**CHANGE STORY 8: TURNING POLICY INTO ACTION: THE IMPLEMENTATION OF KYRGYZSTAN’S NATIONAL ADHERENCE PLAN**

**INTRODUCTION**
Since 2017, the Bridging the Gaps programme has supported Partnership Network, the national network of PLHIV in Kyrgyzstan. This organization was closely involved with the approval and subsequent implementation of the country’s national Adherence Plan 2018-2021 (the Plan), signed by the Ministry of Health in early 2019. In order to turn policy into action, Partnership Network carried out trainings for medical staff, peer counselling and created rapid response teams to improve adherence to antiretroviral treatment (ART) nationally. According to the Republican AIDS Centre, the implementation of the Plan has increased adherence in 11% of PLHIV receiving ART.1

**PROBLEM**
HIV prevalence among MSM in Kyrgyzstan is 6.6%, among PWUD is 14.3% and is 2% among sex workers. A community-led2 and a government study3 conducted in the country in 2017 showed that PLHIV have access to ART but are struggling to adhere to treatment. The research showed that barriers to adherence included late CD4 diagnosis, remoteness of healthcare services, lack of funds to visit health professionals, absence of a referral system, low awareness and persistent stigma and discrimination. The studies highlighted the dire consequences of low adherence, estimating that 16.5% of PLHIV receiving ART experience resistance to treatment. If viral loads remain high, preventing HIV transmission is very difficult.

**CHANGE**
The approval and implementation of the Plan is the result of consistent advocacy by Partnership Network. Partnership Network, with the support Bridging the Gaps partners the Global Network of People Living with HIV (GNP+) and the International Treatment Preparedness Coalition (ITPC), mobilized to ensure implementation of the plan, turning policy into action. This advocacy led to community peer counsellors’ integration into health facility medical teams and offer official support to individuals, which has previously been shown to improve adherence among PLHIV.4

Advocacy by Partnership Network led to implementation of many aspects of the Plan. HIV treatment protocols have been revised to include the possibility to receive ART through proxy letters from family members, which is particularly beneficial for labour migrants. Rapid Response Teams were formed in in 7 geographical regions.

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3 https://drive.google.com/file/d/1rckbAlKCOwY8yGL_M4KLj4DDf3o/uu/view
The Rapid Response Teams developed 123 individual adherence plans in 2019 for PLHIV whose viral loads remain high despite being on treatment for over six months. The response teams, which include both doctors and peers who living with HIV, also switched treatment regimens for 20 PLHIV. Comparing data from health facilities between 2017 and 2019 reveals encouraging results: 1,170 additional PLHIV received ART (2,888 compared to 4,058) and there was a 20% increase in PLHIV with an undetectable viral load (59% compared to 79%).

**CONTRIBUTION**

In 2017, during the preparation process for developing the Plan, ITPC and ITPCru implemented the community-led study that greatly informed national-level discussions on ART adherence. GNP+ supported advocacy for the Plan’s development. After its approval, both Bridging the Gaps alliance partners offered coordinated technical and financial support to Partnership Network to strengthen implementation of the Plan. In January 2019, all stakeholders involved in the implementation of the Plan drafted a roadmap and a resource mobilization strategy, resulting in additional financial resources from the Global Fund, PEPFAR, UNAIDS, UNDP and the Soros Foundation.

**ANALYSIS**

The successes show full engagement of communities and civil society make a substantial difference in improving HIV care and services. The network of PLHIV is guiding the action that directly affects their constituents, signalling a shift in power. Key population groups were closely involved throughout the process, from meetings and discussion when drafting the Plan to implementation as part of the Rapid Response Teams. It is the first National Adherence Plan in the whole Eastern European and Central Asia region. As such, Kyrgyzstan is leading and a model for other countries in the region.

**LOOKING AHEAD**

Successful implementation of the Plan needed a highly collaborative between civil society, government, UN agencies, funders and PLHIV. The adherence plan will be implemented, monitored and improved via this collaboration throughout 2020. Collaboration and advocacy led to the implementation and expansion of the Plan to be included in the 2021-2023 Global Fund country proposal. At the end of 2019, civil society in the region expressed interest in replicating the experience from Kyrgyzstan in their own countries, so Partnership Network and ITPC organized a regional workshop for representatives from nine countries in January 2020.

**PERSONAL STORY**

Umid discovered his HIV status in 2009, while he was in a prison in Bishkek for injecting drugs. For a long time Umid ignored the existence of effective treatment, finding the idea of taking pills for a lifetime deeply concerning. When Umid tried to start treatment, one of the biggest challenges he faced was with side effects of medications, which caused him to stop taking his treatment during some periods. In early 2019, the Rapid Response Teams provided the support he needed, particularly through the inclusion of individual peer counselling. Umid accepted his HIV positive status, went to self-support groups and made friends with other PLHIV. He learned about ART and eventually managed to take ARVs without interruptions with help of peers.

“Hundreds of documents are signed at country level. But this plan has been successfully implemented because of pressure from civil society. As of January 2020, we’ve carried out 65% of its activities.”

– Representative from the Republican AIDS Centre

“The best help you can expect is from someone that has experienced himself or herself the same conditions. In order to manage the side effects properly you should understand how to take drugs...it was my peers that explained this to me. I was given some good advice, I tried, and I proved it to myself that it was really working out.”

– Umid