AMR, especially during the last biennium, was considered to be particularly relevant by consulted stakeholders. In fact, the BCA 2018-2019 confirms that a significant proportion of new TB cases are multidrug resistant. However, in the BCA 2018-2019, the decreased attention given to TB and communicable diseases more broadly constitutes a concern for the majority of consulted stakeholders as these diseases still constitute a major health problem for the population.

Are the health priorities identified in the BCAs, and other relevant strategic documents, aligned with SDG targets in Kyrgyzstan?

34. There is a progression in the ways the BCAs address international commitments over the assessed period. For example, BCA 2014-2015 does not make any reference to the MDGs, whereas BCA 2016-2017 explicitly links each programme area to SDG outcomes in general, and BCA 2018-2019 links each PB output and BCA deliverable to a specific SDG target.

35. Government officials and UN partners recognized the WCO's prominent role in taking the health-related SDG agenda forward in Kyrgyzstan and give credit to WHO for helping the Government align its National Health Strategy with the health-related SDG targets.

Are the BCAs coherent with the UNDAF?

36. As is the case in other country contexts, the BCAs mention in broad terms that they are aligned to the UNDAF. They do not, however, provide detail with respect to how precisely they contribute to this common framework. However, the development of the latest BCA 2018-2019 coincides with the development of the new UNDAF 2018-2022, and WHO is involved in outcomes 3 and 4 of the 4 UNDAF outcomes.[14]

37. It is worth noting that while the BCA 2018-2019 does not provide detail on how the WCO will contribute to the UNDAF, and the UNDAF does not explain how WHO will contribute to implementation, it is nevertheless possible to observe a degree of alignment with SDG targets, addressed by both documents. Figure 3 summarizes these linkages.

[14] Outcome 3: By 2022, communities are more resilient to climate and disaster risks and are engaged in sustainable and inclusive natural resource management and risk-informed development. Outcome 4: By 2022, social protection, health and education systems are more effective and inclusive, and provide quality services.

Figure 3: SDG Targets addressed by UNDAF 2018-2022 and BCA 2018-2019

BCA 2018-2019	UNDAF 2018-2022
1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters	Indicator addressed under Outcome 1
3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	Yes (Outcome 4)
3.b Support the research and development of vaccines and medicines for the communicable and non - communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	Yes (Outcome 4)
3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	Yes (Outcome 4)
3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	Yes (Outcome 3)
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	Yes (Outcome 4)
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	Yes (Outcome 4)
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	Yes (Outcome 4)
3.4 By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and wellbeing	Yes (Outcome 4)
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	Yes (Outcome 4)
17.16 Enhance the Global Partnership for Sustainable Development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the Sustainable Development Goals in all countries, in particular developing countries	No
17.18 By 2020, enhance capacity building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts	No

38. With respect to gaps, addressing air pollution is identified as a priority in the UNDAF. However, it was unclear when speaking to UN stakeholders which agency is taking the lead on this and moving it forward. A few WCO staff noted that there could be room for WHO to further engage on this matter, working jointly with the MoH, the Ministry of Environment and other UN partners.

Are the key partners clear about WHO's role in Kyrgyzstan?

39. All key stakeholders emphasized that WHO has established its role as a leader and convener on health matters, and that this role has steadily strengthened over time. The WCO leads, jointly with the World Bank, the Development Partners Coordination Council (DPCC) on health. All stakeholders consulted accept and appreciate this role. Partners are also clear about WHO's role when it comes to technical guidance on health policy matters, immunization, health governance and communication.

Are the BCAs coherent with the WHO General Programme of Work and aligned with WHO's international commitments?

40. All BCAs covering the assessed period are aligned with, and make explicit reference to, WHO's Twelfth GPW and its five health categories.[15]

41. All BCAs include a list of deliverables that are aligned with PB outputs and programme areas. The 2016 Administrative and Programme Management Review noted that BCA 2016-2017 was too broad in scope and made a recommendation to focus on fewer priorities in future BCAs. While the number of programme areas were reduced in BCA 2018-2019, the total number of PB outputs increased considerably. Overall:

- **BCA 2014-2015:** Addresses 16 programme areas and 34 PB outputs
- **BCA 2016-2017:** Addresses 18 programme areas and 36 PB outputs
- **BCA 2018-2019:** Addresses 13 programme areas and 46 PB outputs.

Level of coherence between the BCAs and EURO strategies

42. The timeframe of the three BCAs assessed by this evaluation is consistent with that of the regional Health 2020 Strategy. As previously mentioned, all BCAs covering the assessed period make explicit reference to and are, for the most part, aligned with this regional strategy, which promotes population health and reduction of inequalities by fostering a whole-of-government approach and improving governance for health. In particular, this regional strategy is structured around four priority areas: 1) investing in health through a life-course approach and empowering people; 2) tackling the region's major health challenges: noncommunicable and communicable diseases; 3) strengthening people-centred health systems, public health capacity and emergency preparedness and response; and 4) creating resilient communities and supportive environment.

43. In general, there is considerable and explicit alignment between the BCAs and the first three pillars of the strategy. However, alignment between the three BCAs and the last pillar of the regional strategy is somewhat weaker. The regional strategy highlights that "Building resilience is a key factor in protecting and promoting health and well-being at both the individual and community levels (…) The WHO Healthy Cities and Communities movement provides extensive examples on how to build such resilience", while also emphasizing that "Collaboration between the environmental and health sectors is crucial to protect human health from the risks of a hazardous or contaminated environment and to create health-promoting social and physical settings. Hazards in the environment are a major determinant of health; many health conditions are linked to the environment, such as exposure to air pollution and the impact of climate change, and they interact with social determinants of health".[16]

44. As suggested earlier in this section, it is noteworthy that in the BCAs covered by the assessed period, social determinants of health were identified as a priority area, although funding for this programmatic area was apparently not forthcoming, and health and the environment is only tangentially addressed, especially in BCA 2018-2019.

Availability of explicit reference in the BCAs to good governance, gender equality and empowerment of women, as well as equity concerns and human rights

45. The 2014-2015 and 2016-2017 BCAs do not make an explicit reference to good governance, human rights or equity. The BCA 2018-2019, in describing its planned deliverables, does make explicit reference to all three cross-cutting areas. Overall, however, although the existence of health inequalities in general are mentioned, there is limited analysis of the way in which vulnerable groups

[15] 1) Communicable diseases; 2) Noncommunicable diseases; 3) Promoting health through the life-course; 4) Health systems; and 5) Preparedness, surveillance and response.

[16] WHO Regional Office for Europe (2013). Health 2020. A European policy framework and strategy for the 21st century, P.20 (http://www.euro.who.int/en/publications/policy-documents/health-2020.-a-european-policy-framework-and-strategy-for-the-21st-century-2013).

are affected by different health issues, or what WHO's programmatic approaches to address these issues will be.

46. In addition, although the three BCAs identify reproductive and maternal health as a programme area, they do not specifically address issues of gender equality and women's empowerment. A gender analysis explaining how men and women are affected differently by health issues in Kyrgyzstan is also lacking. Moreover, while both the 2014-2015 and 2016-2017 BCAs do refer to violence against women (under the programme area violence and injuries), it is unclear whether this has actually been addressed during implementation.

47. When reviewing the outputs produced by the WCO, some but not all included a gender analysis and/or provided gender-disaggregated data. Interview data provided limited information on the extent to which the WCO has addressed issues of gender equality.

48. In terms of governance, Government stakeholders noted that the WCO played a key role in ensuring that the Mandatory Health Insurance Fund (MHIF) is kept separate from the MoH, ensuring the independence of the institution that is responsible for the purchasing of health services, from the institution that is the provider of health services. The MHIF is the single purchaser of health services for the general population.

Has WHO learned from experience and changed its approach in view of evolving contexts (needs, priorities, etc.) during the course of the BCAs?

49. The BCAs establish outputs/deliverables to be executed during the biennium. Nevertheless, BCAs are flexible instruments that can be adapted to the country's needs during implementation. For example, the BCA 2014-2015 explicitly states that "the biennial programme budget outputs and agreed deliverables for 2014-2015, may be amended by mutual agreement in writing between the WHO Regional Office for Europe and the individual country as a result of, for instance, changes in the country's health situation, changes in the country capacity to implement the agreed activities, specific needs emerging (…)".[17]

50. The MoH reviews the BCAs with WHO, to ensure their continued relevance, every six months. As an example of this, a WCO report confirms that the review of the BCA at the end of 2018 "facilitated needs driven priority setting for 2019 and relevant course correction".[18]

51. WCO staff also confirmed that regular team meetings were held to discuss progress in the implementation of the BCAs and adjust programming based on performance information. However, they also noted that these meetings were taking place less frequently now than they were previously.

Are the BCAs strategically positioned when it comes to the capacity of WHO to position health priorities in the national agenda and in those of the national partners in the health sector?

52. All consulted stakeholders, and particularly Government staff, recognized WHO's comparative advantage and key role as a convener, fostering important policy dialogue for policy-making – for example in the development of the 2030 National Health Strategy. WHO's clear comparative advantage when it comes to setting norms and standards on health, and providing technical guidance, was also emphasized. It was noted that the WHO-assigned health experts leading technical missions in Kyrgyzstan are highly qualified and provide valuable advice. Stakeholders acknowledged that WHO is very well placed when it comes to positioning NCDs on the national health agenda, and on matters related to UHC, such as the development of new pricing regulations for drugs and medical devices.

[17] Biennial Collaborative Agreement between the Ministry of Health of Kyrgyzstan and the Regional Office for Europe of the World Health Organization 2014/2015, P.4.
[18] WCO Kyrgyzstan 2018-2019 18-month budget centre review report.

53. WHO's strategic support to position the International Health Regulations (IHRs) on the national health agenda was appreciated by the MoH. So, too, was the support the WCO provides to Government to assist it in its engagement in WHO governing body sessions (e.g. the World Health Assembly, the WHO Executive Board, the WHO Regional Committee for Europe, and so on) – an area of support which is not captured in BCAs.

Summary of key findings

- *Strategic priorities in the BCAs are for the most part highly relevant and rooted in a sound situation analysis of health needs in Kyrgyzstan. However, despite evidence that HIV, TB and hepatitis still constitute a major health problem in Kyrgyzstan, the attention given to these diseases in the BCA 2018-2019 is very limited.*
- *The BCAs are endorsed by the highest-level leadership of the MoH and EURO.*
- *Overall, the BCAs are relevant in that they articulate the health priorities of the country and are aligned with the 2030 National Health Strategy, and with the previous national health strategy, Den Sooluk (2012-2016). They are also coherent with the Twelfth GPW and Health 2020 and reflect the general direction of the SDG agenda.*
- *WHO is considered a credible and trusted partner by the key stakeholders, and its leadership role in the health arena is universally acknowledged. As a result, the WCO has been able to raise important health matters with the Government of the Kyrgyz Republic and has been effective in supporting the MoH in policy development and in articulating health priorities.*
- *The BCAs mention cross-cutting issues of good governance, gender equality and empowerment of women in broad terms; however, there is limited analysis of the way in which vulnerable groups are affected by different health issues, nor are WHO's programmatic approaches to addressing these issues explicitly discussed. Specific project documents corroborate this gap.*
- *BCAs were reviewed jointly with the Government bi-annually to ensure their continued relevance. The WCO has also held regular team meetings to discuss progress in implementation; however, these team meetings have taken place less frequently in recent months.*

2.2 WHO's contribution and added value towards addressing Kyrgyzstan's health needs and priorities (effectiveness)

What were the main results achieved for each outcome, output and deliverable for the WCO?

54. The BCAs include a list of deliverables that are linked to PB outputs and programme areas. The evaluation team found evidence of achievements at the activities and output level in all GPW categories; however, while the evaluation team found that some outputs have contributed to outcomes, the results chain linking outputs to outcome-level results is less clear for several outputs. The following sections describe the overall degree to which results were achieved in each area, as well as the specific achievements and challenges within each. Some of the activities performed by WHO led to clear outputs, in other cases outputs are expressed in terms of the activities performed (e.g. capacity-building, adoption of normative guidance). Technical contributions are in most cases the joint effort of the WCO and EURO, sometimes with HQ input, and some in collaboration with UN and other partners.

Category 1: Communicable diseases

55. WHO provided leadership and acted as the convening agency for development partners working on the development of the National HIV/AIDS strategy in 2016 and contributed to the development of the national strategy on viral hepatitis (2017-2022). In leading the development of the National HIV/AIDS strategy, WHO organized debates, gathered comments on the draft strategy document, and provided support for reviewing and finalizing the draft. In addition, WHO provided technical support for the development of guidance tools on HIV and conducted a review of the HIV/AIDS programme in 2014, and a review of the national hepatitis response in 2016 and 2017.

56. WHO provided technical support for the drafting of the new TB programme in 2016-2017, along with the development of TB clinical protocols and guidelines, preventive TB management, as well as monitoring and evaluation. In addition, the WCO conducted a number of reviews and assessments on TB.[19] Government partners confirmed that WHO testing procedures resulted in increased TB detection, when compared to the testing procedures previously used in Kyrgyzstan.

57. Despite these achievements, most of which have taken place in the 2014-2015 and 2016-2017 biennia, WCO staff, Government and partners all acknowledged that the lack of a dedicated staff in this area hinders the achievement of results. This gap might in part explain some partners' concern that, in the shift toward a stronger emphasis on NCDs, the WCO might have left a gap in its attention to the more traditional issues surrounding those communicable diseases which remain key challenges in Kyrgyzstan. In addition to TB, these include HIV/AIDS – which, despite the achievements described above, is absent in the BCA 2018-2019.[20]

58. With regard to vaccine-preventable diseases, the WCO provided support for the conduct of an After-action Review, following a recent measles outbreak, and advice for a Measles/Rubella campaign. The MoH now has guidelines to conduct such reviews in the future. In 2018, the WCO, together with UNICEF, conducted a joint estimate of immunization coverage for vaccine-preventable diseases, which, inter alia, demonstrated low immunization coverage among internal migrants in Bishkek and Osh. Based on this evidence, UNICEF and the WCO are working on a joint communication strategy to improve immunization coverage in these new settlement areas. Also, in collaboration with UNICEF, the WCO has worked to improve the cold chain and vaccine stock management. The WCO has provided support to strengthen the institutional capacity of the National Immunization

[19] For example, in 2014 a review of TB prevention and care services in Kyrgyzstan was carried out; and in 2019, an assessment of the national TB programme was conducted, in close collaboration with national and international stakeholders.
[20] During data collection it was noted that UNAIDS had recently re-established its presence in Kyrgyzstan.

Programme.[21] In terms of contributions to outcomes, MoH and staff of the National Drug Regulatory Agency (DRA) emphasize that the WCO's support has led to improved diagnosis and surveillance of communicable diseases, including polio and other vaccine-preventable diseases. With support from the WCO, a new vaccine (conjugated pneumococcal vaccine – PCV) was also introduced to prevent diseases such as pneumonia and meningitis.[22] Moreover, and as previously indicated, in 2019 Kyrgyzstan was certified as a Rubella Free Country.

59. In 2017-2018, the WCO provided input for, and guided the development of, a national AMR strategy and plan of action, in collaboration with key stakeholders. This has strengthened cooperation between the MoH and the Ministry of Agriculture, increased awareness of health professionals on AMR, and led to better control of AMR.

Category 2: Noncommunicable diseases

60. NCDs, which are responsible for the largest burden of mortality and disability in Kyrgyzstan, represent the programme area in which the greatest results have been registered by WHO and partners. WHO generated robust evidence on the key causes of NCDs in Kyrgyzstan, including the following: 1) a study on food and beverage marketing targeting children via television;[23] 2) an assessment of unhealthy street food to measure salt and fat levels; 3) a series of surveys on NCD risk factors; and 4) knowledge on attitudes and practices of tobacco and alcohol use, as well as alcohol taxation.[24] Government representatives confirmed that the evidence generated by the WCO on NCDs contributed to enhanced awareness at the highest political level regarding the importance of addressing NCD prevention and control, and led to the positioning of NCDs as a priority in the 2030 National Health Strategy.

61. Under the WCO's leadership, a UN interagency mission on NCDs took place in March 2016 to facilitate further dialogue among UN agencies and the Government. This resulted in a report on NCDs which was presented to the President's Office.[25] Additionally, WHO spearheaded policy dialogue on tobacco control to raise awareness of the harmful effects of tobacco use and provided support for the development of a draft law on tobacco control. Government staff and UN partners highlighted the WCO's role in placing the issue of tobacco control in the Nomad Games in 2018. The UNDAF Review (2018) states that "For the first time the Games were smoke-free. As a result of advocacy and close collaboration between the Kyrgyz Government, the Secretariat of the Nomad Games, the Ministry of Health and the WHO Country Office in Kyrgyzstan, the Order was issued by the Government's Office which enforced organizing tobacco-free event."[26]

62. Since 2015, with support from the WCO, Kyrgyzstan has been piloting the implementation of the WHO Package of Essential Noncommunicable Disease interventions (WHO-PEN) protocols, which consists of a set of NCD prevention tools provided to primary care facilities in low-resource settings for the early detection and management of cardiovascular diseases, diabetes, chronic respiratory diseases and cancer.[27] Kyrgyzstan is one of the first countries where the WHO-PEN has been rolled out and Government stakeholders recognize the WCO's efforts in introducing this tool. In 2016, EURO undertook a cost-effectiveness analysis[28] of the implementation of WHO PEN protocols in the country, but the study was inconclusive regarding their effectiveness in Kyrgyzstan.

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[21] WCO Kyrgyzstan 2018-2019 18-month budget centre review report.
[22] WCO Kyrgyzstan 2016-2017 programme budget performance assessment budget centre review report 2016-2017.
[23] WHO Regional Office for Europe (2019). Monitoring Food and Beverage Marketing to Children via Television in the Kyrgyz Republic.
[24] WCO Kyrgyzstan 2016-2017 programme budget performance assessment budget centre review report 2016-2017.
[25] WCO Kyrgyzstan 2016-2017 programme budget performance assessment budget centre review report 2016-2017.
[26] United Nations Kyrgyz Republic (2019). Annual Progress Report 2018, p. 16.
[27] WHO website: www.who.int/ncds/management/pen_tools/en/
[28] WHO Regional Office for Europe (2017). Implementation of a package of essential noncommunicable (PEN) disease interventions in Kyrgyzstan: evaluation of effects and costs in Bishkek after one year.

63. Jointly with FAO, WFP and UNICEF, the WCO collaborated on a common position paper on Food Security and Nutrition. Additionally, Government representatives noted that the WCO conducted an evaluation on obesity and provided related training for staff of the Republican Centre for Health Promotion (RCHP). However, while Government stakeholders acknowledged the WCO's important contribution to addressing NCDs in Kyrgyzstan, they also noted that a stronger emphasis on nutrition is needed to address more comprehensively the risk factors of NCDs in Kyrgyzstan. Although some work has been done on obesity, nutrition is only lightly addressed in the BCAs, as evidenced in the expenditure Table 2 presented in Section 2.3.

64. As regards food safety, Codex-specific activities are ongoing with Government ministries and FAO. Support from the WCO recently led to the development of 10 standards based on CODEX guidelines. However, a UN partner indicated that more efforts could be made on food safety issues, particularly regarding capacity building and raising awareness on food safety issues both within the Government and the population. It was felt that there is a need to convince the Government to revise its approach, as it currently views food safety as a matter of market exportation only. The WCO has reiterated the importance of addressing food safety issues in Kyrgyzstan, further noting that its ability to do so is contingent upon new sources of funding as current funding for food safety is phasing out.

65. Notable results were also observed in violence and injuries, especially in relation to road safety. In 2018 and 2019, WHO provided support for the capacity-building of staff from the MoH and the Ministry of the Interior's Department of Road Safety at a course in Moscow on Alcohol as a general risk factor for traffic injury and NCDs. WHO also provided inputs to the draft national strategy on road safety in 2018, which is aligned with the UN recommendations on road safety. In 2019 WHO, jointly with UNDP and UNICEF, conducted road safety advocacy activities around the country.

66. In 2019 the WCO conducted, jointly with UNICEF, a Health Behaviour in School-aged Children (HBSC) survey which examined health behaviours among school children and conducts annual advocacy days on mental health. In addition, the WCO self-assessment notes that a national action plan on mental health and substance abuse is being developed, with support from the WCO. Despite some achievements in the area of mental health and substance abuse, the MoH and UN partners concurred that this is an area that receives little attention and that requires more concerted effort.

Category 3: Promoting health through the life-course

67. The evaluation has found compelling evidence of outcome and likely contribution to impact in the area of reproductive, maternal, newborn, child and adolescent health. The WCO provided training for health workers on reproductive health services, and supported partners with a training of trainers on effective perinatal care (EPC). A national forum on maternal mortality was organized in May 2015, with the support of the WCO, UNICEF and UNFPA. The second edition of WHO's Pocketbook on Management of Common Childhood Illnesses was adapted and disseminated to health professionals. In 2018, the WCO provided technical support in a joint mission with UNICEF to share the European regional experience in conducting a perinatal audit. In terms of contributions to outcomes, MoH staff indicated that WHO and UNICEF's efforts over the last decade, including through the recent perinatal audit, have led to notable improvements in perinatal care and reduced maternal mortality, and that the strong leadership of the former WHO Representative (WR) helped to increase political will with regard to maternal and child health matters. Technical assistance provided by the WCO also contributed to reducing the prevalence of soil-transmitted helminth infections among school-aged children in Kyrgyzstan from 56% to 13.2%, through deworming campaigns and prevalence surveys that began in 2013.[29]

[29] WCO Kyrgyzstan 2016-2017 programme budget performance assessment budget centre review report 2016-2017.

Category 4: Health systems

68. Through the provision of technical advice and guidance, the WCO has provided strong support to the MoH and other partners in the development of the Den Sooluk Programme, National Public Health 2020 strategy, and 2030 National Health Strategy. This support was appreciated and highlighted by all partners. Support was also provided for the development of annual work plans for the implementation of the Den Sooluk Programme,[30] and for its mid-term evaluation.[31] WHO also provided support to the MoH in the conduct of the Joint Annual Reviews and has organized four thematic meetings in this regard. It was noted by MoH stakeholders, however, that despite the evidence and technical assistance provided by the WCO to help position key issues in the national health agenda, sustainability remains a concern as the MoH lacks the capacity for evidence-based policy making. Both Government partners and EURO staff explained that, for historical reasons, the national health system has not embodied a public health approach. These stakeholders emphasized that the transformation of the public health service requires more technical support – as well as further support to change the mindset of some stakeholders – especially in a context where NCDs are increasingly becoming a health issue of considerable concern.

69. As a result of continued support from the WCO, the MHIF developed its first strategy to strengthen the governance of health financing, and to increase the Fund's strategic purchasing capacity. The focus of the WCO's technical assistance was on the revision of case-based payment/diagnosis-related groups in order to improve the hospital payment system and strengthen the MHIF information system.

Box 3 – Good practice: support to the Mandatory Health Insurance Fund

Despite initial resistance among Government stakeholders, the Government of Kyrgyzstan decided, following the advice of the WCO, to maintain the health insurance function (i.e. MHIF) separate from the MoH. Separating these functions is considered good practice as it fosters greater transparency and accountability.

70. In 2017 the WCO, jointly with EURO, produced the publication "Integration of the Sustainable Development Goals 2030 into the strategic programmes of Kyrgyzstan's health sector and the country's Development Strategy 2030." Government officials noted that, thanks to support provided by the WCO, the 2030 National Health Strategy is aligned with the SDGs and includes SDG targets and indicators.

71. Interviewees from all stakeholder groups emphasized that the lack of human resources for health (HRH), coupled with the low wages for medical doctors and other healthcare workers, constitutes a major impediment for achieving primary health care and UHC. For this reason, in the last biennium the WCO has provided support to the Government in the development of a national HRH strategy. The WCO also provided technical assistance to the MoH to conduct a human resource needs assessment, and MoH staff appreciated that this fostered active dialogue among members of a national platform on human resources, which is mandated to develop a national strategy on human resources for health (HRH). WHO has also collaborated on a medical education project focused on increasing the wages of doctors working in family health clinics in remote areas, based on performance indicators. It is worth noting that a National Professional Officer (NPO) was recruited in mid-2019 to work specifically on HRH as a key component of UHC as an identified priority area for WHO support.

72. The WCO self-assessment highlighted WHO support for the initiation of public health reform by conducting four missions to Kyrgyzstan in 2018, facilitating consensus on concept development, providing support for the establishment of a working group and advisory group, conducting high-level workshops during the thematic week, and more. However, Government stakeholders emphasized that work remains to be done in order for the Government to internalize a public health approach to

[30] WCO Kyrgyzstan budget centre report 2015.
[31] WCO Kyrgyzstan budget centre report 2017.

health, which is embedded in the 2030 National Health Strategy, and that further support from WHO will be needed to take this forward.

73. It was further noted that the WCO has provided important support to the Department of Disease Prevention and State Sanitary and Epidemiological Surveillance (DPDSES) in the area of biosafety and security.

74. In order to ensure increased access to safe, effective and high-quality medicines, the WCO has provided support to the DRA in drafting new legislation on drug and medical device pricing mechanisms, and the draft law on essential medicines price regulation is currently pending approval by the Government. Nineteen by-laws have been planned with WHO's assistance, of which 13 have been developed. The WCO also provided training for 4 DRA staff in the newly-established good manufacturing practices unit, and DRA price regulation staff were sent to Austria for training on the implementation of the new pricing mechanism.

75. In May 2019, an International Conference on Digitalization of Health was held in Bishkek, in collaboration with GIZ, WHO and the MoH.[32] Government stakeholders underlined that this area is an important priority for them – and that much more work remains to be done in order to fulfil their wishes. DPDSES staff indicated that the WCO has provided support in this area by organizing a tender procedure and paying an IT company to develop an information system. However, the IT company has not finalized the work properly, and the information system is not working. Since 2015, in order to promote evidence-based policy dialogue on health, WHO has supported the implementation of the WHO Evidence-Informed Policy Network (EVIPNet) in Kyrgyzstan.

Category 5: Preparedness, surveillance and response

76. The WCO has provided crucial support to DPDSES, including training of laboratory specialists on biosecurity, diagnosis and procurement. The DPDSES staff attested to the high quality of the training provided, and that the training has resulted in improved standard operating procedures (i.e. routing testing is now standardized). However, it was noted that the national regulations regarding biosafety and biosecurity are now obsolete, and the WHO's support to update the regulations is requested. In addition, a national strategy on influenza has been drafted, but this too is pending approval as a costing needs to be completed first.

77. In 2016, a Joint External Evaluation (JEE) of Kyrgyzstan's core capacities to implement the IHRs was carried out. In response to the JEE, the WCO provided support for the conduct of eight simulation exercises to test the country's preparedness to manage public health emergencies including flash floods, mass gatherings, earthquakes and food poisoning. Government staff and other partners highly valued these simulation exercises and felt that they had resulted in the increased capacity of the Government to use the IHRs and enhanced intersectoral coordination on emergency preparedness and response. Training was provided by the WCO to improve the country's capacities with regard to early warning systems, and support was given to the Government for the development of an IHR security action plan. This support led to increased awareness of the importance of reporting on the IHRs and encouraged the Government to report for the first time

Box 4 – Good practice: reinvigorating the health cluster for emergency preparedness

In Kyrgyzstan, the health cluster had once been functioning following an emergency in Osh but had not been active for several years. Even though there was no emergency, the WCO reactivated the cluster which has been active ever since. Partners acknowledged that the WCO plays a leadership role in the health cluster by convening meetings regularly and producing key outputs such as risk assessments. Keeping the cluster active in the absence of an emergency is considered a good practice in terms of emergency preparedness.

[32] WCO Kyrgyzstan 2018-2019 18-month budget centre review report.

on the IHRs in 2018. RCHP staff also confirmed that the WCO supported the production of guidelines for outbreak response and the development of a curriculum for training in outbreak response.

What is the added value of regional and headquarters contributions to the achievement of results in country?

78. It was confirmed that the WCO receives support from EURO on a regular basis and from HQ, albeit less frequently. EURO staff confirmed their regular participation in the Joint Annual Reviews of key national health strategies, such as the Den Sooluk, and their provision of support to the Government, jointly with the WCO, for the integration of SDGs into the National Health Strategies and strategic programmes of the national health sector. Support was provided by EURO for the conduct of the JEE in 2016, and EURO staff confirm that Kyrgyzstan is one of the countries in the Region having received comprehensive support from EURO on HSS, especially in terms of health financing, strengthening medicine policies, and other areas, and the "Better Laboratories-Better Health" initiative. In addition, EURO and the WCO worked together on effort to control hepatitis, child cancers, and hazard infection. UN partners also acknowledge having collaborated with EURO directly. For example, EURO has worked in close collaboration with UNAIDS and the Government, providing advice on HIV treatment protocols, and has also collaborated directly with UNICEF on matters related to immunization.

79. EURO has supported the sharing of lessons learned and good practices between Kyrgyzstan and other countries in the Region. This support includes the following examples:

- Through the WHO Health Emergencies hub on emergencies for the Central Asian countries, run out of the WCO, partners such as the MoH and the Ministry of Emergency Situations shared good practices with neighbouring countries and conducted joint simulation exercises.
- WHO provided support to the DPDSES so that Kyrgyzstan could share its experience on Pandemic Influenza Preparedness (PIP) with other countries and forge linkages between Kyrgyzstan's health system and other countries' health systems.
- In 2017, Kyrgyzstan shared its experience at the Workshop in Helsinki on Implementation of a WHO-PEN for primary health care in Eastern Europe and Central Asia, in which 14 countries participated.[33]
- In 2016, a subregional meeting took place in Kyrgyzstan on cancer registries.

80. Government staff appreciated that EURO provides the Government with technical support upon request, emphasizing that WHO always sends highly qualified international experts. For example, Government staff noted that support from the Regional Office was provided for the development of TB clinical protocols and guidelines. WCO staff further noted that EURO has proactively provided support on HIV/AIDS and hepatitis upon request, even though it is no longer highlighted as a priority in the current BCA.

81. All consulted stakeholders (i.e. WHO, Government, partners) have indicated that HRH is a key priority in Kyrgyzstan. However, EURO staff acknowledged that their capacity is insufficient to provide adequate support in this area (i.e. with only three EURO staff working on HRH). Moreover, WCO staff noted that while missions from EURO are useful, there are many of them (an estimated average of 10 per month) and the transaction and opportunity costs associated with the WCO facilitating these can be very high. In 2016-2017 alone, colleagues from EURO and HQ visited Kyrgyzstan over 150 times.[34] They felt that now that the Office has been strengthened, and has more technical capacity, it is time to consider reducing the number of missions, and for support to be provided by WCO directly, with technical assistance provided by EURO as needed.

[33] WHO Regional Office for Europe (2017). Implementation of a package of essential noncommunicable (PEN) disease interventions in Kyrgyzstan: evaluation of effects and costs in Bishkek after one year, p.1.

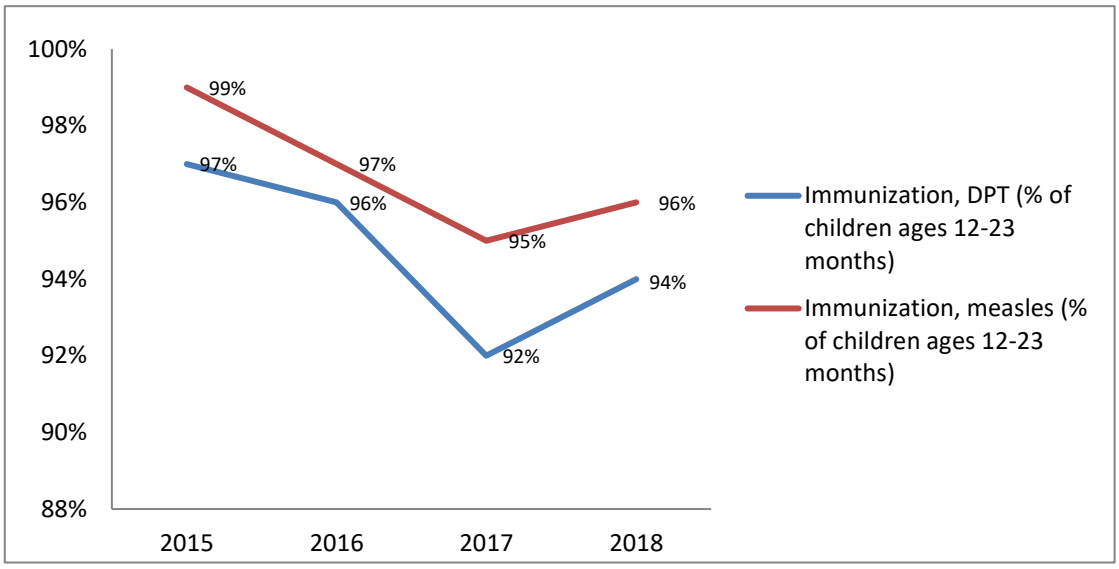
[34] WCO Kyrgyzstan 2016-2017 programme budget performance assessment budget centre review report 2016-2017.

What has been the contribution of WHO results to long-term changes in health status in Kyrgyzstan?

82. Before 2017, Gavi funds for immunization were channelled directly through the Government in the form of budget support. Since 2017, Gavi funds started flowing through WHO and UNICEF, which partnered to carry out surveys on immunization, raise awareness on the importance of vaccination and organize immunization campaigns. Based on an overview of World Bank indicators, it is clear that there has been an overall decrease in immunization for the following diseases in recent years, with a slight increase since 2018 (when major Gavi funding started flowing through WHO and UNICEF). It is plausible to assume that an increase in immunization coverage could potentially be attributed, at least in part, to increased Gavi funding.

- Immunization, DPT (% of children aged 12-23 months): decreased from 97% in 2015 to 92% in 2017; increased to 94% in 2018.
- Immunization, measles (% of children aged 12-23 months): decreased from 99% in 2015 to 95% in 2017; increased to 96% in 2018.

Figure 4: Immunization coverage for DPT and Measles, 2015-2018



83. Both Ministry and WCO staff noted that WHO supported the Government on malaria for more than 15 years, and that, with WHO's support, Kyrgyzstan was declared a malaria-free country in 2016.

84. Both WCO and Government representatives consider that WHO's work on road safety will likely contribute to improving the health situation among the Kyrgyz population. World Bank indicators show that mortality caused by road traffic injuries (per 100,000 people) in Kyrgyzstan has decreased from 22 (per 100 000) in 2013 to 15.4 (per 100 000) in 2016.[35] Considering that traffic injuries were addressed in both the 2014-2015 and 2016-2017 BCAs and that WCO and Government staff positively acknowledged WHO's work in the area, it is plausible to assume that WHO has contributed to reduced mortality from road traffic injuries in Kyrgyzstan.

85. WCO staff and Government officials further noted that another of WHO's contributions to long-term changes in Kyrgyzstan relates to the introduction of new regulations and by-laws on drug pricing mechanisms, to ensure access to safe and quality assured medicines and medical devices. The results of these initiatives were not yet forthcoming at the time of data collection, however.

[35] See: https://data.worldbank.org/indicator/SH.STA.TRAF.P5?locations=KG&view=chart.

86. Importantly, all consulted stakeholder groups noted that one of WHO's most important contributions to long-term changes is the development of the 2030 National Health Strategy which, if implemented adequately, is expected to bring important health benefits to the population. However, the Government underlined that it will require support for implementation of this strategy if it is to be successful.

Is there national ownership of the results and capacities developed?

87. WHO, along with other health partners, has used the Sector-Wide Approach (SWAp) in Kyrgyzstan since 2006. (Since 2019 a new approach has been introduced "Programme for Results (P4R)" which some consider to be more coherent than SWAp.) EURO stakeholders explained that through this approach the Government is in the lead, thereby facilitating both national ownership and the sustainability of results. Within this approach, WHO has been supporting Government-led reforms and health strategies, such as the national Den Sooluk programme and the 2030 National Health Strategy. The inclusive consultative process facilitated by the WCO, which sought the participation of multiple ministries in the development of the 2030 National Health Strategy, fosters ownership by the different line ministries that are responsible for its implementation.

88. All national stakeholders valued the WCO's support in the form of policy and technical advice and capacity-building, and its overall contribution to the health system. The MoH and DRA staff confirmed that the WCO has provided capacity-building to the Government in several areas, including emergency preparedness, good manufacturing practices, pharmaceutical and medical devices regulation, quality assurance, price regulation and reimbursement of medicines, and lab biosafety. For example, as noted above, DPDSES now uses updated SOPs for biosecurity testing as a result of WHO's assistance. In this and other specific technical areas, those receiving capacity-building support maintained that the support they had received imparted awareness, knowledge and concrete skills that were indeed sustainable by virtue of the fact that they themselves were the beneficiaries and either played a direct role in applying the newly-built capacity or had passed on this capacity (and were supervising its implementation) through a training-of-trainers approach.

89. Conversely, several Government representatives acknowledged that high turnover within their respective offices, including and especially the MoH itself, hinders the sustainability of capacities developed through WHO support. This relates back to the recognized HRH shortfalls referenced above. This challenge has ramifications not only for the sustainability of specific technical areas in which WHO has provided support, but rather more broadly for the implementation of the 2030 National Health Strategy itself.

Box 5 – Good practice: close, regular interaction between the WR and Minister of Health

MoH interviewees emphasized the strong positive role that close, regular and open interaction between the WR and the Minister of Health have played in realizing the numerous achievements described above. Interviewees confirmed that the WR and the Minister meet on a weekly basis to discuss progress and challenges, further noting that there is a mutual understanding of WHO's support. This close relationship fosters Government ownership over results achieved together, thus helping increase the likelihood that these gains will be sustainable moving forward – provided the issue of MoH staff capacity is addressed.

WHO staff and partners also explained that Kyrgyzstan has good coordination mechanisms and implementation platforms (for example the Disaster Response Coordination Unit (DRCU)), and WHO works within these structures to deliver its support, thereby enhancing ownership and increasing the likelihood that results will be sustainable.

As a result of this close relationship, Kyrgyzstan is one of the few countries in the European Region where WHO has successfully adopted a medium- to long-term perspective, thanks to the Government's strong vision – and its equally strong positive relationship with WHO.

90. At the same time, one key challenge identified by Government staff is that investment in health has not been considered a top priority by the Government of Kyrgyzstan more broadly. In this regard, the MoH requested the WCO's support to conduct cost-efficiency and impact analyses that demonstrate the potential value of increased expenditure on health to the achievement of broader social and economic goals. In addition, WCO staff and partners emphasized that Kyrgyzstan has recently made the transition to middle-income country status, with the result that ODA now makes up a small proportion of total health expenditures (e.g. 7%). In light of this challenge, there is a need for partners – including WHO – to support Kyrgyzstan (and, some add, countries like it) in transitioning from ODA-reliant health systems to self-financed health systems.

Summary of key findings

- *The WCO has conducted an array of activities and achieved many outputs across all GPW categories. The evaluation found that some (but not all) outputs have contributed to outcome-level results.*
- *The evaluation found compelling evidence of outcome level results – and even impact – in the area of mother and child health, where the WCO's effort have likely contributed to reducing maternal mortality.*
- *The WCO has also provided important support in the area of NCDs, producing evidence on the burden of NCDs and introducing tools to support the prevention of NCDs in primary care facilities. The WCO's efforts have contributed to positioning NCDs as a key priority on the national agenda. Despite important contributions in the area of NCDs, more is needed on nutrition to address in a more comprehensive way the risk factors of NCDs.*
- *The WCO also contributed significantly to the development of evidence-based policy making in areas such as HIV, road safety, NCDs and AMR.*
- *The WCO was instrumental in facilitating a multi-stakeholders process for the development of the 2030 National Health Strategy. Support from the WCO was instrumental in making public health a central feature of the strategy and in positioning NCDs as a key priority of the national agenda.*
- *The WCO effectively raised the importance of emergency preparedness in Kyrgyzstan, facilitating simulation exercises and working with the Government to increase its capacity in complying with IHRs.*
- *The evaluation found little evidence of results in the areas of social determinants of health, as well as health and the environment. Additionally, while there is evidence of results in the area of communicable diseases for BCA 2014-2015 and BCA 2016-2017, support in this area has been limited overall in the biennium.*
- *EURO has provided significant support to the WCO and the Government during the period under review, mainly through technical assistance missions. However, the high number of missions have been somewhat overwhelming for some WCO staff, who reported having limited time to support these.*
- *The WCO has generated important evidence in the health sector in Kyrgyzstan. However, MoH acknowledge that the capacity of the ministry to absorb this knowledge and use it for decision-making is somewhat limited.*
- *The strong relationship between the WR and the MoH was identified as a factor facilitating ownership of the policies of strategies developed with the support of the WCO. However, limited resources allocated to the health sector, as well as limited capacities on public health – a central feature of the 2030 Health Strategy – may hinder the Government's ability to implement this strategy.*

2.3 How did WHO achieve the results? (elements of efficiency)

What were the key core functions most used to achieve the results?[36]

91. Leadership and partnership: prior to 2015, leadership in the health sector was mainly provided by the World Bank. Following the appointment and arrival of the WR in 2015, Government representatives and partners recognized that WHO had more strongly positioned itself as a leader and convener in the health sector. WHO now assumes a leadership function in a number of coordination platforms, including the DPCC as well as the UN working group on UNDAF Outcome 4. WHO has played a key role in convening the Government and development partners for the conduct of Joint Annual Reviews aimed at taking stock of progress in the implementation of national health strategies (e.g. Den Sooluk), as well as the arrangement and conduct of the Health Thematic weeks. Government and other partners acknowledged that the high-level policy dialogue spearheaded by WHO resulted in increased awareness among country stakeholders of the importance of key issues such as NCDs and public health, subsequently leading to their inclusion in the 2030 National Health Strategy. Furthermore, WHO played a key role in the Joint Statement for the Partnership between the Government of the Kyrgyz Republic and development partners, signed in April 2019.

92. Following the 2016 Administration and Programme Management Review, which called for the WCO to reposition itself in Kyrgyzstan, the WCO developed its strategic vision for the future in which it set out two possible scenarios for the future. The first scenario was to select a "programme of work that focuses on technical areas where funds were available" and could demonstrate tangible results to donors. The second scenario is one that is not purely technical and in which WHO would act as a catalyst for change, focusing on systems development, capacity building and leadership for health. This option was more political in nature and it is more challenging to demonstrate tangible results. In the end, the WCO opted for a mix of both scenarios.[37] Following the adoption of its new strategic vision, the WCO has clearly reflected its leadership role, while also keeping an important focus on technical assistance and capacity building.

93. Research and knowledge: during the assessed period, the WCO conducted research and disseminated knowledge in several priority areas of the BCAs. For example, the WCO conducted several studies on NCDs, health emergencies, as well as on key aspects of UHC such as health financing and drug price regulation. Additionally, the WCO, jointly with UNICEF, supported research on immunization coverage. Following the transformation process (see text box below),[38] the WCO hired a communications officer who has been responsible for disseminating knowledge products generated by the WCO. Government staff acknowledged that the WCO has effectively generated and disseminated knowledge; however, WCO staff and partners explained that more could be done to use social media for knowledge sharing. Additionally, interviewees noted that more could be done by WHO to support the national health research agenda.

94. Norms and standards: norms and standards represents an area in which it was generally agreed that the WCO has provided significant support in terms of ensuring that national guidelines and strategies are aligned with WHO international norms and standards (for example, in priority areas such as TB, AMR, road safety, and emergency preparedness and response). WHO guidelines, norms

[36] The six core functions of WHO are: i) providing leadership on matters critical to health and engaging in partnerships where joint action is needed; ii) shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge; iii) setting norms and standards and promoting and monitoring their implementation; iv) articulating ethical and evidence-based policy options; v) providing technical support, catalyzing change, and building sustainable institutional capacity; and vi) monitoring the health situation and assessing health trends.

[37] WHO Regional Office for Europe (2018). World Health Organization in Kyrgyzstan: A strategic vision paper, p.16.

[38] The transformation discussed in this report is distinct from the broader transformation process taking place within WHO as a whole.

and standards were highly regarded by most stakeholders and considered an authoritative source of evidence-based guidance.

95. Advice and articulation of policy options: all groups of consulted stakeholders acknowledged that the WCO has played a key role in articulating evidence-based policy options. It was involved in the development of several health strategies and policies throughout the entire period covered by the evaluation including, inter alia, the: National HIV Strategy; AMR Strategy; National Road Safety Strategy; National Public Health 2020 Strategy and 2030 National Health Strategy; MHIF Strategy; draft legislation on Essential Medicines Price Regulation; and draft National Strategy on Influenza.

96. Technical support and capacity building: technical support and capacity building were provided by WHO staff or consultants across most priority areas of the BCAs. MoH staff positively acknowledged that WHO provided timely and high-quality technical assistance upon request. The MoH further noted that, with WHO support, many of their staff members were able to travel abroad to attend training and learn from other countries' good practices. DPDSES staff reported that their capacities on biosafety and biosecurity were improved thanks to WHO training, while DRA staff acknowledged that WHO training has resulted in their enhanced capacities on drug price regulation.

97. Monitoring: surveillance and monitoring was provided in a number of priority areas. For example, the WCO conducted supervisory visits and reported on TB cases, and also supported the surveillance of vaccine-preventable diseases. While consulted stakeholders noted that the WCO has also conducted surveillance of NCDs (e.g. through the STEPS survey), MoH staff acknowledged that surveillance in this area still remains a gap and that establishing a surveillance system for NCD constitutes a priority.

98. Research and knowledge: the WCO has conducted research and disseminated knowledge in several priority areas of the BCAs (for example, evidence generated on NCDs, etc). However, stakeholders mentioned that more could be done to support the development of medical research in the country.

Box 6 – Good practice: the transformation process

The Unit of Planning and Budgeting in EURO provided support to the WCO to develop a proposal to the Bill and Melinda Gates Foundation (BMGF) to make the WCO more effective and efficient through a "transformation" process. Not be confused with the broader transformation process underway within WHO as a whole, the transformation process at country level involved a small number of WCOs whose WRs volunteered to participate in this pilot programme aimed at helping them enhance their offices' overall effectiveness and efficiency. The strong vision of the WR for the WCO was a key factor of success in the transformation process. The WCO was proactive in applying for the grant, which was available to a number of interested countries.

The WR worked on a vision paper for the WCO that was validated in a workshop by all directors and the Regional Director. The vision paper provides an analysis of the donor landscape and their changing priorities in Kyrgyzstan and a WCO staff highlighted that the new vision served as a basis for resource mobilization.

Two staff retreats were organized where WCO staff and representatives from EURO technical units attended to provide input in the vision paper; this participatory process led to ownership by WCO staff of this vision.

An action plan for human resources was developed and executed at the end of 2017, leading to an important increase in the number of staff as highlighted above.

EURO and WCO staff highlighted that the transformation process led to important changes in staff morale and motivation. Additionally, the transformation process resulted in important team building among staff; it is clear that the staff now feel that they are part of a team, and that they can rely on each other.

EURO and WCO staff emphasized that the transformation process resulted in increased expertise among WCO staff: training was provided to staff in areas such as communication, leadership, administration, etc. However, a EURO staff member suggested that there is a need to further invest in training for administrative staff, especially because several of them arrived half-way through, or towards the end of the transformation process.

EURO and WCO staff concur that, through the transformation process, the WCO successfully established processes and practices, and clarified the roles and responsibilities of staff. A guide on processes and practices targeting WCO staff was developed in November 2017, and consulted staff confirmed having used this guidance and found it helpful.

Additionally, by the end of 2017, the office had standardized processes and developed 10 standard operating procedures.

An important objective of the transformation process was to increase the visibility of the WCO. According to the 2018 progress report on the transformation process, this was achieved by improving the website (with visits monitored), and by increasing multimedia products, local events, visibility materials and networking with local journalists. The fact that interviewees from all stakeholder groups overwhelmingly agreed that the WCO's visibility has substantially increased in recent years indicates that this was achieved.

The transformation process included a logic model depicting how inputs, activities and output would translate into outcomes and, ultimately, into a more effective and efficient WCO. It included indicators with baselines and targets that were measured to assess progress.

The 2018 progress report indicates that the transformation process was considered good practice among WCO transformation processes and the experience was showcased in the 2018 report to the World Health Assembly.

How did the strategic partnerships contribute to the results achieved?

99. All groups of consulted stakeholders recognized that there is a relationship of trust and degree of collaboration between the MoH and WHO, with regular engagement between the WCO and health-related ministries/departments (i.e. MoH, DPDSES, DRA, the TB Center, MHIF, RCHP, etc.). There also appears to be a strong relationship between the Government and EURO. WCO staff and Government representatives highlighted that the development of the 2030 National Health Strategy was highly participatory and that several ministries and the Parliament were closely involved. In addition, important work is undertaken jointly with MoH and the Ministry of Emergency Situations on Emergency Preparedness and Response, and on enhancing core capacities for IHRs.

100. It was noted that, on certain occasions, the WCO has partnered with ministries other than the MoH on specific issues. For example, there are ongoing intersectoral efforts on the following issues:

- HRH with the MoH, the RCHP, the Ministry of Education and the Ministry of Labour;
- work on AMR with the Ministry of Agriculture;
- The Ministries of Agriculture and Education were involved (jointly with DPDSES) in the development of the National Influenza Strategy.

101. Despite these joint efforts, WCO staff acknowledged that more could be done by the WCO to engage with other ministries in order to foster and sustain a multisectoral approach to health.

102. The 2018 mid-term review also noted that a whole-of-Government approach is essential, whilst recognizing that there are "limited mechanisms for acting on policies and practices in sectors which can positively impact peoples' health."[39]

103. Since 2015, the WCO has regained the convening role on health among UN agencies, and the World Bank and the WCO continue to work in close partnership on health-related issues. It was acknowledged by key UN Country Team partners that the WCO was a strong supporter of the UN reform process, and actively participates in the UNDAF and works jointly with UNICEF on UNDAF Outcome 4 (UNICEF is lead and WHO is co-lead of the technical working group on Outcome 4). The WCO actively engages in the SDG platform of the UN Country Team. This platform has produced concrete products and supports the Government in linking its national health agenda with the SDGs.

104. In 2018, the WCO reinvigorated the health cluster, which had become dormant for the past 4 years. The health cluster is essential in ensuring emergency preparedness and meets regularly to collaborate and maintain open lines of communication. In addition, the cluster produces several products, including quarterly risk reports.

105. The WCO and UNICEF chair on a rotating basis the UN communications group, and they hold weekly meetings. The WCO regained the chair in October 2019. The WCO and UNICEF also work jointly on communication campaigns. The division of labour is the following: WHO is responsible for crisis communication, while UNICEF is responsible for disease outbreak communication. UNICEF and WHO work jointly on immunization since Gavi funding commenced in 2017. WHO works on the introduction of new vaccines and cold chain capacities, while UNICEF is responsible for procurement and social mobilization.

106. The WCO works in partnership with the US Centers for Disease Control on HIV/AIDS (for example, in developing an algorithm for HIV testing). In collaboration with the World Bank, the WCO convenes and coordinates development partners on health-related matters through the DPCC. Regular meetings are held.

107. WCO staff and partners noted that traditional donors are well coordinated but that emerging donors in Kyrgyzstan (e.g. China, Russian Federation and Turkey) fund health initiatives on their own and it is challenging to get them to coordinate with other donors. In 2016, the Administrative and

[39] WCO Kyrgyzstan 2018 mid-term budget centre review report, p.6.

Programme Management Review acknowledged this issue and had recommended that EURO "takes an initiative on the sidelines of next year´s Regional Committee, to arrange a policy discussion of health care reform in Kyrgyzstan, with a view to bringing all European development partners into the common strategic framework of Den Sooluk and SWAp 2, - facilitated and coordinated through the leadership of the WCO."[40]

108. WCO staff noted that the Joint Statement was an important tool in rallying donor partners to work together. However, it was mentioned that the WCO could play a greater role in coordinating donor partners.

109. The BCAs refer to private sector and civil society engagement but, in reality, joint activities in this area have been limited. However, the WCO works in close partnership with a few civil society organisations (e.g. the Kyrgyz Red Crescent), especially in the area of emergencies. It is worth noting that while there are many advocacy nongovernmental organisations operating in the country few focus on implementation. This has negatively affected the WCO's ability to develop partnership with civil society organisations.

Box 7 - Good practice: close, regular interaction between the WCO and EURO

Use of periodic WebExes, organized by the WR, with technical counterparts in EURO, was identified by EURO staff as a key factor in facilitating fluid communication and collaboration between EURO and the WCO.

[40] WHO (2016). Administration and Programme Management Review: World Health Organization Country Office, Kyrgyzstan. Recommendation 2.

How did the funding levels and their timeliness affect the results achieved?

Level of expenditure for BCA and other activities

Table 2: WCO Kyrgyzstan expenditures 2014-2019

	2014-2015	2016-2017	2018-2019*	Total	% of total expenditure
Category and programme area					
Communicable diseases	**1,353,798**	**522,728**	**778,469**	**2,654,995**	**17%**
HIV and hepatitis	309,997	161,395	93	471,485	3%
Tuberculosis	627,374	213,387	43,910	884,671	6%
Vaccine-preventable diseases	416,427	147,946	427,014	991,387	6%
Antimicrobial resistance			307,452	307,452	2%
Noncommunicable diseases	**125,652**	**449,947**	**703,522**	**1,279,121**	**8%**
Noncommunicable diseases	84,956	337,129	645,801	1,067,886	7%
Mental health and substance abuse	22,746	39,073		61,819	0%
Violence and injuries	17,950	18,188		36,138	0%
Nutrition		55,557		55,557	0%
Food safety			57,721	57,721	0%
Promoting health through the life course	**400,053**	**361,019**	**353,282**	**1,114,354**	**7%**
Reproductive, maternal, newborn, child and adolescent health	381,732	139,701	350,282	871,715	6%
Health and the environment	18,321	221,318	3,000	242,639	2%
Health systems	**756,708**	**1,250,244**	**2,617,867**	**4,624,819**	**30%**
National health policies, strategies and plans	447,018	929,240	1,478,798	2,855,056	19%
Integrated people-centred health services	19,659	28,837	363,369	411,865	3%
Access to medicines and other health technologies and strengthening regulatory capacity	127,532	201,386	769,094	1,098,012	7%
Health systems information and evidence	162,499	90,781	6,606	259,886	2%
Preparedness, surveillance and response	**250,388**	**640,598**	**760,789**	**1,651,775**	**11%**
Alert and response capacities	27,076	19,452		46,528	0%
Epidemic-and pandemic-prone diseases	46,396	39,999		86,395	1%
Emergency risk and crisis management	69,382	11,543		80,925	1%
Food safety*		13,946		13,946	0%
Polio eradication	15,958	9,296	8,867	34,121	0%
Health emergencies programme		134,996	528,808	663,804	4%
PIP	91,576	411,366	223,114	726,056	5%
Corporate services/enabling functions	**405,576**	**1,611,724**	**1,812,732**	**3,830,032**	**25%**
Leadership and governance	263,955	980,492	640,100	1,884,547	12%
Transparency, accountability and risk management		49,999	4,091	54,090	0%
Strategic planning, resource coordination and reporting	3,139	7,785	298,927	309,851	2%
Management and administration	137,482	499,640	497,801	1,134,923	7%
Strategic communications	1,000	73,808	371,813	446,621	3%
In-kind contributions	-	64,440	64,440	128,880	1%
In-kind contributions		64,440	64,440	128,880	1%
	3,292,175	**4,900,700**	**7,091,101**	**15,283,976**	99%
*encumbrances and expenditures at 30 June 2019					

Source: GSM

110. Table 2 indicates overall expenditure by the WCO, including salaries, during the period 2014 to 2019 (2018-2019 data as at 30 June 2019). The greatest proportion of expenditures over the entire period was in the health systems category (30%), of which a significant 19% of expenditures was on national health policies, strategies and plans and 7% on access to medicines and other health technologies and strengthening regulatory capacity. Enabling functions accounted for 25% of total expenditures followed by communicable diseases (17%), with TB control and vaccine-preventable diseases both accounting for 6% of total expenditures. Promoting health through the life course and NCDs only accounted for 7% and 8% of expenditures respectively.

111. Expenditures related to health systems strengthening remained consistently high throughout the three biennia under consideration. Conversely, overall expenditures for communicable diseases have decreased from just under US$ 1.4 million in 2014-2015 to US$ 0.8 million in 2018-2019, primarily as a result of significant reductions in expenditure on HIV/hepatitis and TB.

112. The WCO also receives earmarked funding under the Pandemic Influenza Preparedness (PIP) Framework.[41] Over the assessed period, PIP funding accounted for 5 % of overall expenditures.

[41] "The Pandemic Influenza Preparedness Framework is an international arrangement adopted by the World Health Assembly in May 2011 to improve global pandemic influenza preparedness and response". (Source: Biennial Collaborative Agreement

113. As can be seen in Table 2, overall expenditures have more than doubled over the three biennia under review, from US$ 3.3 million in 2014-2015 to US$ 7 million 2018-2019 as at 30 June 2019. Expenditures for Category 6 increased substantially in the last two biennia, as a result of the transformation process (especially resources dedicated to leadership and administration). In 2018-2019 in particular, expenditures on strategic planning, resource coordination and reporting, as well as strategic communications, have notably increased.

Level of funding from Government and other donors

114. Voluntary specified contributions account for 68% of total expenditures during the period 2014-2019, with the greatest contributions from bilateral donors (in particular Germany, Japan, Russian Federation, Switzerland and USA), Gavi, BMGF and multilateral organizations, such as the European Commission, UNFIP and UNDP. Stakeholders confirmed that the only funding mobilized at country level comes from the Swiss Government. The majority of funding is mobilized at the regional level, while the BMGF funding is mobilized by HQ, as part of a larger grant aimed at 'transforming' select WHO country offices with a view to improve their effectiveness and efficiency.

115. Some bilateral donors have provided consistent funding across the three biennia, or gradually increased their funding within that timeframe (e.g. Germany and the Russian Federation) while others have reduced their funding over the same period (e.g. Switzerland, the United Kingdom and USA), reportedly as a result of a combination of changing priorities away from health and Kyrgyzstan transitioning to a middle-income country. As for multilateral donors, their contribution has not been consistent over time.

116. The Administration and Programme Management Review (conducted in September 2016) identified certain shortcomings in terms of resource mobilization, especially at country level, and made a recommendation to increase resource mobilization efforts, notably by developing a targeted plan for resource mobilization and conducting a donor mapping.[42] The WCO Strategic Vision Paper includes a section analysis on the changing donor landscape and opportunities, and an accompanying engagement plan was developed in June 2018.[43] EURO and WCO staff highlighted that the arrival of the WR in 2015 and the issuance of the WCO Strategic Vision Paper were both crucial in terms of resource mobilization for the WCO.

117. The level of funds mobilized nearly doubled between 2016-2017 and 2018-2019, in part due to the large BMGF grant mobilized at HQ with regard to the transformation project, but also likely because of progress made in the implementation of the engagement plan.

118. WCO staff noted that BCAs tend to be underfunded and called for greater budgetary decentralization (i.e. more funds allocated to country BCAs than inter-country activities).

Was the staffing adequate in view of the objectives to be achieved?

119. Before the arrival of the WR in 2015, there were approximately 4 national staff in the WCO. After his arrival, the number of staff started to gradually increase.

120. At the time of the visit in August 2019, there were 21 staff in the WCO: 3 international professional staff (WR, Administrative Officer, Emergency Preparedness and Response and IHR Officer); 10 NPOs; 1 SSA contract working on vaccine and immunization; 7 General Service staff (4 programme assistants, 1 administrative assistant, 1 ICT assistant, 1 driver).

between the Ministry of Health of Kyrgyzstan and the Regional Office for Europe of the World Health Organization 2016/2017, p.7)

[42] WHO (2016). Administration and Programme Management Review: World Health Organization Country Office, Kyrgyzstan. Recommendations 5 and 6.

[43] WHO Regional Office for Europe (2018). World Health Organization in Kyrgyzstan: A strategic vision paper, p.11.

121. The following posts are currently under recruitment or envisaged for 2020: 1) P4 on Immunization; 2) NPO on Laboratory and PIP; 3) P4 policy advisor; 4) international professional post on NCDs; 5) Public Health Officer.

Table 3: Staffing levels WCO Kyrgyzstan

Staff	As of end 2014-15	As of end 2016-17	As of end 2018-19
1. International staff	**1**	**2**	**3**
2. National Professional Officers	**1**	**5**	**10**
3. General Service Staff (Admin)	**2**	**3**	**7**
4. SSA (Consultants)	**-**	**-**	**1**
Total	**4**	**10**	**21**

122. Before 2015, the WCO in Kyrgyzstan was small and only composed of national staff. Country level partners (Government, UN and civil society organisations alike) all acknowledge that before 2015, the visibility and influence of the WCO in Kyrgyzstan was therefore limited. In 2015, the first WR arrived in the WCO. Following his arrival, the number of NPOs and administrative staff grew substantially (see Table 3), with an increased capacity to take on a leadership role in health and provide technical advice and support to the Government.

123. The Regional Office and WCO staff have both acknowledged that the WR acted as a driving force, motivating staff and creating a clear vision for the WCO in the country. Consulted Government and UN/civil society partners acknowledged that WHO's convening power, visibility and capacity to support the Government and engage with other partners have increased substantially since that point in time.

124. Overall, consulted NPOs feel well enabled to carry out their work. They noted that their capacities were developed through: 1) training provided as part of the transformation process; and 2) opportunities to participate in regional training and take part in short-term assignments in other WCOs.

125. Government staff and UN partners indicated that, generally speaking, WCO staff are competent, and possess the required technical expertise to provide high-quality support to the Government.

126. Nevertheless, Government staff and other partners identified a few areas where WCO lacked capacities to provide the required support. For example: communicable diseases. It was consistently pointed out that only one NPO currently covers all communicable diseases, as well as PIP, and that this is both overwhelming for the staff member, and insufficient coverage for such a wide range of work.

127. EURO and WCO staff also felt that, while WCO staffing has increased substantially since 2015, the number of international professional staff is still insufficient.

128. WCO staff and UN partners highlighted that limited delegation of authority for procurement or the approval of communication products led to certain delays. For this reason, it was generally felt that international professional staff (especially the WR) should have increased delegation of authority so as to speed up these processes.

129. Additionally, the administrative staff highlighted that the roles and responsibilities of the WCO and EURO when it comes to preparing inter-country meetings in Kyrgyzstan are not always clearly defined; this often results in administrative staff taking on additional responsibilities that had not been planned for.

What were the monitoring mechanisms to inform BCA implementation and progress towards targets?

130. The BCAs do not contain a results framework, with indicators for success, targets and baselines.

131. The WCO reports on progress using 'output monitoring reports' (every six months), which essentially report on all outputs delivered. However, almost all areas are reported as being "on track" or "achieved", and it is difficult, without the existence of baseline or targets, to fully understand the extent to which the WCO has delivered its programme of work, as planned.

132. The WCO then reports on progress and lessons learned through the programme budget performance assessments (Budget Centre Reviews), at mid-term and end of biennium. These documents do present a narrative for how some outputs have resulted in outcome achievement. However, as noted above, without a clear results framework with baseline and targets it is difficult to understand the extent to which the delivered outputs have contributed to outcome achievement.

133. Following the transformation process, the WCO developed a guide on processes and practices targeting WCO staff. Among other things, this guide stipulates that "The staff meetings are convened by the WR and held every 2nd week of the month. The aim of these meetings is to (…) take stock of what has been accomplished, what is due to be completed, and what roadblocks or challenges are anticipated".[44] Several WCO staff confirmed that bi-weekly meetings to discuss progress took place when the former WR led the office and that these meetings were very helpful in monitoring and adjusting the work. However, WCO staff noted that these biweekly meetings do not systematically take place as much as they did in the past.

134. BCA reviews are conducted jointly with the Government every six months and this allows for any adjustment during the course of the BCA, based on identified needs.

Summary of key findings

- *The WCO provides continuous technical assistance and capacity building opportunities to the MoH and other line ministries as well as advice for policy making. With the arrival of the WR, the WCO reaffirmed its position in the health sector, spearheading policy dialogue among the Government and partners. While the WCO has produced a significant amount of research, more is needed to support the Government in its own research agenda.*
- *The transformation process led to a strong strategic vision and position for the WCO, as well as increased capacities and staff motivation.*
- *The WCO has been working in partnership with the MoH and with a few other ministries on specific issues; however, multisectoral collaboration with non-health related ministries has overall been limited. The WCO has established strategic partnerships with UN partners, though collaboration with civil society and the private sector remains limited.*
- *Biennial expenditures have doubled over the assessed period, in large part due to a BMGF grant. Expenditures on health systems have remained consistently high, while expenditures on communicable diseases have decreased considerably.*
- *The number of staff has increased substantially following the transformation process and is overall considered adequate to implement the WCO's programme of work, except in the area of communicable diseases.*

[44] WCO Kyrgyzstan (2017). Guide on processes and practices, p.9.

3. Conclusions

135. Based on the findings presented in the previous section, the following conclusions are articulated around the three main evaluation questions all of which inform the recommendations presented in Chapter 4.

Relevance of the strategic choices

136. Generally speaking, the WCO's priorities as expressed in the three BCAs covered by the evaluation are rooted in a situation analysis of the health needs in Kyrgyzstan and are well aligned with national health strategies, in particular: the Den Sooluk Health Strategy 2012-2016, the National Public Health 2020 Strategy, and the National Health Strategy for 2019-2030. Overarching priorities of the BCAs, such as NCDs, UHC, AMR, mother and child health, and emergency preparedness, among others, were all deemed as highly relevant by national stakeholders. BCAs are developed in close collaboration with the MoH, and bi-annual reviews of the BCAs undertaken jointly by the WCO and the MoH ensure the continued relevance of the WCO's programme of work throughout the course of implementation.

137. The BCAs are also aligned with WHO's GPW, EURO's Health 2020 strategy, as well as the UNDAF. While the BCA 2014-2015 did not explicitly align its priorities with the global international commitments on health, the 2016-2017 and 2018-2019 BCAs have gradually made these linkages more explicit, with the latter BCA linking each priority to a specific SDG target.

138. While BCA priorities are generally relevant and aligned with national priorities, the evaluation identified a number of national health priorities that have not been addressed adequately in the BCAs. For example, in an effort to make its programming more strategically focussed, the BCA 2018-2019 has increased its focus on NCDs while moving away from communicable diseases, especially HIV, hepatitis and TB. Yet, data indicates that these diseases still constitute a major health problem for the population in Kyrgyzstan and stakeholders (Government and partners alike) acknowledged that they have felt a gap since the WCO has reduced its efforts in this area.

139. Considering the importance of having a strategically focussed programme of work, it is particularly important for the WCO to ensure that its priorities are based on a sound analysis of its comparative advantage and those of other partners in the country to ensure that any gap in terms of addressing national health priorities is filled.

140. Other priorities that were only very lightly reflected in the BCAs were the social determinants of health and health and the environment. These priorities are increasingly important to WHO and EURO for addressing equity issues and ensuring that marginalized populations live in an enabling environment that allows them to live a healthy life. By further integrating social determinants of health as well as health and the environment into its programme of work, the WCO would be better positioned to address equity and gender equality issues that have only been partially addressed in the BCAs. Additionally, a greater focus in these areas would help the WCO to move away from a purely medical approach to health by making linkages with other sectors and addressing health issues more holistically. In order to fully achieve the SDGs and health-related targets, such a multisectoral approach is warranted.

WHO's contribution and main achievements

141. All consulted stakeholders, Government and partners alike, recognised the important work undertaken by the WCO throughout the evaluated period. The WCO has conducted a wide range of activities, from providing technical advice and training to producing knowledge and facilitating multi-stakeholder discussion on health-related issues. The WCO has produced a wide range of outputs in all GPW categories, and some of these outputs have led to outcome-level results. One great example of this is the strategic and technical support provided by the WCO to the Government of Kyrgyzstan for the development of the 2030 National Health Strategy. The WCO facilitated a participatory and

multisectoral process, involving all sectors of the Government in the development of the Strategy. In this process, the WCO also influenced Government policy-making to adopt a broader public health approach rather than addressing health issues from a purely epidemiological perspective – a central feature of the 2030 Health Strategy. Other outcome-level results were observed, especially in the area of mother and child health, where the WCO's efforts to improve perinatal care have contributed to a reduction in maternal mortality. The WCO's efforts have also led to better emergency preparedness and increased Government capacity to comply with IHRs. Through several studies and advocacy efforts, the WCO also effectively contributed to positioning the issue of NCDs on the national agenda.

142. However, even though the WCO has achieved numerous outputs, it is unclear how many of these outputs have led to outcome-level results. This may be due to the fact that, despite some efforts in refocussing its programme of work, the WCO still addresses numerous priority areas and associated outputs. Additionally, the WCO lacks a theory of change, nested with a broad and long-range strategic approach, that could help it better articulate the results chain between outputs and outcomes.

143. EURO has provided valuable support to the WCO and the Government of Kyrgyzstan during the period under review. Support provided in the areas of HIV was particularly valued given the burden of the disease in Kyrgyzstan and the fact that the BCA 2018-2019 no longer addressed this priority. However, some staff in the WCO highlighted that EURO has conducted numerous technical missions since 2014 and given that the WCO now has more capacity, a reduction in the number of missions conducted by EURO may be warranted.

144. The strong relationship between the WRs (past and present) and the MoH was identified as an important factor facilitating the ownership of policies and strategies developed with support from the WCO. However, budget allocated to the health sector remains limited and the MoH still lacks capacities in public health – a central feature of the new health strategy – which may hinder the Government's ability to implement this strategy. As a recognized leader and knowledge convenor in the health sector in Kyrgyzstan, the WCO is well positioned to generate evidence on the cost-benefits of investing in health, and more particularly in preventive and primary care services. It is also well positioned to convene donors and partners and encourage them to support the implementation of the Strategy, based on their comparative advantage. However, if the WCO truly wants to support the Government as it implements its 2030 National Health Strategy over the next few years, it will need to further focus on and develop its own capacity to address the social determinants of health, which are intrinsically linked with the broader public health approach recently adopted by the Government.

Ways of working and programme management challenges

145. Throughout the period assessed by the evaluation the WCO has used all core functions, though the core function of technical support and building capacity was predominantly used in the BCA 2014-2015. With the arrival of the new WR in 2015, the WCO started to increasingly exercise its core function of leadership by repositioning itself as a leader in the health sector. The core function of knowledge and dissemination as well as policy advice were also widely used as the WCO produced a wide range of studies and analyses that fed into the development of policies and strategies. However, stakeholders noted that there was room for the WCO to further support the Government's own research agenda.

146. Following the arrival of the WR, the WCO embarked on a transformation process in 2017 that resulted in the development of a strong strategic vision for the WCO. Additionally, this process led to an increase in the number of programme staff, more training and team building opportunities for WCO personnel, and increased staff motivation. Following the transformation process, resources for Category 6 (Corporate Services and Enabling Functions) more than quadrupled, which allowed the office, among other things, to introduce several administrative positions and a position of communications officer, all of which are crucial to the functioning of the WCO and its visibility in the country. As BMGF resources are winding down, the office will need to look for other funding sources, which may prove challenging given that several donors prefer providing funding for programmes but

not administration. Securing these resources will be key if the WCO wants to maintain the leadership, visibility and traction that it has gained among partners of the health sector in Kyrgyzstan as part of the transformation process.

4. Recommendations

As this evaluation highlights, WHO has achieved significant gains in supporting the Ministry of Health over several successive biennia, culminating in the development and finalization of the 2030 National Health Strategy for Kyrgyzstan. With the 2030 National Health Strategy now in place, the following four recommendations are aimed at ensuring that WHO is best positioned to help support the Government in its implementation moving forward.

1. Support to Government for the 2030 National Health Strategy

The WHO Country Office should capitalise on the significant momentum it has achieved in enhancing its strategic partnerships at country level to better contribute towards improving the health status in Kyrgyzstan. It is recommended that the WHO Country Office use its convening power around health to:

I. consider how to facilitate better support to the Ministry of Health in its implementation of the 2030 National Health Strategy through strategic engagement with other ministries in pursuit of an intersectoral approach to health (e.g. Ministry of Agriculture on the zoonotic sources of antimicrobial resistance, Ministry of Environment on the environmental sources of noncommunicable diseases, and so on);
II. engage strategically with other health system actors in sectors where partnership has not been as well developed, including non-State actors; and
III. enhance partnership with other United Nations agencies wherever such intersectoral work would enhance efficiency and effectiveness in pursuit of shared objectives in support of the Government.

2. Strategic focus

The Regional Office for Europe and the Head of the WHO Country Office should elaborate a longer-term strategic planning instrument – extending over a period of multiple future Biennial Collaborative Agreements, and over the period of the Thirteenth General Programme of Work and beyond – that ensures a good strategic fit with the unmet needs of Kyrgyzstan, the directions set by its Government in the 2030 National Health Strategy, the Thirteenth General Programme of Work, the Sustainable Development Goals and WHO's comparative advantage. Relying on WHO's recognized comparative advantages, this strategy should:

I. ensure an explicit focus on long-term strategic issues for Kyrgyzstan, including: primary health care, with its emphasis on prevention; the continued burden of communicable diseases, while still addressing the growing burden of noncommunicable diseases; and the role of gender, human rights and equity as social determinants of health;
II. articulate a theory of change to better frame the pathway for change, including a clear priority-setting process and targets for both the expected outcome and output levels, and clarify the expected contribution from all levels of the Organization in a measurable manner;
III. further develop its role in bringing impartial research to bear on policy discussions (including by conducting or commissioning a cost-effectiveness analysis to demonstrate the benefits of investing in health, exploring the respective merits of voluntary versus mandatory approaches to health insurance funding), building on its successes in this area to date;
IV. likewise increase its role in promoting health through awareness-raising initiatives aimed at behavioural change, similarly building on its successes in this area to date;

V. redouble its focus on strengthening digitization and institutionalizing digital health and, within its support role to Government, in advocating for the enactment, implementation, monitoring and enforcement of the draft law on essential medicines price regulation;
VI. set up a monitoring framework to measure WHO's progress in supporting Government toward its targets; and
VII. establish a regular informal forum to bring key stakeholders around the table to discuss WHO's work and progress against planned activities and allow exchange of knowledge and best practice.

3. Continued leadership and visibility following the end of the transformation process

I. In order to sustain the momentum achieved through the *WHO Country Office transformation process*, the WHO Country Office should ensure adequate follow-up on key initiatives is maintained so that its gains are sustainable and staff remain motivated to contribute to the significant work ahead in supporting implementation of the 2030 National Health Strategy.

II. In order to sustain the momentum achieved through the *WHO transformation process*, the WHO Country Office should liaise with the Regional Director and his team to ensure that the support of the Regional Office for Europe continues to maximally enable the work of the WHO Country Office in its support to implementation of the 2030 National Health Strategy (and, by extension, attainment of the health-related Sustainable Development Goals). Specific areas it should address include: maximizing internal communication and coordination within the Regional Office for Europe to ensure efficiency, coherence and complementarity of support; achieving an optimal balance between WHO Country Office accountability and delegation of authority to the WHO Country Office; and timeliness and efficiency of business processes.

4. Mapping of staff capacity to strategic priorities

The WHO Country Office staffing and skills mix should be assessed in the light of the priorities, addressing gaps for relevant areas and providing capacity building opportunities to existing staff in order to be better prepared and respond more effectively to the emerging strategic priorities of the country.