JOINT SDG FUND

Joint Programme Document:

Bridging the digital health divide

Acronyms

CF	United Nations Sustainable Development Cooperation Framework
CSO	Civil society organization
d-HIS	Digital health information system
DHIS-2	District Health Information System 2 (a free and open-source health management data platform, https://dhis2.org)
EHR	Electronic Health Records
HIS	Health Information System
ICT	Information and communications technology
JP	Joint Programme
LNOB	Leaving no one behind
MCH	Maternal and Child Care
MoH	Ministry of Health
NGO	Non-governmental organization
PHC	Primary health care
SDC	Swiss Development and Cooperation
UNRC	United Nations Resident Coordinator

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MPTFO Project Reference Number	*(Leave blank, for automatic population in Quantum)*

Country	Kyrgyzstan
Region	Europe and Central Asia
Joint programme title:	Bridging the digital health divide
Duration:	36 months
Anticipated start and end dates:	09/2024 to 09/2027
Short description:	This Joint Programme (JP) aims to strengthen Kyrgyzstan's digital health information system (d-HIS) by: i) **enhancing equal quality healthcare provision** through a national, integrated digital health information system; ii) promoting **inclusive, integrated, and equal service provision to** women and men at the intersection of healthcare and social protection; and iii) **increasing access to quality Primary Healthcare (PHC) services** to rural and remote areas for mothers and children. Under Outcome 1 of Kyrgyzstan's United Nations Sustainable Development Cooperation Framework, 2023-2027 (CF), this JP will utilize two engine rooms – shifts across policy and regulatory frameworks and capacity building at scale – to accelerate SDG progress, with a focus on SDGs 1, 3, 4, and 5. Transforming the d-HIS into an interoperable digital health ecosystem has the potential to revolutionize the experience Kyrgyz people seeking to fulfil their right to better health and well-being, leaving no one behind. In addition to the benefits that all Kyrgyz people will experience from improved access to health data through Digital Health Profile, an additional 700,000 children, 280,000 people qualifying for sick leave, over 140,000 newborns and mothers, and over 120,000 people with disabilities, will directly benefit from this JP. Further to the US$3M provided by the SDG Fund and US$1.034M in co-funding from the PUNOs, this JP will also leverage US$17.2M in co-financing to amplify and accelerate health and developmental gains. This will be achieved largely through effective donor coordination in partnership with national stakeholders, including the Ministry of Health (MoH) and the e-Health Center, among others.

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Total budget:	$4,034,000
Source of funds:	
UN Joint SDG Fund	$ 3,000,000
PUNO 1 co-funding (WHO)	$ 200,000
PUNO 2 co-funding (UNDP)	$ 200,000
PUNO 3 co-funding (UNFPA)	$ 234,000

PUNO 4 co-funding (UNICEF)	$ 200,000
Government co-funding (E-Health Centre)	$ 200,000
International donor co-funding	N/A
Other sources co-funding	N/A

Legal context	Agreement title: UNSDCF 2023-2027 Participating agencies: UNFPA, UNICEF, WHO. Date of adoption: signed by the UNCT and Government partner on 10 June 2022; 2023-24 joint work plans adopted 24 March 2023. Agreement title: Standard Basic Assistance Agreement (SBAA) and Country Programme Document 2023-2027 Participating agency: UNDP Date of adoption: 5 July 2022

JOINT PROGRAMME PROFILE

Contribution to Cooperation Framework Outcome(s) and Output(s)	This JP will contribute to achieving one of the four strategic outcomes of Kyrgyzstan's CF: Outcome 1. Enhanced resilience, strengthened capabilities, and access to decent work for people of the Kyrgyz Republic, particularly vulnerable groups, for full enjoyment of their rights and contributing to socio-economic, gender-transformative development. This JP will contribute to two of the three outputs of Outcome 1: Output 1.1 National and local policies, plans, budgets, and funding mechanisms are evidence-based and aligned to respond equitably to people's needs in inclusive, gender-responsive, participatory, transparent, and accountable ways. Output 1.2. Social Services (including health and social protection) are improved to provide higher quality, accounting for accessibility, equity, gender, shock -responsiveness, timeliness, universality, with grievance mechanisms.
SDG Targets directly addressed by the Joint Programme	SDG target 1.3 – Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable. SDG target 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. SDG target 3.7 – By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes. SDG target 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. SDG target 4.4 – By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs, and entrepreneurship. SDG target 5.b – Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women.
Expected key results of the Joint Programme	The three expected key results of the JP are as follows: 1. Enhance equal quality healthcare provision by strengthening the national, integrated d-HIS: - *Indicator*: At least a 20% increase in number of patients accessing their medical data through Digital Health Profile by the end of JP. - *Indicator:* At least a 20% increase in the number of online appointments through Digital Appointment System by the end of the JP. 2. Promote inclusive, integrated, and equal service provision at the intersection of health and social protection:

	- *Indicator*: At least a 20% increase in the number of patients receiving digital Disability Certificate and Sick-Leave Certificate by the end of JP. 3. Increase access to quality PHC services to rural and remote areas for mothers and children: - *Indicator*: Increase the number of districts where Telemed.kg is expanded on PHC from 4 to 10, covering 700,000 children aged 0-14 years living in the most remote areas by the end of the JP.
Overview of transformative change	
Integration	This JP will fully integrate Kyrgyzstan's 18 d-HISs and ensure their interoperability within the wider e-government ecosystem. This integration will have several benefits. First, integrating these d-HIS will provide patients and providers with more seamless access to health data through Digital Health Profile, which draws from data collected through several information systems and platforms (e.g., telemedicine platforms, immunization information systems, laboratory services, etc.). This will provide patients with access to their health data across the continuum of care as needed; it will also support health providers in making prompt, data-driven clinical decision. Second, the integration between health and social protection sectors will enable people with disabilities and in need of sick-leave certificates to receive fully integrated digital health and social protection services. Third, this data integration will also help to inform decision-makers in health sector and beyond, providing them with access to national health data and enabling them to make evidence-based decisions for policy and public service programming at various levels (national, subnational, and at the facility-level).
Scale	Integrating Kyrgyzstan's d-HISs into an interoperable digital health ecosystem is expected to have the following benefits at the national and sub-national scales: National scale: • The enhanced Digital Health Profile will benefit all 7.1 million people in Kyrgyzstan, providing both patients and health providers with better health information upon which to make informed decisions. • 3,000,000 vaccination records will be integrated into the national electronic health record (EHR) platform, resulting in 225,000 children aged under one year to receive immunization services in a way that joins up their immunization data to the Digital Health Profile platform. • Nationwide, at least 200,000 people will seamlessly receive their laboratory health test results through Digital Health Profile. • Nationwide, at least 120,0000 people with disabilities will receiving digital disability certificates. • Nationwide, at least 280,000 people will receive digital sick-leave certificates. Sub-national scale: • With expansion to six additional districts during the first year of this JP, 10 out of 40 districts in Kyrgyzstan will have access to quality medical consultation through expansion of the Telemed.kg platform at the PHC level, reaching more than 700,000 children aged 0-14 years. • 60 health facilities/maternities attending to approximately 140,000

	newborns and mothers will provide tailored care through digitized healthcare services by enrolling in e-registries that are joined up with the EHR platform. Regarding the financial scale of the project, this JP includes US$1,034,000 in co-funding, as well as US$17,244,000 in co-financing running in parallel to the JP. The JP aims to leverage financing by utilizing previous, ongoing and future projects in Kyrgyzstan, fostering partnerships at country and global levels with a target leverage ratio of 1 to 4. This leverage will be ensured through the utilization of public sector and government contributions, PUNOs co-funding, financial commitments from international development institutions within their current projects, and achievements made during previous interventions.
Speed	The JP will focus on existing, mature solutions, ensuring that they are joined up in wider digital health eco-system. This approach will ensure the delivery of several tangible 'quick wins' within the first 9 months of the JP. For example, the MoH has already integrated public laboratories' test results into a health information system called iLAB. They have also piloted making them available in the Digital Health Profile, and piloted integration of iLAB systems with COVID-19 test results. To expand and scale this work, this JP will improve the efficiency of the data transferred by public labs to iLAB, promote cooperation between iLAB and private laboratories, and increase the integration of public and private health information systems beyond COVID-19 tests alone. This will enhance access to lab results and improve the user experience for the population. For an additional example, the MoH has already introduced digital sick leave certification within public health service providers, and this JP will scale this advance by enabling private sector to also provide digital sick leave certificates. Finally, the JP will also make sure to avoid duplication of efforts during the implementation phase, thereby optimizing the speed of JP implementation and progress towards the SDGs.
Local context-specific	In addition to Kyrgyzstan's mountainous terrain, there are currently an insufficient number of family medicine doctors and sizable unmet health needs among people living in remote locations. As a result, this JP focuses on enhancing access to health services both in mountainous and remote locations and for vulnerable populations. This will be done primarily through upgrades to the Digital Health Profile, upgrades to the government's e-services portals, and the scale up of telemedicine services at the PHC level. Furthermore, the scale up of telemedicine services will prioritize the remote areas with the greatest unmet health need, if they have the appropriate levels of physical digital infrastructure required.
Sustainability	The JP will promote the development of a sustainable digital healthcare ecosystem from both a technical and a governance perspective. From a technical perspective, the JP will promote the development of a digital healthcare ecosystem in three ways: i) through data integration via a common data repository, allowing for data exchange through e-health cards and between telemedicine platforms; ii) monitoring and tracking implementation in close partnership with national stakeholders

	to ensure that progress and gains are jointly owned; and iii) by conducting a comprehensive audit to guide further investments as available co-financing is leveraged to further amplify the impact of this JP. From a governance perspective, a focus on three engine rooms in the JP – shifts across policy and regulatory frameworks, deal room (financing mix) and capacity building at scale – will also help to ensure long-term sustainability of these investments. The establishment of legal, regulatory and policy frameworks will lay a strong foundation upon which the technical innards of the d-HIS can be further developed and integrated. Strong collaboration and capacity building with National Center for Healthcare Development and Medical Technologies Development and e-Health Centre within the MoH, Kyrgyz State Medical Institute for Retraining and Continuous Education, Kyrgyz State Medical Academy, and the Center of Competence will ensure local ownership and sustained results. Furthermore, by leveraging the deal room (financing mix) engine room, this JP aims not only to sustain but to further catalyse investments in the digital health system and its interoperability across sectors.
Anticipated direct beneficiaries	Anticipated direct beneficiaries of this JP are as follows: • 7.1 million citizens of Kyrgyzstan will access their health data through better integrated d-HIS and enhanced Digital Health Profile. • More than 700,000 children aged 0-14 years in the catchment areas of the 10 out of 40 districts (six districts will be added in this JP) will have access to quality medical consultation through expansion of the Telemed.kg platform at the PHC level, reducing the risk of disability and/or negative health outcomes. • At least 280,000 people will receive digital sick-leave certificates. • Approximately 225,000 children aged under-1 year will receive immunization services, with their immunization data available to their parents through the Digital Health Profile platform, with approximately 3,000,000 vaccination records integrated into the national HER. • At least 200,000 people will seamlessly receive their laboratory health test results through Digital Health Profile. • Approximately 140,000 newborns and mothers attending 60 health facilities/maternities will receive tailored care through digitized healthcare services by enrolling in e-registries that are joined up with the Electronic Health Record (HER) platform. • At least 120,0000 people with disabilities will receiving digital disability certificates.
Anticipated financial leverage	- Co-funding (within the JP budget): US$1,034,000 - Co-financing (parallel to JP budget): US$17,244,000 Further to Annex 1, the co-financing supporting amplification of this JP and acceleration of its health and developmental impact is as follows:

Name of project / investment / initiative	Co-financing parallel to the JP (USD)	Notes
"Central Asia COVID-19 Crisis Response (CACCR) – Phase II" Project	350,000	Builds long-term resilience of digital solutions to manage vaccine-preventable disease outbreaks, including adequate monitoring and evaluation practices, and addressing vaccination inequity

Strengthening Regional Health Security Project	8,000,000	Supports continuous quality improvement of laboratory services in Chui and Osh oblasts (including Bishkek and Osh cities), ICT equipment improvements, laboratory management information system implementation, connecting collection points, trainings
Swiss project "Medical Education Reforms in the Kyrgyz Republic"	250,000	Provides digitized certification of trainings for medical workers across the country
Increase access of rural women to quality reproductive and maternal health services in maternity hospitals with the highest number of deliveries	45,000	Supports telecounseling, teleconsultations, and contributes to telemedicine advancements
Primary Health Care Quality Improvement Program	3,700,000	Supports implementation of e-platforms for routine quality care data collection and in-service training programs for continuing professional development of health workforce
Digitalisation of emergency call system in Osh city ambulance service	249,000	Automates the corresponding d-HIS to optimize operation of the Emergency Medicine Centre of Osh city
The "Digital CASA – Kyrgyzstan" project	4,000,000	Improves infrastructure in selected districts for expansion of telemedicine services and supports last-mile connectivity for enhancing access to personal electronic health records (Digital Health Profile)
India MCH project	100,000	Pilots health care services using the e-obstetric surveillance system, telenetworking and telecounselling
GAVI Innovation Top-Up	350,000	Streamlines implementation of the roadmap for enhancing the "iEmdoo" immunization health information system
Canada Fund to support for COVID vaccine delivery in Kyrgyzstan	200,000	Provides trainings on District Health Information System 2 (DHIS-2) platform, including for the iEmdoo system, as well as information and communication technology (ICT) infrastructure improvements
TOTAL co-financing	17,244,000	

Localization marker score	3

The primary focus on SDG Transitions in the JP *Select all that are incorporated into the JP strategy and results.*	☒ Digital Transformation ☐ Food Systems ☒ Decent Jobs and Universal Social Protection ☐ Energy Access and Affordability ☐ Transforming Education

	☐ Climate, Biodiversity, Pollution
Main engine room actions that the JP supports *Select all that are incorporated into the JP strategy and results.*	☒ Shifts across policy and regulatory frameworks ☒ Capacity building at scale ☒ Deal room (financing mix) ☐ Pipeline of bankable and market-ready projects

Contributions to Digital Transformation

Digital Offerings addressed by the JP *Select all that are incorporated into the JP strategy and results.*	☒ Government service systems transformation. ☒ Inclusive digital connectivity. ☐ Digital finance and payment systems. ☐ E-commerce, marker access, and trade enablement. ☐ Digital for the planet.
The drivers for digital transformation that this JP enables *Select all that are incorporated into the JP strategy and results.*	☒ Digital public goods ☒ Digital inclusion in underserved areas. ☒ Digital capacity-building and digital skills. ☒ Digital human rights

JOINT PROGRAM DESCRIPTION

I. Executive Summary

In Kyrgyzstan, there are approximately 18 d-HISs operating with support from the MoH's e-Health Centre. While an increasing number of components of the health system are being digitized in ways that support better data integration and decision-making, as well as health service provision, an integrated digital health ecosystem has yet to be established. As a result, the current system leaves the potential benefits of a unified d-HIS for patients, providers, and policymakers untapped.

While these 18 d-HISs operate in line with the Target Model for Healthcare Development (2022-2024), the country's national digital health strategy, and also in line with "Digital Kyrgyzstan, 2019-2023" and an accompanying Cabinet of Ministers decree advocating for the use of digital technologies, there is a lack of standardized national interoperability standards and integration protocols to support unification of these d-HISs. This results in a fragmented d-HIS infrastructure, leading to inefficiencies in digital data exchange, heightened risks of errors and data loss, increased burdens on healthcare providers and the public due to multiple data collection and reporting initiatives, and a diminished ability and willingness to gather gender-disaggregated data, which is crucial for identifying and addressing gender and health disparities.

One significant concern with the current evolutionary trajectory of Kyrgyzstan's d-HIS is the risk of leaving certain populations behind as new technologies are introduced, thus worsening health inequalities rather than alleviating them. This digital divide is particularly stark between urban and rural areas, including in mountainous regions. Nonetheless, with careful introduction, digital health services have the potential to bridge this divide, fostering meaningful and high-quality connections between patients and healthcare providers.

This JP aims to integrate, modernize and ensure the sustainability of Kyrgyzstan's d-HIS. By consolidating fragmented digital tools and information systems into a unified digital health ecosystem, the JP embraces a systemic approach aligned with the national digitalization strategy. In so doing, the JP is expected to benefit all 7.1 million Kyrgyz people, who will benefit from access to their own Digital Health Profile through an improved EHR platform. Furthermore, approximately 200,000 children under 1 year of age will receive immunization services from the integration of 3M vaccination records through the EHR platform; approximately 140,000 newborns and mothers will receive tailored maternal care via digitalized healthcare thanks to the 60 health facilities/maternities that will enrol in e-registries integrated with the EHR platform; 700,000 children will have increases access to primary health care services through the telemed.kg platform; 120,000 people with disabilities will be receiving digital disability certificates and 280,000 will receive digital sick leave certificates as needed, thereby strengthening the health and social protection nexus. The intended beneficiaries of the JP are vast, encompassing people living in remote and mountainous areas, rural health care workers, women and girls (including pregnant women), children, people with disabilities (including children), adolescents and youth. Efforts will be made to ensure that at least 60% of beneficiaries are women and girls, recognizing their often-disproportionate barriers to healthcare access.

To strengthen the dHIS and reach the intended beneficiaries, the JP envisages multiple interventions related to three of the SDG Fund's engine rooms actions. With respect to the engine room action on shifts across policy and regulatory frameworks, this project will establish legal and policy frameworks that enable sound expansion of digital health services, including through the introduction of clear interoperability standards. With respect to the engine room known as the deal room (financing mix), this JP will ensure that the plethora of funds available in the co-financing landscape are leveraged to sustain and further increase the financial flows being channelled to strengthen the digital health system and its interoperability in Kyrgyzstan. With respect to the engine room on capacity building at scale, this JP focuses on building the capacity of Kyrgyzstan's e-Health Center, as well as the capacity of the health workforce and other national stakeholders to ensure the uptake and sustainability of these interventions at the local level.

Furthermore, this initiative is rooted in the imperative to accelerate the SDG digital transformation in the health sector in a way that positively impacts people's lives, with a focus on the health and social protection nexus. It aims to advance the SDG transition on digital transformation through the integration

and expansion of telemedicine services (through the telemed.kg platform) at the PHC level, with a focus on reaching remote areas and population. This initiative also aims to accelerate the SDG transition on "Decent Jobs/Social Protection" though further improvement of access to social services and protection among the most vulnerable, including people with disabilities, and also by improving access to sick leave certificates based on a centralized health digital system.

In terms of expected results, the JP seeks to significantly enhance healthcare accessibility and quality, thereby contributing to the CF results, country priorities, and related SDG targets. By improving interoperability of multiple d-HIS and creating an integrated, EHR platform and enhance Digital Health Profile, the JP will empower patients, healthcare providers and decision-makers at all levels with comprehensive data, facilitating informed decision-making and improved patient care.

The success of the JP hinges on strong collaboration among various partners, including between all PUNOs and national stakeholders. With the commitment of key players, such as the Presidential Administration, Cabinet of Ministers, the Ministry of Health, the Ministry of Digital Development, and international organizations, and a strong co-financing environment, the JP is poised to achieve its goals and to foster catalytic, lasting improvements in Kyrgyzstan's healthcare landscape. It will also ensure that implementation takes place in partnership with relevant regional- and district-level stakeholders.

The target financial leverage ratio of 1 to 4, consisting of the JP budget of US$3M and approximately US$1M of co-funding with US$17M of co-financing running in parallel to the total JP budget of approximately US$4M, results in leveraged funds totalling approximately US$21M. Utilizing ongoing projects and previous initiatives related to ICT technology advancements and digitalization of various processes and government services in Kyrgyzstan creates opportunities for strengthening partnerships at both country and global levels. By leveraging co-financing parallel to the JP budget, substantial investments can be put towards upgrading and enhancement of existing digital health infrastructure and scaling up digital health platforms to ensure broader access and improved health outcomes. The JP will leverage financial commitments from various sources to support policy advocacy and regulatory frameworks that will also contribute to the digital health ecosystem's growth.

2. Baseline and Situation Analysis

Kyrgyzstan has undergone significant changes over the past decade, including a population increase of 1.1 million driven by a relatively high birth rate and increased child survival rates. This surge poses challenges in delivering essential healthcare services, particularly in remote regions where population remains concentrated around urban centers like Bishkek and Osh.

Despite progress in child survival rates, disparities persist, with higher mortality rates among children in rural areas and among those from economically disadvantaged backgrounds. Additionally, the healthcare system faces challenges in providing adequate services for children with disabilities, highlighting gaps in patient-centered care and outdated healthcare practices. Maternal health remains a concern, as Kyrgyzstan has one of the highest maternal mortality rates across the WHO European Region, with 27.3 deaths per 100,000 live births, as well as obstacles to accessing quality care, especially in rural areas. Efforts to reduce maternal mortality face challenges, such as inconsistent emergency obstetrics care and limited access to contraceptives, leading to a decline in modern contraceptive use.

There is substantial and growing unmet need for PHC services in remote areas. This unmet need is driven by geographic and socioeconomic barriers, as well as a severe and growing shortage of doctors per capita. At present, Kyrgyzstan has an average of 3.3 family doctors per 10,000 people, which is only half of the recommended level, and 50% of family doctors are at retirement age. These barriers result in disparities in access to quality health care, particularly for vulnerable groups, including children with developmental delays and disabilities who require specialized services.

Furthermore, barriers to digital health service adoption persist, including some reluctance amongst medical professionals to embrace telemedicine and the complexity of EHR systems. While progress has been made in integrating technology and enhancing digital literacy, rural areas face challenges due to limited digital access. Bridging these gaps, including through comprehensive student support and gender equality initiatives, is vital for advancing the use and uptake of digital health systems and interventions.

Addressing these interconnected challenges requires a comprehensive approach, including investment in healthcare infrastructure, maternal and child health services, digital connectivity, and the policies and legislative frameworks needed to sustain them. To this end, President Sadyr Japarov has an expressed commitment to inclusive education and the green economy, including through digital inclusion initiatives that enhance digital literacy and that build capacity among healthcare workers.

2.1 CCA and CF context summary

Despite socioeconomic progress, Kyrgyzstan continues to grapple with significant longer-term developmental challenges, which have been exacerbated by the COVID-19 crisis and geo-political events. In 2023, concerns over legislative initiatives and economic pressures have persisted, with a disproportionate impact on marginalized groups. Environmental vulnerabilities and digital exclusion further compound these challenges, hindering access to essential services and economic opportunities, especially in rural areas.

In Kyrgyzstan, digital exclusion is especially acute in rural settings, affecting poor households, smallholder farmers, and women, together among the most marginalized communities in Kyrgyzstan. Rural women often lead families with high dependency ratios and that struggle with economic insecurity and limited access to assets. Digital exclusion further exacerbates their vulnerabilities, hindering their participation in economic opportunities and access to essential services. Similarly, children and adolescents in rural areas, as well as urban and peri-urban poor households, face barriers to accessing education, healthcare, and other essential services due to digital disparities, which perpetuate cycles of poverty and marginalization.

Moreover, youth unemployment, amplified by limited social protections and exacerbated by childcare challenges for women, can be mitigated through digital literacy and access to online job opportunities. Migrant households, often reliant on remittances, also face challenges exacerbated by digital exclusion, impacting their ability to access financial services and opportunities for economic empowerment. Legislative restrictions on LGBTIQ+ rights not only compound stigma and discrimination but also limit access to digital platforms for accessing vital support services and HIV prevention information, particularly among youth, highlighting the need for inclusive digital policies and comprehensive social protections to address systemic inequalities and promote equitable access to opportunities for all vulnerable groups.

2.2 Opportunities and stakeholders for SDG transition

a) Domain of change:

The domain of change focuses on the digital health ecosystem in Kyrgyzstan, with an emphasis on enhancing the national d-HIS ecosystem to foster a more inclusive, efficient, and interconnected health service delivery model. This includes ensuring equitable access to integrated health information for immunization, disease surveillance, laboratory services, digital disability and sick-leave certificates and improving patient care through telemedicine at the PHC level and its integration with the national d-HIS. The expansion and integration of mature digital health services, including telemedicine solutions, is crucial for addressing systemic health inequities and inefficiencies, propelling the country toward a more effective and inclusive health service delivery model.

The scope involves integrating d-HISs and services (e.g., immunization, disease surveillance, laboratory services, sick-leave and disability certificates), including telemedicine and the digitalization of clinical protocols, into national curricula and ongoing training and upskilling for health care workers. These efforts aim to build capacity among health professionals and to foster digital advancement and training within academic institutions for sustainable integration into educational frameworks. The JP also focuses on developing a robust telemedicine infrastructure, including a database of accredited providers and technical support for a telemedicine module for family doctors. The licensing criteria for telemedical consultations and ensuring the interoperability of digital platforms with EHR will also be addressed.

While the JP acknowledges the importance of overarching information and communications technology (ICT) infrastructure to digital health, the direct development of non-health-related ICT infrastructure and literacy efforts (beyond those necessary for healthcare providers and patient's effective use of digital health tools) fall outside the immediate scope or domain of change of this JP, which focuses instead on leveraging existing means and partnerships.

The JP's domain of change interacts across several SDGs, notably SDG 3 (Good Health and Well-being), and also across SDG 1(No poverty), SDG 4 (Quality Education), SDG 5 (Gender Equality), and SDG 16 (Peace, Justice, and Strong Institutions):

- Simplifying certification of disability and sick leave status will strengthen the health and social protection nexus. Specifically, it contributes to SDG target 1.3 *(Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable)*.
- Given the focus on digital health, the JP directly contributes to improving health outcomes (SDG 3), while the integration of digital health modules into curricula aligns with SDG 4's targets on quality education.
- With attention to closing gender gaps, the JP will contribute not only to better health outcomes for women and girls (SDG 5), but also to their digital skills given the high number of females in the healthcare workforce who would benefit from the JP's capacity building and training.
- Furthermore, strengthening the legislative and policy framework supporting digital health and its interoperability across sectors contributes to building stronger institutions under SDG 16.

The 'Leaving no one behind (LNOB)' critique reveals that the JP's design intricately considers the marginalised groups within the health system, including rural populations, women, children from remote underserved areas, persons with disabilities and risk of it, and people in need of sick-leave certificates. By offering tailored digital health solutions to the needs of these groups, the programme aims to strengthen health and social protection and to bridge significant health and social service access gaps. However, it is important to acknowledge that individuals without access to digital technology or the internet, as well as those lacking basic digital literacy, are at risk of being left out. Addressing this critique requires ongoing assessment and adaptive strategies, such as offline solutions and community-based digital literacy training, to ensure the inclusivity of the JP's interventions, as well as strong coordination with other ongoing initiatives in the digital sphere as outlined in Annex 1.

In defining the domain of change, a deliberate scoping exercise elucidated the areas of the health system ready for digital transformation. By focusing on scalable, impactful interventions and acknowledging the constraints and exclusions necessary for strategic focus, the JP sets a clear path forward to transform Kyrgyzstan's fragmented d-HIS into an integrated digital health ecosystem that is more inclusive, efficient, and equitable. This focus also aligns with broader national[1] and global development goals, marking a pivotal step towards bridging health divides in the digital age.

b) Pathways of change:

PROBLEM	SOLUTION (incl. entry points)
Fragmented d-HIS and the lack of integrated, seamless public service and digital health service delivery	Introduction of a unified, integrated d-HIS and public services based on standardized approaches, with a focus on immunization, disease surveillance, laboratory services, telemedicine, and sick-leave and disability certificates.
Limited regulatory and policy framework, including for telemedicine	Development and/or improvement of digital health policy and regulatory frameworks aligned with national regulations and interoperability standards.
Technological gaps, including for telemedicine	Development of clear interoperability standards and means of integration with EHR for telemedicine to support its expansion to 10 districts.
Capacity and awareness deficits	Public awareness campaign in the catchment areas of newly expanded telemedicine services and capacity building of the health workforce, e-Health Center, National Center for Health Care Development and Medical Technologies, Kyrgyz State Medical Institute for Retraining and Continuous Education, the Kyrgyz State Medical Academy, and decision-makers at all levels and across sectors

The integration of Kyrgyzstan's d-HIS, including telemedicine, is confronted by several key challenges:

[1] National Sustainable Development Strategy of the Kyrgyz Republic 2018-2040 (NDS-2040); National Development Programme 2021-2026 (NDP-2026); and the Concept "Digital Kyrgyzstan 2019-2023" (DK-2023).

- **Fragmented D-HIS and digital health services that lack integration and seamless public service delivery**: Existing d-HIS, digital health services and e-Health projects, including in telemedicine, operate largely in silos, without integration via a centralised EHR and with no unifying strategy or coordination, leading to inefficient use of resources and duplication of efforts, and ultimately, a worse service experience for end-users.
- **Limited Regulatory and Policy Framework**: A relatively weak regulatory framework, especially regarding comprehensive documents specific to e-health services and d-HIS platforms, hampers legal clarity and operational efficiency. This creates uncertainty around responsibility, liability, functionality, and standardization of e-health services. Existing legislation also needs to be updated and aligned with national digital legislation and should be based on international best practices and standards.
- **Technological gaps**: In the absence of clear interoperability standards, existing telemedicine projects are not fully integrated with the existing her. Furthermore, while some telemedicine infrastructure exists in distinct regions and parts of the health sector, fragmentation, as well as inconsistencies in internet bandwidth and the technological capabilities of health facilities, limits the reliable delivery of telemedicine services, especially in remote areas.
- **Capacity and Awareness Deficits:** Healthcare workers often lack the necessary training to fully utilise existing digital health information systems as well as has limited knowledge on emerging technologies and how to deploy them at practical level telemedicine technologies effectively, and there is low awareness among patients about the availability and benefits of telemedicine services.

Addressing these challenges requires targeted interventions at strategic entry points with the potential for catalytic impact, such as:

- **Coordination and Integration of Digital Health Platforms and Services** to oversee all e-health and EHR initiatives, ensuring their maturity and alignment with national health and digital transformation priorities and efficient resource utilization.
- **Development and/or Improvement of Regulatory Guidelines and Policy Frameworks** that establish clear regulations and protocols/standard operating procedures specific to d-HISs and services to ensure that the expansion of digital health initiatives occurs within an enabling legal and policy context, including a clear delineation of legal obligations, prioritized and coordinated actions for strengthening the d-HIS, and ensuring interoperability within the healthcare system and wider digital service eco-system.
- **Strengthening Technology and Infrastructure** by upgrading, expanding, and integrating the existing d-HISs and services in the areas of laboratory services, vaccination management, social protection, telemedicine, and EHR, the availability of necessary telemedicine equipment, applications, and services at remote rural locations can be ensured.
- **Capacity Building of Health Workers and Public Awareness** by conducting comprehensive training programmes for health workers on the practical use of existing d-HISs as well as on emerging technologies, telemedicine technologies and public awareness campaigns will educate both health workers and patients.

The pathways of change aim to bridge the gap between the current state of e-health and d-HIS initiatives in Kyrgyzstan and an envisioned future where d-HISs and solutions are seamlessly integrated with the EHR, accessible to all citizens, and effectively coordinated to maximize health outcomes and support changes in health behaviour. This approach forms the basis of a Theory of Change that emphasises regulatory clarity, specification, and support, technological and infrastructure strengthening, capacity building, and strategic coordination as pivotal for achieving transformative impact in Kyrgyzstan's health sector.

Mapping the problem space to the solutions space has identified the following pathways of change for the transformative impact:

- By developing new and improving existing specific guidelines, regulatory documents, eHealth interoperability framework and technical protocols, Kyrgyzstan can create a supportive regulatory environment that encourages the use and expansion of d-HISs and services, ensuring they are integrated into and coordinated under the national digital health strategy and that they are interoperable with the wider digital eco-system.
- Upgrading, expanding, and integrating existing d-HISs and services in the areas of laboratory

services and social protection, mature telemedicine solutions, such as telemed.kg and ensuring uniform access across health facilities will enable the reliable delivery of digital health services, making healthcare more accessible, especially among the most vulnerable in underserved areas.
- Capacity building and awareness focused on training healthcare providers and educating the public will increase the utilization of digital health services, improving health outcomes and enhancing patient satisfaction, with a focus on those who are most at risk of being left behind.

c) Key stakeholders

With WHO as the leading PUNO, all JP PUNOs will implement the project together with the MoH and in coordination with other partners working in this area, under overall UN Resident Coordinator (UNRC) guidance, to foster a coherent and coordinated 'One UN' approach and efficient implementation.

Government:

- The Steering Committee will be co-chaired by the UNRC and a representative from the Cabinet of Ministers to ensure the project coordination and oversight.
- The Minister of Health and the Minister of Digital Development will participate in the JP's Steering Committee to ensure integration across all pillars of the JP within the broader digital ecosystem, with attention to both the further development of the d-HISs and the needs and concerns of service providers and health care workers.
- The Parliamentary Committee on Social Issues will mobilize political will to create an enabling environment in which to address digital health and telemedicine issues and will engage policy decision makers in supporting advances in the d-HIS.
- The Mandatory Health Insurance Fund will be engaged to strengthen data collection, statistics, and surveillance, and to analyze status and trends in clinical and management, education, and skills development.
- Sub-national collaboration will be built on synergies among regional health and health information organizations through regular exchange and by developing partnership frameworks that combine complementary sets of knowledge, skills, capabilities.

International donors (bilateral and multilateral) and IFIs: The JP's PUNOs, with the MoH, will build on their existing partnerships (as described in Annex 1 below) in the areas of open data, digital and information technology, and telemedicine and will create new ones as needed to ensure that the MoH is empowered to act as leading duty bearer in the area of digital health. In particular, the JP team will work with EU delegation to leverage existing funds supporting the development and integration of 'iEmdoo', the d-HIS for immunization, in support of this JP; UNFPA will also work with the India-UN Development Partnership Fund supporting telemedicine expansion to the largest maternity hospitals to do the same. Furthermore, alignment with the World Bank project enhancing digital connectivity of remote areas is crucial, particularly when selecting the remote regions for the expansion of MCH telemedicine services led by UNICEF. Full details can be found in Annex 1 below.

Private sector, including civil society organizations (CSOs) and nongovernmental organizations (NGOs):

- Partnership with the country's extensive network of village health committees will strengthen local ownership and ensure sustainability of the interventions. The village health committees are comprised predominantly of women, including non-dominance trainings for members of both the village health committees and the local government representatives who work with them. These organizations are already joined up with government counterparts at the appropriate levels.
- Engaging CSOs and health professional associations who have expertise in IT and digital development to provide expertise to will be part of the project implementation.
- Engaging reputable NGOs that have demonstrated expertise in successful implementation in telemedicine (e.g., the non-profit Foundation Intelehealth) can assist with and enhance the delivery of remote healthcare services. For example, Intelehealth already supports the updating required to join up the telemed.kg platform with other d-HISs supported by the e-Health Center.
- Building on the network of relevant public facilities and civic education centers will help to advance and scale up digital literacy training, with a focus on populations most at risk of being left behind.
- Cooperating with private healthcare and laboratory service providers to ensure equitable and inclusive access to service provision in areas of healthcare and social protection.

3. Programme strategy and theory of change

The JP will respond to development challenges in the digital health eco-system related to fragmentation, policy and standardisation coherence, and capacity gaps, which together hamper the quality and accessibility of health and social services in Kyrgyzstan. Using these entry points, the JP will pursue change pathways through legal, regulatory, and policy strengthening, systematic d-HIS upgrade and integration, and scale up of mature digital health solutions. This will ultimately contribute to a broad range of transformational impacts centered on enhancing the quality and accessibility of health and social services in Kyrgyzstan.

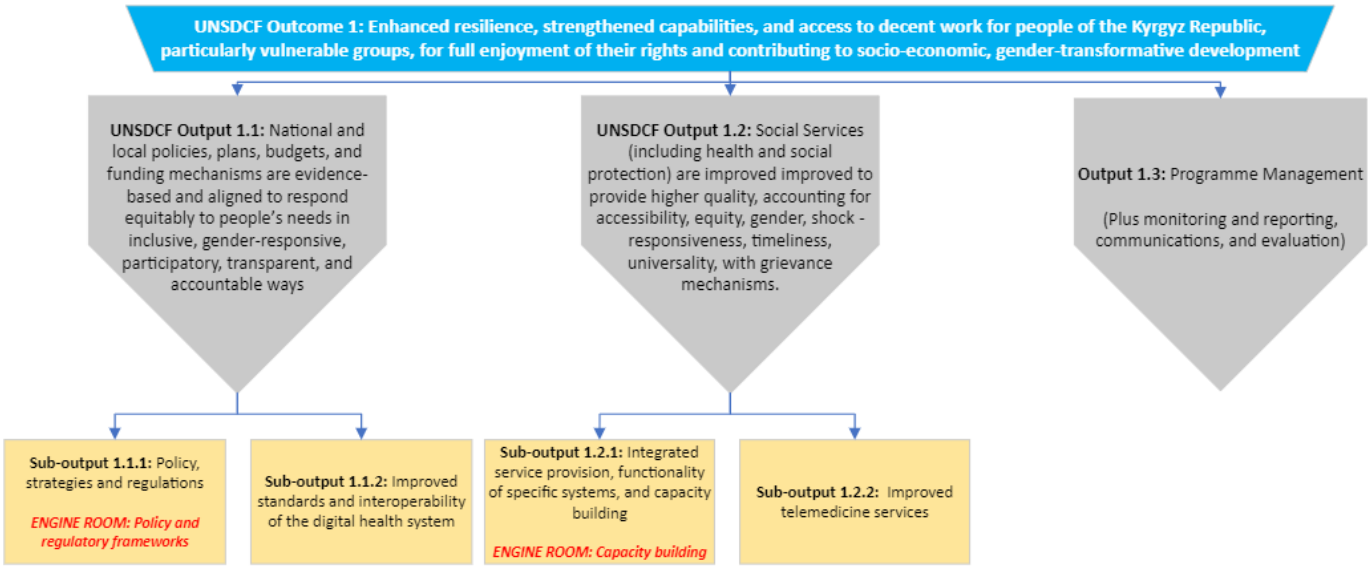
3.1. Systemic Theory of Change

This JP approach is premised on the CF theory of change that new modes of operation and cooperation with the UN and the government are necessary to address the critical development challenges facing the country. Specifically, the proposed JP seeks to move beyond various siloed interventions that have targeted different aspects of digital health services and platforms in Kyrgyzstan and to instead promote multi-sectoral, multi-institutional digital health solutions in a systemic manner in line with wider e-government environment in the country.

The approach is also based on the corollary assumption that current challenges in health and social services will not be solved via the introduction of new systems or solutions, which are often representative of isolated interventions of different development partners. Rather, the theory of change of the JP focuses on the mature solutions that already exist in the digital health eco-system, ensuring that they are joined up, and that they can function together in one system that is integrated, unified and adaptable. This entry point is well suited for the UN, which, while contributing a comparatively minor funding percentage (compared to the government, the private sector, and development finance institutions in place), can provide technical assistance in key leverage points in ways that will have a disproportionately large impact on the digital health eco-system, augmenting the impact of the various disconnected digital health and social protection information systems that already exist.

This JP will also place a strong focus on substantiating digital human rights across health and all sectors when laying the foundation of this interoperable d-HIS ecosystem. This will include attention to data security and protection, and also the promotion of digital literacy and protection for who are most at risk of being left behind amidst rapid digital transformation.

The JP works towards the overall transformational impact described is Kyrgyzstan's CF under Outcome 1, namely that: by 2027 the people of the Kyrgyz Republic, particularly vulnerable groups, have enhanced resilience, strengthened capabilities, and access to decent work, resulting in full enjoyment of their rights contributing to the socio-economic and gender-transformative development of the country. It is assumed that a contribution can be made towards this outcome by focusing on the two related outputs, also based on the UNSDCF, as is demonstrated below:



Specifically, by improving the policy and regulatory aspects of the digital health ecosystem, alongside enhancing and/or integrating substantive aspects of digital social service provision, the JP will contribute to more accessible and quality healthcare services, and the JP and CF overall objective. From the perspective of the key results structure, the theory of change is presented as follows:

(1) IF the d-HIS is transformed into a fully digitalized and integrated EHR platform that is easily accessible by all health care providers, THEN more equitable and inclusive health care can be provided to the population particularly the most vulnerable (e.g., women, children and people with disabilities, migrants, and those living in remote areas and those in need of sick-leave) by the elimination of previous accessibility barriers;

(2) IF transformation and integration of the d-HIS takes place in line with national and international interoperability and integration standards (including regulatory frameworks and evidence-based medical standards and clinical guidelines),

THEN the quality and continuity of care can be enhanced for both patients and providers through the expansion of digital health service delivery, including through telemedicine;

AND social protection can be enhanced through, for example, the digital and seamless provision of disability and sick leave certificates.

(3) IF improvements are made on the supply-side of digital health service provision (including through telemedicine) and on the demand-side (through capacity building and awareness raising), THEN access to and uptake of digital health services and interventions for those most at risk of being left behind (including those in remote and hard to reach areas and those who are disabled), will be increased and health inequities will be reduced.

These change pathways broadly correspond to the three results of the JP:

1) Enhance quality healthcare provision through the strengthening of a national, unified, and better integrated d-HIS (Indicators: At least a 20% increase in number of patients accessing their medical data through Digital Health Profile by the end of JP; At least a 20% increase in the number of online appointments through Digital Appointment System by the end of the JP.)
2) Promoting inclusive and integrated digital public service provision at the intersection of Health and Social Protection (Indicator: At least a 20% increase in number of patients accessing their medical data through Digital Health Profile by the end of JP.)
3) Increase the access to quality PHC services to rural and remote areas and vulnerable populations (Indicator: Increase the number of districts where Telemed.kg is expanded on PHC from 4 to 10, covering 700,000 children aged 0-14 years living in the most remote areas by the end of the JP.)

Bridging these digital divides will require training and capacity building on both the supply- and demand-sides. This work stream will therefore correspond with the SDG Engine Room on Capacity Building. These cross-cutting activities will include:

- Needs-assessments for remote health facilities and providers;
- Training for health care workers (e.g., doctors, nurses, and other caregivers) to increase the use and uptake of digital health systems and services, including telemedicine to connect with specialists as needed;
- Provision of equipment and training to support the integration of existing d-HISs and their operations, with a focus on rural and remote areas; and
- Enhanced digital skills and health literacy among specific target groups, such as parents of children receiving immunization and telemedicine services, and patients engaging with Digital Health Profile platform to access their medical records, leveraging pre-existing networks of relevant public facilities and civic education centres.

3.2. Description of the Transformative Impact

The JP is designed to ensure greater access to the healthcare services and improved patient care through upgraded citizen's Digital Health Profile and digital health services accessible online at the State e-services portal, telemedicine, targeted at the patients and healthcare providers in Kyrgyzstan, prioritising rural, marginalised, and disadvantaged groups. A significant reduction in urban-rural disparities in healthcare access, particularly in mountainous regions, is expected in response to these interventions, with a significant increase in healthcare accessibility for vulnerable groups.

Key pillars of transformative change	Key elements of the joint programme demonstrating transformative change
Integration	This JP will fully integrate Kyrgyzstan's 18 d-HISs and ensure their interoperability within the wider e-government ecosystem. This integration will have several benefits. First, integrating these d-HIS will provide patients and providers with more seamless access to health data through Digital Health Profile, which draws from data collected through several information systems and platforms (e.g., telemedicine platforms, immunization information systems, laboratory services, etc.). This will provide patients with access to their health data across the continuum of care as needed; it will also support health providers in making prompt, data-driven clinical decision. Second, the integration between health and social protection sectors will enable people with disabilities and in need of sick-leave certificates to receive fully integrated digital health and social protection services. Third, this data integration will also help to inform decision-makers in health sector and beyond, providing them with access to national health data and enabling them to make evidence-based decisions for policy and public service programming at various levels (national, subnational,, and at the facility-level).
Scale	Integrating Kyrgyzstan's d-HISs into an interoperable digital health ecosystem is expected to have the following benefits at the national and sub-national scales: National scale: • The enhanced Digital Health Profile will benefit all 7.1 million people in Kyrgyzstan, providing both patients and health providers with better health information upon which to make informed decisions. • 3,000,000 vaccination records will be integrated into the national electronic health record (EHR) platform, resulting in 225,000 children aged under one year to receive immunization services in a way that joins up their immunization data to the Digital Health Profile platform. • Nationwide, at least 200,000 people will seamlessly receive their laboratory health test results through Digital Health Profile. • Nationwide, at least 120,0000 people with disabilities will receiving digital disability certificates. • Nationwide, at least 280,000 people will receive digital sick-leave certificates. Sub-national scale: • With expansion to six additional districts during the first year of this JP, 10 out of 40 districts in Kyrgyzstan will have access to quality medical consultation through expansion of the Telemed.kg platform at the PHC level, reaching more than 700,000 children aged 0-14 years. (NOTE: the six districts to which the telemed.kg platform will be expanded will be selected during implementation, with a focus on reaching those who are most vulnerable in remote areas and with a scope condition of the presence of the necessary physical digital infrastructure to support this intervention) • 60 health facilities/maternities attending to approximately 140,000 newborns and mothers will provide tailored care through digitized healthcare services by enrolling in e-registries that are joined up with the Electronic Health Record (EHR) platform. Financial scale: • Financial leverage ratio of 1 to 4 between the total JP budget and co-financing, for a total of approximately US$21M ◦ Total JP Budget: ~US$4M (JP budget of US$3M + ~US$1M in co-funding) ◦ Co-financing: ~US$17M
Speed	The JP will focus on existing, mature solutions, ensuring that they are joined up in wider digital health eco-system. This approach will ensure the delivery of several tangible 'quick wins' within the first 9 months of the JP.

	For example, the MoH has already integrated public laboratories' test results into a health information system called iLAB. They have also piloted making them available in the Digital Health Profile, and piloted integration of iLAB systems with COVID-19 test results. To expand and scale this work, this JP will improve the efficiency of the data transferred by public labs to iLAB, promote cooperation between iLAB and private laboratories, and increase the integration of public and private health information systems beyond COVID-19 tests alone. This will enhance access to lab results and improve the user experience for the population. For an additional example, the MoH has already introduced digital sick leave certification within public health service providers, and this JP will scale this advance by enabling private sector to also provide digital sick leave certificates. Finally, the JP will also make sure to avoid duplication of efforts during the implementation phase, thereby optimizing the speed of JP implementation and progress towards the SDGs.
Sustainability	The JP will promote the development of a sustainable digital healthcare ecosystem from both a technical and a governance perspective. From a technical perspective, the JP will promote the development of a digital healthcare ecosystem in three ways: i) through data integration via a common data repository, allowing for data exchange through e-health cards and between telemedicine platforms; ii) monitoring and tracking implementation in close partnership with national stakeholders to ensure that progress and gains are jointly owned; and iii) by conducting a comprehensive audit to guide further investments as available co-financing is leveraged to further amplify the impact of this JP. From a governance perspective, a focus on three engine rooms in the JP – shifts across policy and regulatory frameworks, deal room (financing mix) and capacity building at scale – will also help to ensure long-term sustainability of these investments. The establishment of legal, regulatory and policy frameworks will lay a strong foundation upon which the technical innards of the d-HIS can be further developed and integrated. Strong collaboration and capacity building with National Center for Healthcare Development and Medical Technologies Development and e-Health Centre within the MoH, Kyrgyz State Medical Institute for Retraining and Continuous Education, Kyrgyz State Medical Academy, and the Center of Competence will ensure local ownership and sustained results. Furthermore, by leveraging the deal room (financing mix) engine room, this JP aims not only to sustain but to further catalyse investments in the digital health system and its interoperability across sectors.
Local context-specific	In addition to Kyrgyzstan's mountainous terrain, there are currently an insufficient number of family medicine doctors and sizable unmet health needs among people living in remote locations. As a result, this JP focuses on enhancing access to health services both in mountainous and remote locations and for vulnerable populations. This will be done primarily through upgrades to the Digital Health Profile, upgrades to the government's e-services portals, and the scale up of telemedicine services at the PHC level. Furthermore, the scale up of telemedicine services will prioritize the remote areas with the greatest unmet health need, provided that they have the appropriate levels of physical digital infrastructure required.

The JP's Transformative Impact for the Key Stakeholders

The JP envisions a transformative impact on various key stakeholders within the healthcare ecosystem of Kyrgyzstan. The overall transformative impact on key stakeholders translates into a more equitable, efficient, transparent and responsive healthcare system. Patients gain better access to care, healthcare providers enhance their service delivery, policymakers leverage data and data-driven analytics for informed decisions, educational institutions modernise and update their offerings, and private sector entities find new opportunities for collaboration. Through these multilateral benefits, the JP's 'end game' lays the foundation for a robust and future-proof healthcare system in Kyrgyzstan.

Below is an explanation of how different stakeholders are expected to benefit from the JP's investments

and the systemic changes it aims to achieve:

- **Patients**, nationwide and particularly in remote and rural areas, stand to benefit significantly from improved access to healthcare services through upgraded citizen's Digital Health Profile and digital health services accessible online at the State e-services portal. Telemedicine will bridge the gap for those who previously faced barriers to accessing quality care, reducing travel time and costs, and providing timely medical consultation. This is especially impactful for maternal and child health care services. In addition, 7.1 million citizens of Kyrgyzstan will have improved access to their health data through better integrated d-HIS and enhanced Digital Health Profile. The program will also serve to the needs of specific groups of population, such as people receiving immunization services, lab services, people in need of digital disability and sick-leave certificates, and others.
- **Healthcare providers** will have better access to patient full health data and hence will be enabled to make prompt and data-driven clinical decisions.
- **MoH** is expected to enhance its strategic planning and execution capabilities, with a unified integrated, and interoperable national d-HIS and digital health services, as well as clear integration of comprehensive telemedicine solutions that streamline quality healthcare delivery and improve health outcomes. The integration of digital health into legal and policy frameworks will ensure that the d-HIS develops in line with national health objectives and SDGs.
- **E-Health Centre**, given its responsibility for the implementation of the digital health agenda, will evolve into a more dynamic entity, fostering innovation and supporting the integration of a variety of d-HIS and digital health services, including telemedicine with her, and across different health domains. It will play a pivotal role in maintaining, further developing and sustaining the national digital health ecosystem.
- **"National Center for Health Care Development and Medical Technology" and "National Center for Mother and Child Health"** already undertook a substantial shift in their strategic coordination, mentoring, and clinical practice roles with the introduction of telemedicine. The technical support in policy formulation, analysis and development of normative documents, and capacity building of health service providers will empower them with resources to expand their experience and enhance patient care. As a result, providers will have access to continuous professional development, enabling them to keep abreast of medical advancements and provide services based on international standards and best practices.
- **Kyrgyz State Medical Academy (Pre-Diploma Education) and Kyrgyz State Medical Institute for Retraining and Continuous Education (Postgraduate education)** will provide its graduates with "ready to use" practical skills on utilization of the existing d-HISs and services.
- **Local governments and policymakers** will have the opportunity to engage in more data-driven governance, utilising health data analytics to inform policy and decision-making. Telemedicine's data capture capabilities can provide valuable insights into health trends, resource allocation, and service needs, allowing for more responsive and effective public health interventions. Furthermore, once Kyrgyzstan's sub-national territorial re-organization is complete, the project's regular engagement with regional- and district-level stakeholders will be clarified.
- **Educational institutions** will be able to upgrade already integrated modern telemedicine practices into their curricula, producing a new generation of healthcare professionals who are adept in digital health technologies. This enhances the quality of medical education and ensures that upcoming healthcare professionals are well-prepared for a digitised healthcare environment.
- **Private sector and technology partners**. The integration of the d-HIS with standardized interfaces and upgraded iLAB, along with the implementation of digital sick leave certificates by private healthcare organizations, will enhance quality of service provision and allow for significantly improved efficiency of private healthcare and laboratory service providers. The implementation of telemedicine can open avenues for public-private partnerships, involving technology firms, telecommunications companies, and healthcare startups. These stakeholders can contribute to the technological backbone of the telemedicine infrastructure and can innovate in service delivery models, medical devices, and patient engagement platforms.
- **Community-based organisations and NGOs** working in health advocacy and patient support, such as the village health committees, will be essential partners in raising awareness about digital health services, including telemedicine services. They can facilitate community trust in digital health solutions and support vulnerable populations in utilizing these new services.
- **International Donors and Development Partners.** The success of the JP can attract further investment from international donors and development partners. Positive outcomes from the JP

will demonstrate the efficacy and cost-effectiveness of digital health interventions, potentially leading to increased funding and support for additional scaling of telemedicine and other digital health services in Kyrgyzstan.

The JP's Transformative Impact in Relation to the SDG Targets

The JP is strategically positioned to contribute significantly to several SDGs. Linkages on how the JP's initiatives are poised to make progress on specific SDG targets and indicators are presented below (NOTE: * indicates one of the six SDG targets in the JP Profile).

In relation to SDG 1 'No Poverty', the JP's initiatives contribute to:

- ***Target 1.3** to implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable

In relation to SDG 3 'Good Health and Well-being', the JP's initiatives contribute to:

- ***Target 3.2** to reduce preventable deaths of newborns and children under 5 years old, through improved access to pediatric care and remote consultations.
- ***Target 3.7** by ensuring universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- ***Target 3.8** by achieving universal health coverage and access to safe and affordable vaccinations for all

In relation to SDG 4 'Quality Education', the JP's initiatives contribute to:

- ***Target 4.4** by increasing the number of health professionals with relevant skills to deliver telemedicine services.

In relation to SDG 5 'Gender Equality', the JP's initiatives contribute to:

- ***Target 5.b** by enhancing the use of enabling technology, in particular information and communications technology, to promote the empowerment of women

In relation to SDG 16 'Peace, Justice and Strong Institutions', the JP's initiatives contribute to:

- **Target 16.9:** by 2030, provide legal identity for all, including birth registration
- **Target 16.10:** Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements

In relation to SDG 17 'Partnerships', the JP's initiatives contribute to:

- **Target 17.8** by fully operationalizing the technology bank and innovation capacity-building mechanism and enhance the use of enabling technology, in particular information and communications technology

Changes in the resource flows

The JP is designed to enhance the efficiency of existing resources within the Kyrgyz healthcare system. By expanding the telemedicine-based approach compared to traditional in-person healthcare models, the programme aims to ensure that healthcare services reach more segments of the population, even if the number of healthcare providers is not increased. Additionally, telemedicine services have the potential to reduce out-of-pocket expenses for patients, especially those in remote areas, by minimizing the need for travel to the health facilities from the district/regional levels. This contributes to financial inclusion and reduces the economic burden of accessing healthcare services, thus impacting resource flows at the community level, and giving women and mothers opportunity to get quality medical consultation for their children.

One of the key transformative aspects of the JP is the potential for the strategic reallocation of resources towards priority health areas identified by the programme's data-driven insights. For example, if d-HIS reveals higher than expected incidences of a particular health issue, investments made by this JP would enable resources to be swiftly reallocated to address this need, demonstrating agility in responding to public health challenges.

Overall, improved legislation and established frameworks for digital health will create an enabling environment and common vision for further development. The increased regulatory transparency and proven modes of public-private partnership, along with technical readiness strengthened through the comprehensive d-HIS audit resulting in practical recommendations and solutions deployment, will attract new resources to the healthcare sector. Considerable co-financing and contributions from private sector are already present and are expected to grow further because of the JP.

Behavioural Changes

The anticipated transformative impact of the JP extends deeply into the domain of behavioural changes among a wide array of stakeholders within the healthcare system. The incorporation of digital health services, including telemedicine and digital health solutions is expected to catalyse shifts in how healthcare is perceived, accessed, and delivered. The aggregate effect of such behavioural changes is projected to contribute to a more sustainable healthcare ecosystem in Kyrgyzstan. Patients' proactive engagement with their health can lead to earlier interventions and reduced healthcare costs, parents' awareness of their children's immunization records through a mobile app can improve children's vaccination practices and prevent diseases, while the healthcare providers' embrace of telehealth can expand access and improve the quality of care. Institutions that adapt to the digital health paradigm can allocate resources more effectively, and communities with heightened health literacy can support the demand for high-quality healthcare services.

The following behavioural changes are expected in relation to the key groups of impacted stakeholders:

For **Patients**:

- **Increased Utilisation of Health Data (e.g., lab results, immunization data, digital disability and sick-leave certificates) through Enhanced Digital Health Profile and through greater availability of telemedicine services at the PHC level**. Patients, including those in remote or rural areas, are expected to increasingly use their lab results, immunization data, digital disability and sick-leave certificates as well telemedicine services for primary care, specialized consultations, and health-related advice, thus reducing unnecessary physical visits to higher level healthcare facilities and social protection services.
- **Proactive Health Management**. With easier access to healthcare information, data and teleconsultations, patients will be empowered and able to be more proactive in managing their own health, leading to early detection and management of diseases.
- **Adherence to Treatment Plans.** The convenience of digital health services, including telemedicine, especially for chronic disease management, is expected to improve patients' adherence to treatment plans and follow-up schedules.

For **Healthcare Providers:**

- **Adoption of Digital Health Practices**. Healthcare providers are projected to adopt digital health practices more readily as part of routine service delivery, appreciating the efficiency and extended reach they provide.
- **Data-Driven Decision Making**. As the JP promotes the integration of d-HIS, leading to better integrated d-HIS with EHR, telemedicine, and advanced data analytics, healthcare providers are more likely to embrace data-driven approaches to diagnosis and treatment.
- **Collaborative Care Models**. Digital health inherently promotes collaboration among healthcare providers. As such, a shift toward more team-based, interdisciplinary approaches to patient care is expected. Integration of the MoH d-HIS with the external private health information systems will introduce collaborative and integrated healthcare service delivery enhancing healthcare and social protection intersection. As an example of how digital platforms enhance collaborative care, the Telemed.kg initiative facilitates communication between family doctors and health experts.

Institutional Behavioural Changes:

- **Policy Adaptation**. Institutions such the MoH are anticipated to iteratively adapt policies and protocols to better fit the evolving landscape of digital health services.
- **Resource Allocation**. With the ability of digital health data and information to highlight healthcare system inefficiencies and needs, institutional behaviours, such as resource allocation, are expected to become more dynamic and responsive.
- **Innovation Adoption**. As the JP fosters a culture of innovation, institutions are likely to become more open to adopting new technologies and practices in healthcare delivery.

Community Behavioural Changes:

- **Awareness and community engagement**. As a compliment to a people/user-centred design, increased awareness and understanding of the uses of digital health data and digital health services, including telemedicine services, community engagement in public health initiatives is expected to rise, including participation in preventive health programmes.
- **Health Literacy**: The JP's focus on education and awareness is likely to enhance the overall health and digital literacy, enabling communities to make informed decisions about when and how to seek medical care with real-time information and support.

Change in Lives and Livelihoods of LNOB Groups

The transformative impact of the JP for digital health in Kyrgyzstan on the lives and livelihoods of LNOB groups is expected to be significant and multifaceted. By focusing on inclusivity and equitable access to healthcare, the JP aims to make substantial improvements in the health outcomes and economic conditions of the most vulnerable and marginalised populations.

A detailed look at the potential changes for LNOB groups is presented below:

Changes related to **health outcomes**:

- **Improved Access to Healthcare.** By removing geographic and economic barriers through expanded digital health services and increased centralized access to immunization data, lab results, digital disability and sick-leave certificates, LNOB groups will experience improved access to primary care, specialist consultations, and other health services.
- **Enhanced Maternal and Child Health**. Telemedicine initiatives are likely to improve quality of postnatal, child health care, particularly among rural and isolated communities.
- **Chronic Disease Management**. The JP's support for remote management of chronic diseases will facilitate ongoing care for patients with limited mobility or those living in areas with few healthcare providers.

Changes of the **economic conditions:**

- **Reduction in Out-of-Pocket Expenditures.** LNOB groups often face financial challenges that are exacerbated by healthcare costs. Telemedicine can reduce travel expenses and time taken off work for medical appointments, alleviating economic stress. Digitally-enabled disability certification will also reduce the personal expenses.
- **Sustainable Livelihoods**. By improving health outcomes, individuals are better able to maintain consistent employment and productive livelihoods, contributing to the overall economic development of their communities.

Changes related to **education and empowerment:**

- **Increased Health Literacy.** Education campaigns and easier access to health information will empower LNOB groups to make informed decisions about their health, leading to better self-care practices and utilization of healthcare services.
- **Empowerment of Women and Girls**. With attention to maternal health, the JP can empower women and girls, affording them greater control over their reproductive health and rights.

Potential changes related to **social inclusion:**

- **Social Participation.** As health outcomes improve, LNOB individuals may experience greater social participation and inclusion, helping to break down stigma and discrimination associated with disease or disability.
- **Community Cohesion.** Improved health services can lead to stronger community bonds as individuals come together to support health initiatives and advocate for the needs of the most vulnerable.

3.3. Joint programme results

The JP is based on and contributes towards the ultimate realization of CF Outcome 1, specifically: by 2027, the people of the Kyrgyz Republic, particularly vulnerable groups, have enhanced resilience, strengthened capabilities, and access to decent work, resulting in full enjoyment of their rights contributing to the socio-economic and gender-transformative development of the country.

The JP works towards this outcome by contributing to the two related CF outputs, which are also utilized in this JP results framework. Specifically, the JP contributes to:

- **Output 1.1.:** National and local policies, plans, budgets, and funding mechanisms are evidence-based and aligned to respond equitably to people's needs in inclusive, gender-responsive, participatory, transparent, and accountable ways
- **Output 1.2.:** Social Services (health, education, social protection, employment, and labour etc.) are improved to provide high quality, taking into account accessibility (including financial), equity, gender, shock -responsiveness, timeliness, universality, with mechanism to report and respond to grievances.

After national level consultation and discussion with the regional administration in Osh, these outputs are realized through a series of sub-outputs related to the following work streams:

- **1.1.1.: Policy, strategies, and regulations** (contributing the **SDG ENGINE ROOM on Policy and regulatory frameworks**). Activities will include enhancing legislative and regulatory frameworks for digital health and aligning those with broader state information systems legislative and regulatory norms (incl. human rights considerations and obligations), supporting the MOH in developing a National Digital Health Strategy, Concept and Roadmap for Telemedicine development, and National e-Health Interoperability Framework, identifying particular actions and recommendations for sustainable and coherent development of MoH information systems through a comprehensive audit of existing e-health/d-HIS systems.

  The JP will seek to strike a balance between protecting patients' fundamental human rights of autonomy and confidentiality of health data and information while fostering digital health services and enhancing work efficiency across the health and other sectors. The JP's activities will aim to ensure that there are robust legal and ethical frameworks in place to govern the collection, storage, and use of health data, including adherence to laws and regulations related to data privacy and confidentiality, as well as ethical guidelines that prioritize patient autonomy and consent. Additionally, the JP will implement strong data security measures to safeguard patients' health data against unauthorized access, breaches, and misuse. This will include personal login and password details for patients and health care provider, as well as monitoring of access controls.

- **1.1.2.: Improved standards and interoperability of the digital health system.** Activities will include the development and introduction of the national e-health interoperability framework and implementation roadmap, enhancing semantic interoperability of specific systems, and ensuring standards, guidelines and M&E mechanisms are in place for further integrations.

  Through these activities, the JP will develop digital health services with a user-centric design approach that prioritizes patient needs, preferences, and rights. This includes ensuring that patients and providers have control over their own health data within the digital health ecosystem, through, for example, the ability to access and update specialized health records at the primary and secondary care levels. The JP will also foster interoperability and integration of digital health systems to facilitate seamless sharing of health information while maintaining data security and privacy to ensure that healthcare providers have timely access to relevant patient data while respecting patient confidentiality.

- **1.2.1.: Integrated service provision, functionality of specific systems, and capacity building** (contributing to **SDG ENGINE ROOM on Capacity building**). Activities will include a variety of capacity building initiatives targeted at various stakeholders of the e-Health ecosystem, in addition to enhancing and integrating a number of mature solutions into the e-health eco-system (including for disability and sick-leave certifications, immunization and disease surveillance systems, laboratory services and other health and social protection related digital services), and ensuring better access of health data to patients through enhanced Digital Health Profile.

  Through these activities, the JP will build the capacity of healthcare providers to obtain e-informed consent from patients before collecting or sharing their health data for digital health and telemedicine services. The JP will also concentrate efforts to ensure that patients' rights to be fully informed about how their e-data will be used and who will have access to it are substantiated. This will include ethical and human rights standards for digital EHC design process. The JP will also will also solicit feedback from patients and healthcare providers to identify areas for improvement and prioritize addressing any concerns related to data privacy and

security.

- **1.2.2.: Improved telemedicine services.** Activities will include the integration and expansion of Telemed.kg on PHC level (with specific emphasis on vulnerable groups including in child health, as well as awareness raising among the service user population). Feedback from users (both practioners and patients) will also be included in the implementation process to ensure a people-centred approach.

  The JP will facilitate the growth and expansion of telemedicine services to improve access to maternal and child health services, reduce health care costs, close the gender gap and tackle health and gender inequalities. The JP will do this by leveraging remote telemedicine technologies for pregnant women, including both single women without a breadwinner and pregnant housewives, as well as children with disabilities, to access health services from the comfort of their homes or local healthcare facilities. This will help to overcome geographical barriers and increase accessibility, especially for those living in rural/mountainous or underserved areas. By utilizing telemedicine, pregnant women can save on transportation expenses, childcare costs, and time away from work, making maternal healthcare more affordable and accessible to all socio-economic groups. In so doing, telemedicine will help bridge the gender gap in healthcare by providing equitable access to maternal health services for women, regardless of their socioeconomic status, geographic location, or personal circumstances.

These activities and outputs will contribute to the following results:

1) Enhance quality healthcare provision through the strengthening of a national, unified, and better integrated d-HIS (Indicators: At least a 20% increase in number of patients accessing their medical data through Digital Health Profile by the end of JP; At least a 20% increase in the number of online appointments through Digital Appointment System by the end of the JP.)
2) Promoting inclusive and integrated digital public service provision at the intersection of Health and Social Protection (Indicator: At least 20% increase in number of patients accessing their medical data through Digital Health Profile by the end of JP.)
3) Increase the access to quality PHC services to rural and remote areas and vulnerable populations (Indicator: Increase the number of districts where Telemed.kg is expanded on PHC from 4 to 10, covering 700,000 children aged 0-14 years living in the most remote areas by the end of the JP.)

3.4. LNOB framework and Human Rights Mechanisms[2]

List of marginalized and vulnerable groups[3]	Dedicated Output
Women and girls	Output 1.2
Children	Output 1.2
Youth	Output 1.2
Persons with disabilities	Output 1.2
Older persons	Output 1.2
Indigenous peoples	N/A
Refugees & asylum seekers	Output 1.1
Internally displaced persons	Output 1.1

In line with Output 1.2, the target and vulnerable groups who will directly benefit from this JP include: rural health care workers; people living in remote and/or mountainous areas; women and girls, including

[2] For reference, please see: UNSDG operational guide on leaving no one behind.

[3] The other marginalized and vulnerable groups include, amongst other, minorities (incl. Ethnic, religious, linguistic...), people of African Descent, persons deprived of their liberty, peasants and rural workers, human rights defenders (incl. NGOs, journalists, union leaders, whistleblowers...), migrants, stateless persons, LGBTIQ+ persons (sexual orientation and gender identity), persons living with (HIV/AIDS, leprosy...), persons with albinism, victims or relatives of victims of enforced disappearances, victims of (slavery, torture, trafficking, sexual exploitation and abuse...). List as per the standard 20 LNOB groups according to the Implementation Guide for the Output Indicator Framework for measuring the United Nations contribution towards the Sustainable Development Goals: https://1102656428-files.gitbook.io/~/files/v0/b/gitbook-x-prod.appspot.com/o/spaces%2F-MbDdHe_y0zwBb9YTe4W%2Fuploads%2F4114YgYQuQo7qKb5ycyL%2FG%20-%20221031-%20Implementation%20Guide.pdf?alt=media&token=e54c735a-c0a6-4984-8025-2f8b777d1d89.

those who are pregnant; those with disabilities, including children; older persons; adolescents and youth.

This JP will prioritize the inclusion of the specific needs of all genders, with a special attention on the perspectives of women and girls at all stages of design, implementation, monitoring, and evaluation. Women and girls are less likely to have easy access to health facilities, including for reproductive health, due to traditional attitudes towards their agency which can hinder their ability to independently access health and social services. Digital health in general, and telemedicine and specific digital health products, would give them the opportunity to easily access these services with privacy and without having to ask for permission from a male head of the household.

Additionally, digital health products and services, would give families of people living with disabilities in rural and remote areas the opportunity to access specialized referral services that are not otherwise available and within reach.

Five examples of human rights mechanisms that will be strengthened through implementation of this JP are as follows:

Human Rights Committee: During the process of enhancing digital health information systems and fostering e-health services across the country, digital health records will be strengthened to accurately reflect personal information and identity of all patients. Integration of aspects of health rights and accessibility to health services into training programs for healthcare providers will be implemented. Local self-governance bodies will be informed and engaged in the implementation of digital health initiatives to ensure that the needs and rights of vulnerable groups are addressed. Human rights protections will be properly addressed in the legislative framework governing digital health, such as the Digital Health Strategy and Telemedicine Concept.

Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health: Fundamental human rights principles and considerations for patient confidentiality and privacy will be taken into account when designing and implementing the refinements or new modules of electronic health information systems. Firstly, it is essential to review and address concerns related to data security in comprehensive legal frameworks for collection, storage, and utilization of health data, ensuring compliance with relevant laws, regulations and international standards and guidelines for human rights protection. For example, robust data security measures will be ensured to protect health information of patients, including implementing personalized login credentials for healthcare providers and patients to prevent unauthorized access to sensitive data. There will be a special focus on raising awareness and providing training on cybersecurity practices for healthcare professionals to effectively manage patient electronic information and share their health data for telemedicine services. Inclusivity and accessibility in digital health services will be ensured by engaging local communities and local self-governance bodies, particularly in rural areas, to ensure that the needs and rights of vulnerable groups, such as women, children, and persons with disabilities, are addressed. Moreover, the JP will establish mechanisms for monitoring and assessing the impact of digital health services on patient privacy and confidentiality by collecting feedback from patients and healthcare providers.

Committee on the Rights of the Child: One objective of the JP is to improve the accessibility of digital health services for children, including newborns, infants, adolescents, and children with disabilities. By enhancing digital health profiles and establishing centralized EHR, it will be ensured that children receive timely and appropriate healthcare services and that their rights are protected throughout the processes of telemedicine and providing remote care. Monitoring indicators related to children's access to healthcare, vaccination rates, child health outcomes, and other relevant indicators will ensure that accountability and transparency regarding children’s rights are substantiated and monitored.

Working Group on the issue of discrimination against women in law and in practice: Expansion of telemedicine platforms and enhanced digitalization of medical care in maternity hospitals through this JP, based on central EHR, will provide access to remote consultations and health services for women and girls. Improving the digitalization of antenatal and infant care by developing registries and modules for antenatal and infant care will contribute to these efforts. The JP will also provide capacity building for healthcare providers with gender-sensitive considerations, including addressing gender-based violence. Furthermore, strengthening Kyrgyzstan’s d-HIS also enables research activities to explore the

impact of digitalization on women and girls' access to healthcare services, which can help to sustain and catalyze further improvements at this intersection in the future.

Committee on Economic, Social and Cultural Rights: The JP focuses on advancing healthcare accessibility for men, women, and children, particularly those in rural areas. Awareness campaigns conducted via the Digital Health Profile will educate women about their rights. Training programs aimed at strengthening knowledge on medical topics, utilizing the d-HIS and increasing digital literacy among health workers, the majority of whom are women, will enhance their employability and career development opportunities. The interventions for enhancing and integrating digital health services will ensure inclusivity and prioritize provide equal access to healthcare for all, regardless of geographical location, ethnicity, gender, or disability status. Expanded telemedicine services will reach remote and underserved areas, improving access to quality healthcare for all groups.

3.5. Sustainability plan and exit strategy

The JP will contribute to sustainability of inclusive and effective digital health ecosystem across several work streams. A large part of the JP is devoted to enhancing capacity of various community and institutional actors across government, and the health and digital health workforces, enabling local actors to take ownership over and continue to roll out, enhanced and more accessible digital health services. In addition, the comprehensive technical audit results will play a crucial role in advancing both short- and medium-term development within the digital health ecosystem. The audit results will provide concrete, tangible, and feasible recommendations and proposed solutions aimed at enhancing health service delivery and management and at improving transparency and inclusion within the system.

The comprehensive technical audit results will also establish the groundwork for future resource mobilization activities at the health and social protection nexus by identifying necessary interventions. Moreover, since additional expansion of telemedicine services is foreseen, the JP also includes a focus on developing a sustainability plan in this area, that will also focus on supporting integrated health and social protection services in line with the overarching focus of this JP on the social protection SDG transition.

4. Adaptive implementation and management arrangements

The JP will be implemented through the "One UN" modality, as elucidated in under the overall coordination of the Resident Coordinator's Office. It will be managed by the Joint Steering Committee, chaired by the Resident Coordinator and a representative from the Cabinet of Ministers, as well as key government partners in the Ministry of Health as National Center for Health Care Development and Medical Technologies and the e-Health Centre, Ministry of Digitalization, Ministry of Labor, Social Security and Migration. At the operational level, relevant non-profit and NGO/CSO representatives, including health worker and patient representatives, will be consulted to ensure people-centred implementation of the JP.

4.1. Adaptive programme implementation

The structural logic of the implementation plan aims at a good balance between: i) investments in the digital health system at the national level; ii) early and upfront tangible benefits for those who are most at risk of being left behind; and iii) proper management, communication, and evaluation of the JP (see below Figure: Overarching structure of the JP). Therefore, expansion of digital health services, including telemedicine services and the integration of existing d-HISs, goes hand in hand with development of policy and legal frameworks and national technical standards and requirements. This will help to ensure that the digital health system grows and evolves through seamless integration and expansion of information systems and digital services, and that the digital health ecosystem that results is sustainable over the long term.

In addition, the structural logic aims to achieve low-hanging fruits, or quick wins, within the first nine months of implementation. Quick wins identified include integration and introduction of automated processes for digital disability certificates provision across health sector, introduction of digital sick-leave certification across public and private healthcare organization at scale, integration of laboratory and immunization services with the national d-HIS, digitalization of routine antenatal care for pregnant women, and the expansion of telemedicine services for child care.

With respect to shared roles and responsibilities:

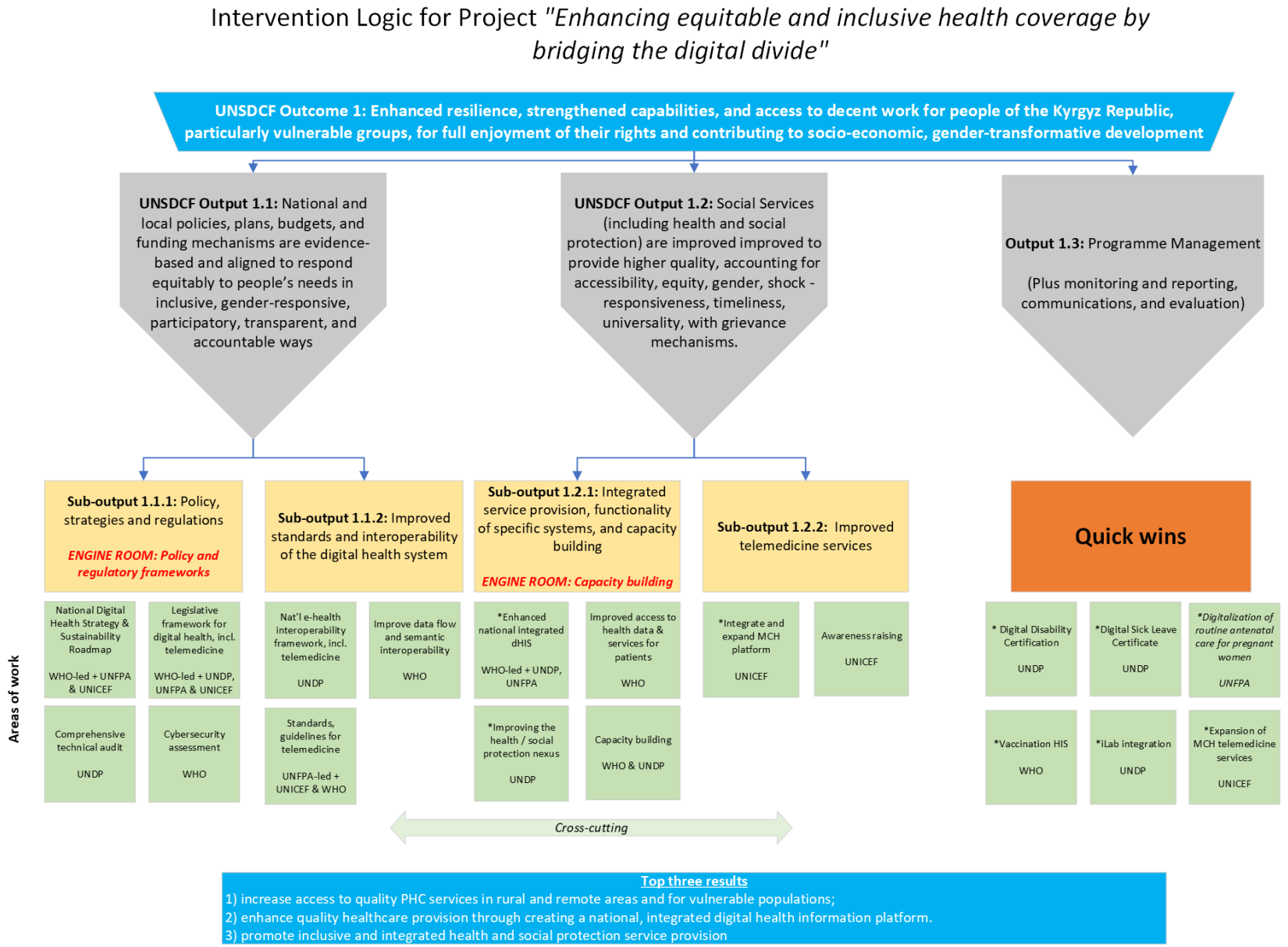
- **WHO** will focus on the development of policy and legal frameworks (including for telemedicine), syntactic and semantic interoperability, enhanced immunization and disease surveillance systems, enhanced patient access to health data, capacity building of health workforce as well on management and communication activities supporting the JP;
- **UNICEF** will focus on the integration and expansion of telemedicine platform telemed.kg for child health, along with public communication and awareness raising for telemedicine;
- **UNFPA** will focus on developing standards, guidelines, and a monitoring and evaluation framework for telemedicine and will support EHR enhancements to improve electronic registries for pregnant women and newborns; and
- **UNDP** activities will mainly focus on sustainable d-HIS interoperability enhancement through assistance to relevant policy adoption, practical recommendations and solutions deployment that increase the accessibility of healthcare and social protection services (i.e., through digitally enabled disability certification, laboratory services, and digital sick leave certification). They will also facilitate d-HIS integration and interaction with broader digital ecosystem (both state and private run), as well as practice-oriented capacity building on utilization of the d-HISs and digital services in ways that embrace emerging technologies.

The activities proposed by each PUNO were built upon their previous efforts and achievements in strengthening digital health in Kyrgyzstan and the stated priorities of the Ministry of Health. In the JPs detailed implementation plan, the PUNOs are committed to collaboration and joint work where required and possible. See the summary of shared responsibilities in the Figure (Overarching structure of the JP) by areas of work. The structural logic behind the implementation plan, as well as a detailed implementation plan, was discussed and finalized with national partners (MOH, E-Health Center, and others) considering national priorities and local needs.

The JP activities also include a variety of capacity building initiatives, in line with Output 1.2.1 (Integrated service provision, functionality of specific systems, and capacity building) and contributing to SDG ENGINE ROOM on Capacity building. As part of WHO's commitment to supporting digital health, as stated in the Regional Digital Health Action Plan, WHO will contribute to systematic and institutionalized capacity building by developing a comprehensive curriculum for digital health for medical institutions in collaboration with Medical Institute for Continuous Education in Kyrgyzstan. It will also organize study tours for high-level decision-makers (e.g., MOH, Center for Health Care Development and Medical Technologies, National Center of Mother and Child Health, E-Health Center and others) to countries with advanced digital health systems (e.g.m Estonia, Denmark, Germany, etc). UNDP, UNICEF, and WHO will also develop tailored training programs to increase literacy in digital solutions and telemedicine for different stakeholder groups such as healthcare workers, IT specialists and business analysts at the e-Health Center, decision-makers at different levels and others. In addition, UNICEF will conduct Public Communication for Telemedicine to increase the awareness and utilization of telemedicine services, particularly by those in greater needs (e.g., sick children in remote areas). We believed that this multi-level, multi-tailored, multi-component approach for systematic capacity building will ensure sustainability for the future change based upon shared norms, values and aspirations across the country.

WHO, as a lead PUNO for this JP, will hire a communication specialist to develop and implement the systematic communication and visibility plan for the entire implementation period of JP. The communication specialist will be closely working with the JP focal points of all PUNOs and make sure that the ongoing achievements and progress are fully picked up and communicated regularly to different stakeholder groups (public, decision-makers, donor, national and international collaborative partners, etc).

Figure: Overarching structure of the JP



4.2. Management Arrangements

The Steering Committee will provide strategic oversight and guidance from JP launch to closure, including strategy adjustments, progress reports and learning, and evaluation (as required). It will meet at least annually and will be accountable for management of the JP and achievement of final results. The Steering Committee will be co-chaired by a representative of the Cabinet of Ministers and the UNRC. The Steering Committee will include the representatives from the Ministries of Health and Digital Development, WHO, UNICEF, UNFPA, UNDP, and World Bank, as well as other ministerial representatives, relevant stakeholders and partners, including gender advisors from PUNOs and the Presidential Administration.

An Operational Committee will also be established. It will be co-chaired by WHO and Deputy Minister for Health for Digitalization and will meet quarterly. This structure will ensure integration and better coordination between partners responsible for the healthcare development and digital business development. The Operational Committee will include representatives from the MoH as National Center for Healthcare Development and medical technologies, Ministry of Digital Development, UNICEF, UNFPA, UNDP, and any other development partners who have relevant activities in the digital health sphere. This will ensure coherence with other activities in the digital health sphere and help to leverage additional funds and resources from the broader digital ecosystem throughout implementation of the JP. This coordination mechanism will also build on the Telemedicine Working Group co-chaired by the Deputy Minister of Health for Digitalization and UNICEF since 2022.

Specific roles envisioned for each PUNO are as follows:

- **WHO,** as Lead PUNO, will participate in the Steering Committee, co-chair the Operational Committee, and serve as the Secretariat to provide coordination and programmatic leadership to the JP team throughout implementation in line with its normative functions in the health sector. WHO will also convene monthly meetings to manage project implementation with relevant technical focal points.
- **UNICEF** will be responsible for the expansion of telemedicine services for newborns and children on a PHC level. UNICEF will also lead in advocacy and communication for telemedicine services for newborns and children and will participate in development of laws related to digital health.
- **UNFPA** will expand telemedicine to the maternity hospitals. UNFPA will also lead on developing and rolling out digital solutions for interoperability of some existing d-HISs with a focus on maternal and newborn health information and postnatal care at the hospital level.
- **UNDP** will lead on interoperability of the d-HIS within the wider government digital ecosystem in line with its role as co-chair of the Joint Working Group on E-Government, Information and Communication Technologies of the Development Partners Coordinating Council (DPCC WG). UNDP will also contribute to enhancing digital literacy required to access digital public services.

5. Monitoring, accountability, financial management, and public disclosure

Standard text – do not change

Reporting on the Joint SDG Fund will be focused on concrete results and grounded in evidence. The RCO focal point and lead PUNO is responsible for coordinating and drafting a concise annual report (using the Fund Secretariat template/guidance), which is submitted to the Joint SDG Fund Secretariat through the RC by January 31st of the following year. Additionally, a final narrative report must be prepared and submitted to the Joint SDG Fund Secretariat through the RC no later than two (2) months after the operational closure of the JP activities.

The JP Steering Committee, co-chaired by the RC, is mandated to oversee and monitor the implementation of the JP, with the involvement of Joint SDG Fund Secretariat to which it must submit data and information upon requested. Additionally, the Joint SDG Fund Secretariat may request additional insights, such as policy papers, value-for-money analysis, case studies, infographics, or blogs/articles, as needed.

PUNOs will be required to include information on complementary funding received from other sources (both UN cost sharing, and external sources of funding/financing) for the activities supported by the Fund,

including in kind contributions and/or South-South Cooperation initiatives, in the report.

PUNOs at Headquarters level shall provide the Administrative Agent with the following statements and reports prepared in accordance with its accounting and reporting procedures, consolidate the financial reports, as follows:

Annual financial reports as of 31st December each year with respect to the funds disbursed to it from the Joint SDG Fund Account, to be provided no later than four months after the end of the applicable reporting period; and
A final financial report, after the completion of the activities financed by the Joint SDG Fund and including the final year of the activities, to be provided no later than 30 April of the year following the operational closing of the project activities.

The JP will be using a pass-through fund management modality where UNDP Multi-Partner Trust Fund Office will act as the Administrative Agent. The programmatic UN entity of the Facility shall assume full programmatic and financial accountability for the funds disbursed to it by the Administrative Agent of the Joint SDG Fund (Multi-Partner Trust Fund Office). Such funds will be administered by each UN Agency, Fund, and Project in accordance with its own regulations, rules, directives and procedures. The entity shall establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent.

A minimum of 5% of the JP budget is allocated for monitoring, reporting, evaluation, audit and communications. Indirect costs of the Participating Organizations recovered through project support costs will be 7%, with exception of WFP and UNHCR which should be 6,5%. All other costs incurred by each PUNO in carrying out the activities for which it is responsible under the Fund will be recovered as direct costs. Procedures on financial transfers, extensions, financial and operational closure, and related administrative issues are stipulated in the Operational Guidance of the Joint SDG Fund. PUNOs and partners must comply with Joint SDG Fund brand guidelines, which includes information on donor visibility requirements.

6. Joint Evaluation

A joint evaluation will be conducted by an independent evaluation team, in accordance with norms and standards from the United Nations Evaluation Group. Under the guidance and authority of the Steering Committee, the evaluation will examine the relevance of the JP strategy and results, the effectiveness and efficiency of implementation by PUNOs and other JP partners, the sustainability of results and their contribution to the CF outcome, related SDG targets, and the extent to which LNOB, human rights and GEWE considerations were properly observed.

ANNEX 1: Mapping of related projects, investments and other development initiatives

From the UN system, Government, EU, IFIs, other donors, civil society, and private sector as relevant.

Name of project / investment / initiative	Key expected results	Relevance for the JP	Implementing partners	Budget and funding source	Timeframe
Central Asia COVID-19 Crisis Response (CACCR) - Phase II Project	The European Union is providing support to five countries in Central Asia (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan) to mitigate the impact of the COVID-19 pandemic and to reinforce their longer-term resilience to health shocks. The program is implemented by the WHO Regional Office for Europe through its five Country Offices in Central Asia, and it focuses on a rapid and safe roll-out of COVID-19 vaccines, including setting up necessary information management systems and capacity building of healthcare workers	The project includes building long-term resilience of digital solutions to manage vaccine-preventable disease outbreaks, including adequate monitoring and evaluation practices and addressing vaccination inequity.	WHO	US$2.1M	Aug 2022 – July 2026
Strengthening Regional Health Security Project	The Strengthening Regional Health Security Project has three aims: - To strengthen the capacity, quality, and networking of reference laboratories in Bishkek and Osh cities; - To develop laboratory services based on continuous quality improvement in Chui and Osh oblasts; and - To improve patient care and biosafety capacity in hospitals in border areas in high travel zones in Chui and Osh oblasts.	The project improves laboratory services through the enhancement of iLab HISs and its integration with private laboratory's HISs.	ADB	US$35M (incl. US$5M co-funding from KGZ govt)	1 October 2022 – 30 September 2027
Medical Education Reforms in the Kyrgyz Republic	Phase III of the project supports the MoH in delivering trainings and certifications for the health workforce and streamlines the process with technology and digital tools. Phases I and II of the project supported the creation of 60 telecommunication centers in health facilities across 5 oblasts and 44 districts to ensure continuous medical education in remote areas. The centers were used extensively used to deliver trainings to medical personnel in COVID-19 amid social distancing. Furthermore, teleconsultations were conducted by physicians from Geneva University Hospitals within the telemedicine component of the project. These consultations were provided to doctors from various districts across the country who were treating patients with health issues related to cardiology, angiology, dermatology, physiology, pulmonology, hepatology, and rheumatology. The project purchased server equipment and a license for a videoconferencing platform, which was installed at the MoH, enabling the integration of the MoH, e-Health Center,	The project builds the digital capacity of health providers.	SDC	US$250k for the d-HIS out of the total budget	2021 – 2024

	academic institutions, professional associations, and regional health facilities into an online collaborative network.				
Increasing access of rural women to quality reproductive and maternal health services in maternity hospitals with the highest number of deliveries	The project strengthens the telemedicine and telecounseling support provided in severe cases of maternal morbidity in five maternities.	The project develops telemedicine guidelines for obstetric facilities, which will support the development of subsequent regulations.	UNFPA	US$237,196	August 2023 – August 2025
PHC Quality Improvement Program	Results Area 1 of the PHC Quality Improvement Programme integrates sustainable quality improvement mechanisms into service delivery through the establishment of: - A national e-platform for routine collection of quality care data and continuous feedback to PHC providers on quality gaps; and - A national in-service training e-platform that improves access to quality continuing professional development and that facilitates the targeted delivery of these materials to address quality gaps and monitor the effectiveness of these efforts.	At the PHC level, this programme is focused on improving health outcomes and the quality of services, on reducing inequities in health outcomes and financial protection, and on strengthening public health.	World Bank	US$37M (SDC, KfW, World Bank)	June 2019 – December 2024
Digitalisation of emergency call system in Osh city ambulance service	The project automates the information system of the Emergency Medicine Centre of Osh city.	This project contributes to the digitalization of emergency medicine.	GIZ/SFF project	US$249k	May 2022 – April 2024
The "Digital CASA – Kyrgyzstan" project	The Digital CASA – Kyrgyzstan project aims to enhance internet accessibility, government service efficiency, and digital economy development. It expands digital infrastructure to support the centralization of government services through digital platforms and fosters an enabling environment for digital innovation.	Areas of work in this project of relevance to the JP include: • Increasing access to more affordable internet connectivity; • Improving ICT infrastructure; and • Strengthening capacity in the delivery of digital government services.	World Bank	US $50M	2018-2025
India MCH project	The project seeks to increase the access of rural women to quality reproductive and maternal health services in maternity hospitals. It includes a telemedicine component focused on equipping hospitals with health service capabilities that reduce preventable severe morbidity, and it also increases supportive supervision.	The telemedicine component of this project is leveraged in this JP, including piloting quality health care services using the e-obstetric surveillance system and enhancing the accessibility of telenetworking and telecounselling in maternity hospitals	India-UN Development Partnership Fund, UNFPA-implemented	US$1M	2023-2024
GAVI Innovation Top-Up	This innovation grant will further strengthen the national immunization program by improving access to vaccines and streamlining the implementation of a roadmap for enhancing the "iEmdoo" immunization information system.	The project will enhance the digital immunization management platform.	WHO	US$1M (funds are forthcoming)	2024-2025

Canada Fund to support COVID vaccine delivery in Kyrgyzstan	This project strengthens the reporting of immunization-related HISs at the district level.	The project supports implementation of iEmdoo, Kyrgyzstan's dHIS for immunization through on-the-job trainings and the procurement of consultants and computers for health facilities.	Canada CanGive for COVID vaccine delivery	US$200k	June 2023-June 2024, with the possibility of extension

ANNEX 2: Integrated results framework, work plan and budget[4]

Remarks:

- *There should be a maximum of 2 outcomes from the CF and a maximum of 1 additional outcome specific to the joint programme, if necessary. There should be a maximum of 6 outputs in total, with a minimum of 1 from the CF (sub)outputs. For relevant CF outcomes and (sub)outputs indicators are taken directly from Cooperation Framework results framework and the Joint Work Plan.*
- *Add one additional output that integrates joint programme management, monitoring and reporting, and communications, as well as evaluation (if relevant).*
- *All results and related budgets under a joint programme are tagged as 'joint' in UN Info and UNO ERP systems for reporting on the QCPR and Funding Compact.*
- *A minimum of 5% percent of the JP budget is allocated for monitoring, reporting, evaluation, audit and communications.*
- For gender equality, human rights, and peace markers (the latter optional) the coding is done per output. Further annex asks for justification. Please add a column for the Sustaining Peace Marker should it be applicable for the joint programme.
- For the QCPR function, kindly refer to the UN Info guidance here.

Joint Programme Outcomes			
CF Outcome statement 1: by 2027, the people of the Kyrgyz Republic, particularly vulnerable groups, have enhanced resilience, strengthened capabilities, and access to decent work, resulting in full enjoyment of their rights contributing to the socio-economic and gender-transformative development of the country. (UNSDCF Outcome 1)			
Outcome indicator 1.1: Proportion of total government spending on essential services (education, health, and social protection) (SDG 1.a.2). disaggregated by gender.	Baseline: TBC	Target: TBC	Means of verification: NSC data *NOTE to the SDG Fund: This outcome indicator is very distant and essentially unachievable for our project. Please advise.*

Joint Programme Outputs			
Output 1.1: National and local gender-sensitive policies, plans, budgets, and funding mechanisms are evidence-based and aligned to respond equitably to people's needs in inclusive, gender-responsive, participatory, transparent, and accountable ways.			
Output indicator 1.1.1: (SDG 1.3.1) Proportion of population covered by social protection floors/systems, by sex, age, disability, urban and rural population, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant	Baseline: TBC	Target: TBC	Means of verification: NSC; Administrative data of Ministry of Labour, Social Welfare and Migration

[4] For gender equality, human rights, and peace markers (the latter optional) the coding is done per output. Further annex asks for justification. Please add a column for the Sustaining Peace Marker should it be applicable for the joint programme; for the QCPR function, kindly refer to the UN Info guidance here.

women, newborns, work-injury victims and the poor and the vulnerable			
Output indicator 1.1.2: (SDG 5.6.2) Laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information, and education, as well as volunteerism, are in place and effective.	Baseline: YES (Law July 4, 2015. No. 148)	Target: YES (largely)	Means of verification: NSC
Output indicator 1.1.2: (In line with JP activities) National e-Health Interoperability Framework, including for telemedicine, enabling integration and smooth operation of fragmented HISs in a way that increases access to digital health services (particularly for vulnerable groups, including people with disability, newborns, children, pregnant women, unemployed people, older persons, socially disadvantaged people, and others).	*Baseline: NO*	*Target: YES (Regulations in place)*	Means of verification: Ministry of Health, Project data, etc.
Output indicator 1.1.4: *Policy, legal and regulatory documents reviewed by technical experts using gender-lens*	*Baseline: 0*	*Target: 4*	Means of verification: *JP Reports*
Output 1.2: Social Services (health, education, social protection, employment, and labour etc.) are improved to provide high quality, taking into account accessibility (including financial), equity, gender, shock -responsiveness, timeliness, universality, with mechanism to report and respond to grievances.			
Output indicator 1.2.1: (SDG 3.4.1) Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease disaggregated by gender.	Baseline: TBC	Target: TBC	Means of verification: NSC
Output indicator 1.2.2: (SDG 3.1.1) Maternal Mortality ratio	Baseline: TBC	Target: TBC	Means of verification: NSC
Output indicator 1.2.3: (SDG 3.2.1) Under-5 mortality	Baseline: TBC	Target: TBC	Means of verification: NSC
Output indicator 1.2.4.: (In line with JP activities) Increased number of patients, disaggregated by gender, accessing their electronic medical records through Digital Health Profile System.	*Number of patients (women and men) accessing their electronic medical record through Digital Health Profile in the beginning of the Programme.*	*Number of patients (women and men) accessing their electronic medical record through Digital Health Profile in the end of the Programme.* *At least 10% increase is expected, with women accounting for at least 30% of the total increase.*	Means of verification: *JP Reports*

Output indicator 1.2.5.: (In line with JP activities) Increased number of PHC facilities where telemedicine consultations are provided in a way that increases gender equity in health coverage.	*Total number of districts with PHC facilities where Telemed.kg is introduced and consultations are provided in the beginning of the Programme.* *Baseline – in 4 districts, 200,000 children aged 0-14 are covered with support from the Telemed.kg platform at the PHC level*	*Total number of districts with PHC facilities where Telemed.kg is introduced and consultations composing balanced number of girls and boys are provided by the end of the Programme.* *Target – at least a 50% increase in the number of districts with telemed.ke consultations provided is expected.* *NOTE: by the end of the program, 10 districts are expected to be covered by the telemed.kg platform, covering 700,000 children aged 0-14 who are living in the most remote areas*	Means of verification: *JP Reports data from monitoring reports*
Output 3.1: Coordinated and programmatic leadership to the JP team			
Output indicator 3.1.1: Quarterly steering committees conducted with representatives from civil society and gender advisors from PUNOs and government	Baseline: 0	Target: 10	Means of verification: *JP Reports*
Output indicator 3.1.2: Monthly operational committee meetings conducted with representatives from civil society and gender advisors from PUNOs and government	Baseline: 0	Target: 30	Means of verification: *JP Reports*

Joint Programme contribution to Joint SDG Fund global indicators (as relevant)			
Engine room 1. Shifting policy/regulatory frameworks			
Number of new or enhanced the gender-sensitive integrated policy solutions and regulatory changes formulated to accelerate SDGs with Joint SDG Fund support.	Baseline: • No National Digital Health strategy • No Legislation and Concept for Telemedicine • No Sustainability Roadmap for Telemedicine • No National e-Health Interoperability Framework	Target: 1. National Digital Health Strategy in place 2. Digital Health Legislation, National Standards and Concepts including for Telemedicine 3. Sustainability Roadmap for Telemedicine	Means of verification: Ministry of Health; Project data

		4. National e-Health Interoperability Framework and implementation roadmap in place	
Number of targeted countries where the gender-sensitive integrated policy solutions and regulatory changes are implemented to promote equal access to and use of services, goods and resources by women and girls with Joint SDG Fund support.	Baseline: no data	Target: One (Kyrgyzstan)	Means of verification: Ministry of Health; JP Reports
Number of individuals benefiting from the gender-sensitive integrated policy solutions and regulatory changes implemented with Joint SDG Fund support, disaggregated by population segments (e.g. sex, age, persons with disabilities, etc.) with a focus on Leaving No One Behind.	Baseline: 0	Target: Total Population (~7M people)	Means of verification: Ministry of Health; JP Reports
Engine room 2. Devising a financing mix (deal room)			
Ratio of financing leveraged for integrated multi-sectoral solutions against the committed funds provided by the Joint SDG Fund	Baseline: 0	Target: 1:4	Means of verification: Ministry of Health; Ministry of Economy; JP Reports
Amount in US$ of co-funding and contributions from the government budget for enhancement of digital health	Baseline: 0	Target: US$200,000	Means of verification: Ministry of Health
Engine room 3. Capacity building at scale			
Number of governmental (both at central and sub-central levels) and non-governmental organizations with enhanced capacity to design, implement and finance gender-sensitive integrated policies, regulations, and innovative solutions for SDG acceleration, with Joint SDG Fund support.	Baseline: 0	Target: at least 5 organizations. 1. Ministry of Health 2. E-Health Center 3. Center for Health Care Development and Medical Technologies 4. National Center for Mother and Child Health 5. Medical Institute for Continuous Education	Means of verification: JP Reports
Number of gender-sensitive tools, procedures, and mechanisms (e.g. SOPs, training module,	Baseline: 0	Target: at least 3 tools, procedures or mechanisms	Means of verification:

incentive structures) developed or implemented, focused on building capacities for SDG acceleration with Joint SDG Fund support (disaggregated by central and local actors).		1.Curriculum for medical institutions. 2.Tailored training programs for different stakeholder groups. 3.Study tour for MOH, Center for Health care development and medical technologies, National Center Mother and Child Health and E-Health Center and other organizations. 4. Training materials and simulation demo-modules for existing MoH HISs developed	JP Reports
Number of experts (including females) identified and deployed to support RCs/UNCTs on SDG acceleration with Joint SDG Fund support.	Baseline: 0	Target: One	Means of verification: RCO

Joint Programme Workplan

Outcome/Output/ Sub-output	Geographic focus	Start	End	PUNO	SDG Targets	Gender Equality Marker	Human Rights Marker	QCPR function	Budget (US$)
Outcome 1. By 2027, the people of the Kyrgyz Republic, particularly vulnerable groups, have enhanced resilience, strengthened capabilities, and access to decent work, resulting in full enjoyment of their rights contributing to the socio-economic and gender-transformative development of the country. (UNSDCF Outcome 1)									
Output 1.1: National and local gender-sensitive policies, plans, budgets, and funding mechanisms are evidence-based and aligned to respond equitably to people's needs in inclusive, gender-responsive, participatory, transparent, and accountable ways.	National	June 2024	May 2027	WHO UNDP UNFPA UNICEF	1.3, 3.2, 3.7, 3.8, 4.4, 5.b, 16.9, 16.10, 17.8	GEN2	2	2	$1,065,000
Sub-output 1.1.1: Gender-sensitive Policy, strategies, and regulations (incl. for telemedicine) *****ENGINE ROOM: POLICY AND REGULATORY FRAMEWORKS*** ***Number of policies and regulations that have undergone a gender analysis, consultation,***	National	June 2024	May 2027	WHO UNDP UNFPA UNICEF	3.2, 3.7, 3.8, 4.4, 5.b, 16.9, 16.10		2	2	$560,000

and/or review to strengthen the gender-responsiveness of the digital health system's policies and programs									
Sub-output 1.1.2: Improved standards and interoperability of the digital health system (incl. for telemedicine)	National	June 2024	May 2027	WHO UNDP UNFPA UNICEF	3.2, 3.7, 3.8		2	4	$505,000
Output 1.2: Social Services (health, education, social protection, employment, and labour etc.) are improved to provide high quality, taking into account accessibility (including financial), equity, gender, shock - responsiveness, timeliness, universality, with mechanism to report and respond to grievances.	National and sub-national	June 2024	May 2027	WHO UNDP UNFPA UNICEF	3.2, 3.7, 3.8, 4.4, 5.b, 16.9, 16.10	GEN2	2	4	$1,555,000
Sub-output 1.2.1: Gender-sensitive Integrated service provision, functionality of specific systems, and capacity building *****ENGINE ROOM: CAPACITY BUILDING***	National and sub-national	June 2024	May 2027	WHO UNDP UNFPA UNICEF	3.2, 3.7, 3.8, 4.4, 5.b, 16.9, 16.10		2	4	$935,000
Sub-output 1.2.2: Improved telemedicine services	National and sub-national	June 2024	May 2027	UNICEF	3.2, 3.7, 3.8		2	1	$620,000
Output 1.3: Coordinated and programmatic leadership to the JP team	National	June 2024	May 2027	WHO	3.2, 3.7, 3.8, 5.b, 16.10, 17.8	GEN2		7	$230,000
JP Communications & Reporting with gender disaggregated data and including an independent evalutation.					3.2, 3.7, 3.8, 5.b, 16.10, 17.8			7	$150,000

ANNEX 3: Budget per UNSDG Categories

UNSDG BUDGET CATEGORIES	PUNO 1 WHO		PUNO 2 UNICEF		PUNO 3 UNFPA		PUNO 4 UNDP		TOTAL	
	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	**Joint SDG Fund (USD)**	**PUNO Contribution (USD)**
1. Staff and other personnel	330,000		50,000		60,000		91,664		531,664	
2. Supplies, Commodities, Materials	0		0		0		0		0	
3. Equipment, Vehicles, and Furniture (including Depreciation)	50,000		100,000		7,000		62,000		219,000	
4. Contractual services	392,477		50,000		53,000		466,000		961,477	
5.Travel	65,000		20,439		10,159		10,000		105,598	
6. Transfers and Grants to Counterparts	225,000	200,000	319,000	200,000	213,000	234,000	65,000	200,000	822,000	834,000
7. General Operating and other Direct Costs	45,000		40,000		26,000		53,000		164,000	
Total Direct Costs	**1,107,477**		**579,439**		**369,159**		**747,664**		**2,803,738**	
8. Indirect Support Costs (7% of total direct costs – except for WFP and UNHCR which should apply 6.5% of total direct costs)	*77,523*		*40,561*		*25,841*		*52,336*		*196,262*	
TOTAL Costs	**1,185,000**	**200,000**	**620,000**	**200,000**	**395,000**	**234,000**	**800,000**	**200,000**	**3,000,000**	**834,000**

ANNEX 4: Risk Matrix

Assess the main risks related to implementation of the JP in the simplified risk matrix below. Risk level should be determined by multiplying the likelihood by the impact. Risk level should be described as Very High, High, Medium, or Low based on the image below. See further instruction below (delete the instructions before finalizing the ProDoc)

Risks	**Categories**	**Risk Level:** (Likelihood x Impact, as per instructions)	**Likelihood:** Certain - 5 Likely - 4 Possible – 3 Unlikely - 2 Rare – 1	**Impact:** Essential – 5 Major - 4 Moderate - 3 Minor – 2 Insignificant - 1	**Mitigation measures**	**Risk owner**
Unstable political landscape, high turnover of government staff	5.3, 5.4	8	2	4	Strong engagement with and involvement of the MOH leadership during implementation to ensure ownership and buy-in for the proposed activities.	JP staff
Low level of engagement of regional level MoH structures and of end users of the digital platforms, including family doctors and nurses and other health care workers	3.8, 3.10				A proper capacity building strategy, including a communication strategy and a feedback mechanism to understand their difficulties and co-create solutions.	
Data privacy not enforced under digital health eco-system. Issues of consent and confidentiality not addressed.	1.1,				A strong emphasis on a rights-based approach at all stages of the development and transformation towards a digital health ecosystem	
Changes to government digital health priorities, weak political commitment to introducing e-Health Interoperability framework	5.1, 5.2	15	3	5	Emphasis on advocacy and analytical initiatives to sustain demand for the results of the JP at all levels and across all stakeholders; UN joint positioning at higher levels of decision making	WHO/UNDP Senior Management
Delayed adoption or non-adoption of the relevant interoperability standards and related normative acts by the Government may hinder the integration of the telemedicine platform with the national EHR system.			3	5	Offer technical assistance to the MoH and e-Health Centre, including the development and implementation of interoperability standards, including consulting services from international experts.	UNICEF/WHO/UNDP
Insufficient capacity of government ICT staff to administer and technically maintain the telemedicine platform.			3	3	Develop and deliver targeted training programmes aimed at enhancing the technical skills of ICT staff specific to the	UNICEF/WHO

					administration and maintenance of the Telemed.kg platform. Set up a dedicated technical support team that can provide immediate assistance to government ICT staff on issues related to the telemedicine platform.	
Insufficient HW and/or SW resources in the hosting environment needed for scaling up of the telemedicine solution (i.e. server, CPU, storage capacity, etc)			3	4	Invest in upgrading servers, increasing CPU power, and expanding storage capacity to meet the scaling requirements of the telemedicine solution or consider using cloud computing services to provide scalable and flexible resource management, which can dynamically adjust to varying load and storage needs.	
Delays in formal approval of newly developed regulatory provisions	5.1, 5.2, 3.8	20	4	5	Establish strong working relationships with policy and regulatory bodies and engage experts to facilitate the process.	
Insufficient physical digital infrastructure (e.g., physical coverage, lack of reliable broadband) can limit access to telemedicine services and hinders effective implementation of d-HIS, both for service users and in public health facilities themselves.	3.10				Digital skills trainings and last-mile connectivity improvements are important, and this JP would be implemented alongside ongoing efforts to enhance and further develop physical digital infrastructure to mitigate these risks.	
Overlap with programmes and interventions from other donors and partners	7.7	6	2	3	Liaison and regular updates with relevant partners	
Lack of trust from the private sector to integrate their LAB HISs to the iLab	1	20	4	5	Strengthen dialogue between the MoH and the private sector and develop policies through participatory process to ensure ownership and participation. Monitor implementation and share with the decision makers regularly	
Late/untimely delivery of necessary equipment and other inputs.	3	8	2	4	Procurement plan to be developed with clear quarterly targets. Procurement plan is a subject for	

					regular monitoring and scrutiny	
Inadequate coordination among PUNOs	4	4	1	4	Regular inter-agency coordination mechanisms at the head of agency and operational/technical levels. Implementation of joint activities and decisions made to be regularly monitored.	

Likelihood	Occurrence	Frequency
Very Likely	The event **is expected** to occur in most circumstances	Twice a month or more frequently
Likely	The event **will** probably occur in most circumstances	Once every two months or more frequently
Possibly	The event **might** occur at some time	Once a year or more frequently
Unlikely	The event **could** occur at some time	Once every three years or more frequently
Rare	The event **may** occur in exceptional circumstances	Once every seven years or more frequently

Consequence	Result
Extreme	An event leading to **massive** or **irreparable** damage or disruption
Major	An event leading to **critical** damage or disruption
Moderate	An event leading to **serious** damage or disruption
Minor	An event leading to **some** degree of damage or disruption
Insignificant	An event leading to **limited** damage or disruption

	Consequences				
Likelihood	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Very likely (5)	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)
Likely (4)	Medium (4)	Medium (8)	High (12)	High (16)	Very High (20)
Possible (3)	Low (3)	Medium (6)	High (9)	High (12)	High (15
Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)
Rare (1)	Low (1)	Low (3)	Medium (3)	Medium (4)	High (5)

Level of risk	Result
Very High	Immediate action required by executive management. Mitigation activities/treatment options are mandatory to reduce likelihood and/or consequence. Risk cannot be accepted unless this occurs.
High	Immediate action required by senior/ executive management. Mitigation activities/treatment options are mandatory to reduce likelihood and/or consequence. Monitoring strategy to be implemented by Risk Owner.
Medium	Senior Management attention required. Mitigation activities/ treatment options are undertaken to reduce likelihood and/or consequence. Monitoring strategy to be implemented by Risk Owner.
Low	Management attention required. Specified ownership of risk. Mitigation activities/treatment options are recommended to reduce likelihood and/or consequence. Implementation of monitoring strategy by risk owner is recommended.

Risk Categories (for reference only)

1.Social and Environmental	2. Financial	3.Operational	4.Organizational	5. Political	2.Regulatory	7. Strategic	8. Safety and Security
1.1. Human rights 1.2. Gender 1.3. Biodiversity and use of natural resources 1.4. Climate change and disaster 1.5. Community health and safety 1.6. Labour conditions/standards 1.7. Cultural heritage 1.8. Rights of Indigenous Peoples 1.9. Displacement and resettlement 1.10. Pollution and resource efficiency 1.11. Stakeholder engagement 1.12. Sexual exploitation and abuse	2.1. Cost recovery 2.2. Value for money 2.3. Corruption and fraud 2.4. Fluctuation in credit rate, market, currency 2.5. Delivery	3.1. Alignment with national priorities 3.2. Responsiveness to lessons learned and evaluations 3.3. Leadership & management 3.4. Flexibility and opportunity management 3.5. Synergy potential (linking with other initiatives as relevant) 3.6. Reporting and communication 3.7. Partnership 3.8. Capacity development of national partners 3.9. Engagement of national partners in decision-making 3.10. Transition and exit strategy	4.1. Governance 4.2. Monitoring 4.3. Independence and quality of evaluation 4.4. Knowledge management 4.5. Grievances 4.6. Due diligence of private sector partners 4.7. Human Resources 4.8. Budget availability and cash flow 4.9. Internal control 4.10. Procurement 4.11. Innovating, piloting, experimenting,	5.1. Government commitment 5.2. Political will 5.3. Political instability 5.4. Change/ turnover in government	6.1. Changes in the regulatory framework within the country of operation 6.2. Changes in the international regulatory framework affecting the whole organization 6.3. Deviation from UN internal rules and regulations	7.1. Theory of change 7.2. Alignment with UN Strategic priorities 7.3. Capacities of the partners 7.4. Roles and responsibilities among partners 7.5. Code of conduct and ethics 7.6. Public opinion and media 7.7. Synergy with UN / Delivery as One	8.1. Armed Conflict 8.2. Terrorism 8.3. Crime 8.4. Civil Unrest 8.5. Natural Hazards 8.6. Man-made Hazards

ANNEX 5: Localization, Gender Equality and Human Rights markers

SDG Localisation Marker Score

Please see refer to the detailed guidance on applying the marker here: https://www.jointsdgfund.org/publication/sdg-localization-marker

Dimensions	Criteria or eligibility	Responses	Explanation	Means of verification
Programme Design	• Does the programme or initiative explicitly include results and/or expected outcomes directly related to advancing SDG localization?	Yes	All three expected key results of JP directly advance to SDG localization by: 1) increasing the access to medical data to patients by at least 20%; 2) increasing the number of patients (people with disabilities and in need of sick-leave) receiving digital Disability Certificate and Sick-Leave Certificate by at least 20%; and 3) increasing access to PHC services through telemedicine services for pregnant women, mothers, children and infants by 20%. The JP activities explicitly and directly address the needs of local population considering all the existing local and international assessments, feedback from the MoH, e-Health Center and other national partners, as well as suggestions from technical experts of PUNOs working on the ground with local population, healthcare workers, digital and IT specialists, other national stakeholders and decision-makers at all levels. As a results, the JPs activities are designed to ensure that the target population receives integrated and equal health care and social protection. According to the World Report on Disability, approximately 15% of the global population lives with some type of disability, while the number of children ages 0 to 14 years old “experiencing moderate or severe disabilities” is approximately 5.1%, with 0.7% “experiencing severe difficulties”. The prevalence rates in middle- and low-income countries vary and can be as high as 12.7%. Calculating the prevalence of people living with disability in Kyrgyzstan has been challenging due to a lack of coherence in definitional standards for such classification, but government sources indicate that close to 30,000 children, representing approximately 1.3% of the children in Kyrgyzstan, have some type of disability. Children with developmental delays and other health conditions and their families will be able to access services closer to their homes, reducing the time, distance, and money spent to access care and improve the quality of life of the child. With expansion of the telemedicine on PHC, early identification and proper management of children with risk and already developed disability will be improved.	JP implementation reports and detailed implementation plan

Dimensions	Criteria or eligibility	Responses	Explanation	Means of verification
	• Is at least 70% or more of the programmatic budget allocated specifically to activities that enhance advocacy, actions or monitoring related to SDG localization?	Yes	As presented in Annex 8 (Summary of the JP activity budget by outputs and sub-outputs), almost **51.8%** of the total budget will be directed to **Social Services** (Output 1.2) with **Integrated Services Provision and Functionality of Specific Systems, including of private medical centers and private labs and capacity building** (Sub-output 1.2.1) and **improved telemedicine services** at the PHC level (Sup-output 1.2.2). This budget will be directed to end-services and will directly cover the needs of patients to access their health data through an enhanced Digital Health Profile, the needs of pregnant women, mothers children and infants in remote districts of the country receiving PHC through telemedicine, as well as people with disabilities and those in need of sick-leave to receive digital disability and sick-leave certificates. In addition, **35.5%** of the total budget will be used to develop **National and local policies, plans, budgets, and funding mechanisms are evidence-based and aligned to respond equitably to people's needs in inclusive, gender-responsive, participatory, transparent, and accountable ways** (Output 1.1). This line of budget is necessary to ensure development of gender-sensitive policies, strategies and regulations including for telemedicine (sub-output 1.1.1) and improvement of standards and interoperability of digital health system (sub-output 1.1.2). This will allow for balanced development of all components of digital health ecosystem, with strong national governance and sustainability of the changes. Finally, **5%** of the total budget will cover all the costs related to increased **visibility and communication of the JP, as well as to support regular monitoring and evaluation and reporting functions**.	
	• Were local and regional governments actively engaged and consulted during the programme design phase?	Yes	The JP outputs, sub-outputs and results were developed and finalized with regular consultations with **national partners** such as MOH (Deputy Minister of Digital Health), leadership of E-Health Center and **Technical staff/Experts from all four PUNOs working closely with various stakeholder groups** at all levels including patients, healthcare providers, digital health and IT specialists, local, NGOs, local and regional governments and decision-makers at all levels.	Email communications, notes of discussions in the programme design phase
	• Were local service providers and/or other local actors and stakeholders actively engaged and consulted during the programme design phase?	Yes	Only **high-level decision-makers**, mostly working in e-health digitalization area were involved in the program design phase, with informative consultations held with regional health officials on an ad hoc basis. However, we believe that the **needs of the local population, services providers and other local organizations were represented** by technical staffers of all four PUNOs. Moreover, those technical staff/ experts were health coordinators, not IT specialists. Furthermore, national government representatives participating in the JP design	Email communications, notes of discussions in the programme design phase

Dimensions	Criteria or eligibility	Responses	Explanation	Means of verification
			regularly discuss opportunities for cooperation with the local private sector health service providers.	
Advocacy	• Has the programme or initiative planned to develop new knowledge material, research, publication or relevant resources related to SDG localization, specifically building on local experience?	Yes	First, the JP aims to contribute to systematic and institutionalized capacity building by developing a **comprehensive curriculum of digital health** for medical institutions in collaboration with Medical Institute for Continuous Education in Kyrgyzstan. In the scope of JP activities **study tours with relevant knowledge materials** will be organized for high-level decision-makers (e.g., MoH, Center for Health Care Development and Medical Technologies, National Center of Mother and Child Health, e-Health Center and others) to countries with advanced digital health systems (e.g., Estonia, Denmark, Germany, etc.). Furthermore, **tailored training programs with relevant educational materials** will be developed to increase literacy in digital solutions and to promote the provision of telemedicine services for different stakeholder groups such as healthcare providers, IT specialists at e-Health Center and decision-makers at different levels. Finally, **Public Communication for Telemedicine with relevant auto-visual materials** will be developed and implemented to increase the awareness and utilization of telemedicine services, particularly by those in greater needs (e.g., mothers, children, pregnant women, infants in remote areas). All these materials will be **built on local experiences and needs** at all levels as well considering local experiences of technical specialists from all four PUNOs.	JP implementation reports with attached materials and communication materials on capacity building
	• Has the programme or initiative planned to develop specific events, campaigns, communications or capacity-building activities on SDG localization, especially targeted at local or regional governments, local service providers, or other local actors and stakeholders?	Yes	In line with Output 1.2.1 (Integrated service provision, functionality of specific systems, and capacity building) contributing to SDG ENGINE ROOM on Capacity building, the JP activities will include a **variety of capacity building initiatives.** As part of WHO's commitment stated in Regional Digital Health Action Plan, WHO will contribute to systematic and institutionalized capacity building by developing a **comprehensive curriculum for digital health** for medical institutions in collaboration with Medical Institute for Continuous Education in Kyrgyzstan. It will also organize **study tours** for high-level decision-makers (e.g., MoH, Center for Health Care Development and Medical Technologies, National Center of Mother and Child Health, e-Health Center and others) to countries with advanced digital health systems (e.g., Estonia, Denmark, Germany,). UNDP, UNICEF and WHO will also develop **tailored training programs** to increase literacy in digital solutions and to promote the provision of telemedicine services for different stakeholder groups such as healthcare providers, IT specialists at e-Health Center and decision-makers at different levels. In addition,	JP implementation reports with attached materials and communication materials on capacity building

Dimensions	Criteria or eligibility	Responses	Explanation	Means of verification
			UNICEF will conduct **Public Communication for Telemedicine** to increase the awareness and utilization of telemedicine services, particularly by those in greater needs (e.g., sick children in remote areas). All these capacity building activities along with other activities of JP will be accompanied by **tailored campaigns and communication activities** to increase the visibility of the JP for various stakeholder groups.	
Actions	• Does the joint programme or initiative incorporate mechanisms, spaces or activities designed to bolster coherent policies, regulations, plans, programmes, and service-delivery approaches or models by local and regional governments and/or local service providers, facilitating their meaningful contributions to the SDGs and addressing the principles of leaving no one behind?	Yes	Output 1.1 of JP (**National and local policies, plans, budgets, and funding mechanisms are evidence-based and aligned to respond equitably to people's needs in inclusive, gender-responsive, participatory, transparent, and accountable ways – linked with UNDSCF output 1.1**) aims to support the government of Kyrgyzstan with strengthening digital health policy and legal frameworks. The specific activities of the JP will support the government and service providers at different levels for developing/enhancing/updating National Digital Health Strategy (2025-28), National e-Health Interoperability Framework and its roadmap for implementation, Sustainable National Roadmap for Telemedicine, digital health legislation, interoperability framework, national standards and requirements for digital health (including for telemedicine). The work will be conducted in close collaboration with the local decision-makers and specialists (e.g., from MoH and other governmental bodies, Center for Health Care Development and Medical Technologies, National Center of Mother and Child Health, e-Health Center, regional and local administration where necessary) with the engagement of the best international experts and specialists. This approach will ensure both that best practices and standards are considered and implemented in the country and that local priorities are fully considered and integrated with engagement and continuous strengthening of local capacity. The same approach will be applied to activities of Output 1.2 (**Social Services are improved to provide higher quality, accounting for accessibility, equity, gender, shock-responsiveness, timeliness, universality, with grievance mechanisms - linked to UNDSCF output 1.2).** Areas of work covered by this Output (see *Figure: Overarching Structure for the JP*) include: 1) enhancing and integrating existing dHISs with continuous capacity building of service providers (from E-Health Center, Immunization Program, Disease Surveillance Service, etc.); 2) improving access to health data for patients and improving patient protection across social and health services; 3) integrating and expanding telemedicine services for those in greater needs in remote	JP implementation reports

Dimensions	Criteria or eligibility	Responses	Explanation	Means of verification
			areas, with capacity building of healthcare providers, local and regional government and awareness raising of patients in greater needs of those services. Hence, the conceptual logic and specific activities of the JP **envision proper mechanisms, spaces and activities to continuously engage local communities** (e.g., professionals, decision-makers, service providers and end-users of services) to meaningfully contribute to acceleration of relevant SDGs and at the same time to continuously enhance their capacities based on best international practices, experiences and standards.	
	• Does the joint programme or initiative have an inclusive and participatory multi-stakeholder approach, involving civil society, academia, citizens, the private sector and/or others to jointly implement transformative initiatives toward localizing the SDGs? This could include, for example, mobilizing and sharing knowledge, expertise, technologies and financial resources to support the achievement of the SDGs at the local level.	Yes	The JP has adopted a **systematic, inclusive and participatory multi-stakeholder approach** in the phase of its design. Not only were all **local technical experts and specialists from all responsible PUNOs** were involved but also **national digital health leadership and digital health specialists**. The JP is committed to apply and expand this approach in its implementation phase, with a focus on the incorporation of views of health service providers and patients**. All the stakeholders of digital health services** (e.g., patients, healthcare providers, digital health and IT specialists, medical educational institutions, decision-makers at all levels) will be systematically engaged in the process with **continuous capacity building** to support achievements of SDGS both at national and local levels (for more details see the preceding questions of in the Matrix).	Email communications, notes of discussions in the programme design phase, JP implementation reports
	• Does the joint programme or initiative include a multi-level governance approach to address the SDG challenges through collaboration between different levels of government, as well as with international organizations, and local communities? This approach recognizes that effective action requires coordinated efforts at various scales, from local and regional to national and global.	Yes	The JP was designed in continuous consultations with the **leadership of MoH in digital health and national digital health service provider** (i.e., specialists from e-Health Center). In addition, **the technical experts from all four PUNOs** working closely with various stakeholder groups at all levels (i.e., patients, healthcare providers, digital health and IT specialists, local, NGOs, local and regional governments and decision-makers at all levels) were systematically involved in developing the logical structure and specific activities of the JP. In the implementations phase more stakeholder groups will be involved such as local and regional governments and health care providers and patients.	Email communications, notes of discussions in the programme design phase, JP implementation reports

Dimensions	Criteria or eligibility	Responses	Explanation	Means of verification
	• Does the joint programme or initiative feature mechanisms or activities aimed at improving the transparent and accountable financing of SDG localization? This may include the development of decentralized financing policies, the creation of market-ready pipeline of local actions, expansion of local fiscal space, resource mobilization by local or regional governments, participatory budgeting approaches, etc.	No	Even though the budget of the JP was transparently developed through joint discussions by the leadership and technical experts of all four PUNOs and RCO, no decentralized financing policies, creation of market-ready pipeline of local actions, expansion of local fiscal space, resource mobilization by local or regional governments were included.	
Accountability & Sustainability	• Does the joint programme or initiatives include dedicated results, supported by a robust accountability framework, to systematically collect and report on contributions to SDG localization, both at the outcome and output levels?	Yes	The JP has included **dedicated key results with attached indicators** to systematically collect and report contributions to SDG: - Enhance equal quality health care provision by strengthening the national integrated digital health information system (at least 20% increase in number of patients accessing their medical data through Digital Health Profile by the end of JP). - Promote inclusive, integrated, and equal service provision (qt least 20% increase in the number of patients receiving digital Disability Certificate and Sick-Leave Certificate by the end of JP. - Increase access to quality mother and child PHC services to rural and remote areas trough telemedicine services (at least 20% increase in number of consultations using telemedicine services at PHC level by the end of the JP). In the implementation phase, **more specific indicators at the level of activities may be defined** and implemented as part of continuous accountability framework.	Final application, JP implementation reports
	• Does the joint programme or initiative include a dedicated plan to ensure the sustainability, leveraging of financial resources and replication/expansion of the SDG actions in additional localities, developed in collaboration with local and regional governments, local service providers and other local actors and stakeholders?	No	While the JP does include a dedicated plan to ensure sustainability, leveraging of financial resources and expansion of the SDG actions related to telemedicine, the remaining priorities related to the sustainability of digital health interventions for each PUNO as well as for the government were preliminary discussed and a more comprehensive plan may be developed in the implementation phase of the JP.	

Dimensions	Criteria or eligibility	Responses	Explanation	Means of verification
Criteria for Scoring • Marker 3: Between 9 and 12 criteria marked as Yes. • Marker 2: Between 4 and 8 criteria marked as Yes. • Marker 1: Between 1 and 3 criteria marked as Yes. • Marker 0: None of the criteria marked as Yes.		Total # of Yes 9 (Marker 3)		

Gender Equality Marker

Please copy the output as per in the workplan and add the Gender Equality marker score and justify the scoring. Please refer to the UNSDG guidance here: https://help.uninfo.org/un-info/results-framework/results-framework-structure/suboutput-level/guidance-on-applying-tags-and-markers/guidance-on-applying-the-gender-equality-human-rights-and-sustaining-peace-markers

Joint Program Outputs and Sub-outputs		GEM Score	Justifications
Output 1.1 (linked to UNSDCF output 1.1): National and local policies, plans, budgets, and funding mechanisms are evidence-based and aligned to respond equitably to people's needs in inclusive, gender-responsive, participatory, transparent, and accountable ways.		GEM2	The specific focus of the JP with respect to gender equality (apart from generally **increasing the access to integrated and quality health data for all patients including for gender**) is provision of **telemedicine services for mothers and children at the PHC level** and the **digitalization of antenatal, postnatal and infant care at the level of maternity hospitals.** The JP is committed to integrating existing PHC telemedicine services with the national d-HIS according to national interoperability standards and to expanding telemedicine services further from four to 10 regions with a focus on the most remote areas lacking access to health care. Presently, Kyrgyzstan does not have a national policy and legal framework with standards and requirements for telemedicine that is sensitized and focused on meeting the needs of women and children. The JP prioritizes the establishment of necessary governance and leadership mechanisms to enhance/expand service provision in a way that promotes gender equity. Emphasizing the need to enhance the availability of disaggregated data from the integrated d-HIS will enable decision makers to have a better understanding of the needs and demand for specific services by location, age, sex, disability, and other factors, allowing for better planning and more equitable investment in PHC service provision.
	Sub-output 1.1.1: Policies, strategies and regulation (incl. telemedicine)	GEM2	All substantive policies and regulations supported under this activity will be reviewed and screened by a variety of technical experts on several technical and evidence-based criteria, including gender. This will fall under the accountability of the technical expertise of the PUNO and government partners responsible for managing the development and implementation of the respective policy, strategy and regulatory framework, and will ensure that the gender perspective is regularly and systematically taken into consideration when advancing this stream of work. For example, the JP will support the development of **Legal Framework and Sustainability Roadmap for Telemedicine** based on WHO guidelines and recommendations to ensure that all components are in place and **aligned with national priorities and strategic vision.** The Roadmap will also focus on the alleviation of inequalities in access to telemedicine services by sex, age and other factors, and recommendations for strategies to reduce them.
	Sub-output 1.1.2: Improve Standards and Interoperability of Digital Health System (incl. telemedicine)	GEM2	In addition, the JP will support the development of an e-Health **interoperability framework, including for telemedicine,** as well as setting clear **national standards and requirements for telemedicine equipment**. Given that scaling integration of information system/platform

			(including for telemedicine) requires clear national interoperability standards and other requirements, this activity is essential for integration and expansion of telemedicine services to women, children and other vulnerable groups. Interoperability between Government systems will also reduce the time burden on the patients and providers, and is especially significant to address the challenges of female-headed households with a double burden of provider and care work.
Output 1.2 (linked to UNSDCF output 1.2) Social Services are improved to provide higher quality, accounting for accessibility, equity, gender, shock-responsiveness, timeliness, universality, with grievance mechanisms		GEM 2	As mentioned above, the activities related to service provision that are most relevant to gender equality are: 1) **increasing access to integrated and quality health data for all patients, including for women and men**; 2) integration and expansion of **telemedicine services for mothers and children at the PHC level**; and 3) **digitalization of antenatal, postnatal and infant care at the level of maternity hospitals.** All these activities significantly contribute to health service provision to women, particularly to mothers and their children, as well as to pregnant women. The flexible use of remote services also addresses practical needs of mothers and fathers by reducing the time required to commute to health facilities and cutting the associated costs. Working mothers and fathers will also benefit from the ability to receive sick leave certificates digitally. The digital gender divide will be assessed through the analysis of the use of telemedicine services, and strategies will be developed to address barriers to gender equity in digital health service provision and ensure that their introduction and expansion ameliorates, rather than exacerbates, health and gender inequities.
	Sub-output 1.2.1: Integrated Service Provision, Functionality of Specific Systems and Capacity Building	GEM 2	This component will not only assure **service provision to women, mothers and pregnant women** but will also **build the capacity** of healthcare providers, digital health specialists and decision-makers at various levels in line with the principle of leaving nobody behind, especially those in greater needs. This will largely benefit women, who comprise the majority of the health care workforce in Kyrgyzstan, with positive spillover effects for expanding digital skills and literacy amongst women and girls.
	Sub-output 1.2.2: Improved Telemedicine Services	GEM 2	By focusing on provision of **expanded telemedicine services for mothers and children**, as well as by **conducting public communication campaign for telemedicine,** the JP will ensure that pregnant women, as well as mothers and fathers, are informed about the availability of telemedicine services and will utilize them on a regular bases, with a focus on remote areas with limited access to health care services. Specific attention will be paid to designing messages that encourage fathers' engagement in child care and to addressing the digital gender divide.
Output 1.3 Coordinated and programmatic leadership to the JP team		GEM 2	Across the JP, each PUNO will be responsible for mainstreaming gender equality across their respective sub-outputs and activities. Monitoring and reporting mechanisms, overseen by the lead PUNO, will track a variety of gender-specific indicators to ensure and enhance accountability and transparency. The Steering and Operations Committees will play a critical role in ensuring gender considerations are integrated throughout the JP lifecycle, both in the JPs governance and

		implementation. Gender advisors from PUNOs, as well as from the Ministry of Health and government, will be present at committee meetings. Finally, clear communication strategies will prioritize the dissemination of gender-related information, including gender-inclusive messages and stories, further reinforcing gender equality efforts.

Human Rights Marker

Please copy the output as per in the workplan and add the Human Rights marker score and justify the scoring. Please refer to the UNSDG guidance here: https://help.uninfo.org/un-info/results-framework/results-framework-structure/suboutput-level/guidance-on-applying-tags-and-markers/guidance-on-applying-the-gender-equality-human-rights-and-sustaining-peace-markers

Joint Program Outputs and Sub-outputs		HRM Score	Justifications
Output 1.1 (linked to UNSDCF output 1.1): National and local policies, plans, budgets, and funding mechanisms are evidence-based and aligned to respond equitably to people's needs in inclusive, gender-responsive, participatory, transparent, and accountable ways.		HRM 2	All the components of JP have relevance to human rights by: 1) ensuring that patients enjoy their **basic rights of owning and accessing their medical data** as a result of integration of fragmented health information systems to the national d-HIS and improving data access for patients through enhanced Digital Health Profile; 2) substantiating the rights of all patients to **equal and quality healthcare;** and 3) **integrating and tailoring health and social protection services to those who are most in need**, such as pregnant women, mothers, infants and children, employees who are sick, and people with disabilities.
	Sub-output 1.1.1: Policies, strategies and regulation (incl. telemedicine)	HRM 2	The JP will support the development of **policy and legal frameworks** based on WHO guidelines and recommendations, with close consideration of **human rights to owning and accessing personal data,** as well as to ensuring equitable access to a comprehensive **package of digital health services** provided to patients in line with the principle of leaving no one behind.
	Sub-output 1.1.2: Improve Standards and Interoperability of Digital Health System (incl. telemedicine)	HRM 2	The development of a national e-health **interoperability frameworks, national standards and requirements** will allow for integration of existing health information systems, thus **enabling patients to have better access to their integrated health data** through a patient portal. It will also support **better oversight of the d-HIS** leading to increased transparency and accountability.
Output 1.2 (linked to UNSDCF output 1.2) Social Services are improved to provide higher quality, accounting for accessibility, equity, gender, shock-responsiveness, timeliness, universality, with grievance mechanisms		HRM 2	The activities planned to achieve this Output will contribute to rights of all patients to digital health services, particularly across **health and social protection services** by **tackling inequalities and addressing digital divides**, with a focus on those most at risk of being left behind.
	Sub-output 1.2.1: Integrated Service Provision, Functionality of Specific Systems and Capacity Building	HRM 2	The two most tailored activities with relevance to human rights in this JP are the digitalization of **disability and sick-leave certificates**. Annually, 55-60,000 individuals in the country engage in the disability certification process, facing significant travel and mobility challenges. Acknowledging this issue, the MoH has piloted an electronic submission system for the medical documents requited for disability certification in Bishkek, which has processed approximately 2,000 documents from June 2023-March 2024). The system is now ready to be scaled-up to other regions of the country, and the JP will introduce regulatory and technical changes to eliminate unnecessary offline visits to obtain

			disability certificates through remote verification methods, thereby enabling the provision of digital disability certificates. Digital sick-leave certification has been recently introduced by the MoH, however these certificates can only be issued by public healthcare organizations. Given that most of the economically active population receive healthcare in private facilities, the integration of private healthcare organizations with national d-HIS to enable them to also issue digital sick-leave certificates will contribute to the protection of the rights of employed population and the integration of basic health and social protection services across both the public and private sectors.
	Sub-output 1.2.2: Improved Telemedicine Services	HRM 2	By focusing on provision of mother- and child-care in remote areas the JP will ensure that pregnant women, mothers and children are enjoying their rights to basic primary health care through the expansion of telemedicine services, hence **inequalities and digital divides due to limited access to** care are carefully addressed in this JP. Furthermore, telemedicine linkages are expected to **address the long-time challenges of geographic and financial barriers to accessing healthcare services**. A study by the Aga Khan Foundation (2018) showed that patients could save $56 in travel and associated costs for every telemedicine consultation. They will also help to compensate for critical shortages in the availability of family doctors at the PHC level, in addition to upskilling the existing health workforce.

ANNEX 6: Overview of the learning and capacity building plan for the main stakeholders

In order to sustain a transformative focus, the joint programme will need to continuously support learning and capacity development during implementation. This should focus on both the UNCT, government and other partners. Amongst other, it could include the emphasis on capacities for system change, strategic foresight/planning, convening and partnership development.
- Use the format provided below and do not exceed 2-3 pages, not counting eventual graphs.

Key skills and competences

- Define the scope of the plan with the emphasis on 3-5 main sets of skills and competences. You may want to divide those between the UNCT, government and other partners. It should also refer to the eventual cultural change (i.e. attitudes, practices and patterns of behavior, social norms), as well the kind of thought-leadership that is required to facilitate the transformative impact of the joint programme.

The JP focuses on a range of skills and competencies necessary for the successful implementation of digital transformation in Kyrgyzstan's healthcare system. The key target audiences include: 1) health professionals, 2) digital health workforce driving initiatives on digitalization in health, such as the E-Health Center, the Center of Healthcare Development of Medical Technologies, responsible staff in PHC facilities across the country, and 3) women and children, including those in rural areas.

Objectives and main activities

- Include objectives referring to the main groups of skills and capabilities to be addressed and list maximum 3 main activities under each. This can include, besides conventional training and workshops/webinar, also elements of structured knowledge management, peer-learning and stakeholder dialogue. Indicate who will be responsible and how the progress will be monitored.

Objective 1. Strengthen digital capacity of health workforce
Activities:

- Conduct courses and training sessions on digital literacy, including on topics such as basic technology skills, utilization of digital tools, online collaboration.
- Develop training programs on innovative technologies such as artificial intelligence (AI), big data analytics, smart contracts, blockchain, business intelligence, etc., adapted for the needs of healthcare system.
- Conduct hands-on trainings on practical usage of digital health platforms to ensure participants are equipped with knowledge and skills to effectively leverage the digital health products and streamline patient care.
- Develop training materials and simulation's demo-modules for the deployment of the existing MoH information systems.

Objective 2. Strengthen capacity of digital health experts
Activities:

- Develop specialized training programs designed for different levels of healthcare professionals, including healthcare managers, doctors, nurses, and administrative personnel serving vulnerable populations such as hard-to-reach rural communities.
- Integrate modules on digital health into curriculums of pre-graduate and post-graduate medical educational institutions.
- Conduct regular webinars and workshops to facilitate peer-learning and knowledge exchange among healthcare professionals and experts.

Objective 3. Raise awareness of health responsibility and enhance digital capacity among vulnerable groups of population at risk being left behind.
Activities:

- Develop and communicate educational materials for patients to promote healthy lifestyle behaviour and improve digital literacy enabling individuals to access and manage their personal digital health profiles.
- Develop and disseminate user-friendly educational resources, including with use of e-learning techniques, specifically tailored for individuals from vulnerable groups, addressing their health needs and promoting gender-inclusiveness and empowering patients to manage their health effectively.
- Develop public awareness campaigns targeted to JP's specific groups, for instance parents of children receiving immunization services and adult patients to scale up vaccination programs.

ANNEX 7: Overview of the communications and visibility plan

Present the strategy and activities for strategic communications for the joint programme. It should be integrated into the work plan of the joint programme and costed. Communication results and approach should reflect country and programme context. Relate this plan with the objectives to the overall SDG communication approach (plan/strategy) of the UNCT, and relevant government communication strategy/ies.
- Note that the joint programme must respect Joint SDG Fund brand guidelines, including information on donor visibility requirements
- Use the format provided below and do not exceed 2-3 pages, not counting eventual graphs.

Overall narrative

- Briefly formulate the main narrative for the joint programme that will be communicated about the joint programme – max one paragraph

The communication and visibility aspects will receive significant emphasis throughout the implementation of the JP. Routine consultation and coordination among UN agencies will be initiated to strategically align programme outreach efforts and determine future actions. All publicity and visibility endeavors will adhere to the Joint SDG Fund brand guidelines, encompassing details regarding donor visibility mandates. Every project activity and public communication material will conform to the visibility criteria outlined by the Joint SDG Fund logo regulations and adhere to the UN's branding policy and donor acknowledgment guidelines.

Communications material will contain a balanced representation of women and men (as possible) and ensure that gender stereotypes are not reinforced.

Objectives and main activities

- Include max 3 objectives, referring to the main audiences, and list maximum 5 activities under each. Indicate who will be responsible and how the progress will be monitored

OBJECTIVES

- Increase awareness about the importance of digital health initiatives and legislative updates.
- Inform stakeholders about the progress and outcomes of the activities.
- Promote the adoption of telemedicine services, especially among underserved populations.
- Showcase the impact of the Programme on improving access to quality healthcare and social services.

TARGET AUDIENCES

- Ministry of Health and E-health Centre
- Patients and healthcare professionals
- Local governments and policymakers
- Educational institutions
- Private Sector and Technology Partners
- Community-based organisations and NGOs
- International Donors and Development Partners
- UN agencies
- Media

ACTIVITIES: Communication products will take different forms. Through storytelling, personal testimonies, and high-quality visuals as well as site visits, joint press conferences, etc.

Prospective communication activities may include:

- **Joint press conferences:** A press conference marks the official launch of the Programme, setting the tone for its implementation and creating a sense of importance and urgency around the initiative. Overall, a press conference plays a vital role in effectively launching an e-health Programme by maximizing visibility, building credibility, and engaging stakeholders and the wider community in the journey towards improving healthcare delivery through technology.
- **Site visits:** Site visits provide stakeholders, including media representatives, donor and implementing UN agencies, and healthcare professionals, with a tangible experience of the Programme's facilities, technology, and potential impact. This first-hand exposure can enhance understanding and appreciation of the Programme's objectives and capabilities. Site visits also offer an opportunity to showcase the innovative technology and progress of the Programme implementation. Demonstrations of software platforms, telemedicine setups, and other solutions can effectively communicate the Programme's capabilities and benefits.
- **Storytelling via photography/personal stories**: One of the best ways to present Programmes' activities visually with a combination of words and photos to deliver messages to the public. There is also a high possibility that the story could be circulated in regional and even global websites and various corporate social media accounts.
- **Interviews**: Interviews provide a platform for project leaders, team members, and stakeholders to share updates, milestones, and success stories related to the e-health program. This helps in disseminating information effectively to a wide audience. Interviews offer an opportunity to engage with various stakeholders, including healthcare professionals, patients, community members, policymakers, and donors. By sharing their perspectives and experiences, stakeholders can contribute valuable insights and feedback to further improve the program.
- **Monthly e-bulletins**: Monthly e-bulletins provide a consistent channel for delivering updates on project activities, milestones, and achievements. This ensures that stakeholders stay informed about the latest developments on a regular basis. E-bulletins provide a platform for highlighting success stories, testimonials, and case studies related to the e-health project. Sharing these stories inspires stakeholders and demonstrates the tangible impact of the project on individuals and communities.

COMMUNICATION CHANNELS AND TOOLS

COMMUNICATION CHANNELS

- UN agencies' social media accounts (Facebook, Twitter, Instagram)
- UN agencies' websites and YouTube accounts in-country and international press outlets
- E-mail communication to partners and stakeholders, including monthly e-bulletins
- Local radio and television broadcasts
- Banners and other promotional materials during Action-related events
- Training events

Media tools • Press releases • Press conferences • Interviews • Op-eds • TV/print features • Press kits	**Public events** • Campaigns • Conferences • Workshops • Lectures • Competitions • Exhibitions
Meet and greet • Field activities • Bilateral meetings • High-level visits/events • Lobbying	**Print** • Reports and publications • Programme brochures • Presentations • Branding items
Web • Social media • Websites	**Digital** • Photos • Videos • Presentations • Infographics

MEASUREMENT INDICATIVE INDICATORS:

- No. of communication material produced both print and digital, including images and film
- No. of project-related visibility events
- No. of published website news items, features, etc.
- Website metrics
- Metrics on social media reach and engagement
- Media articles and outreach

TIMELINE & RESOURCES: The timeline of the communication and visibility plan coincides with the Programme duration (36 months).

HUMAN RESOURCES: A Communication Officer will be part of the Programme and will be responsible for the planning, design, coordination, and measurement of the Programme communication activities.

FINANCIAL RESOURCES: The budget allocated for the communication plan is 150,000 USD (including the remuneration of the Communication Officer) out of the overall budget.

ANNEX 8: Summary of the JP activity budget by outputs and sub-outputs

Outputs and Sub-outputs		Funds	% of Funds
Output 1.1 (linked to UNSDCF output 1.1): National and local policies, plans, budgets, and funding mechanisms are evidence-based and aligned to respond equitably to people's needs in inclusive, gender-responsive, participatory, transparent, and accountable ways.		**$1,065,000**	**35.5%**
	Sub-output 1.1.1: Policies, strategies and regulation (incl. telemedicine)	$560,000	18.7%
	Sub-output 1.1.2: Improve Standards and Interoperability of Digital Health System (incl. telemedicine)	$505,000	16.8%
Output 1.2 (linked to UNSDCF output 1.2) Social Services are improved to provide higher quality, accounting for accessibility, equity, gender, shock-responsiveness, timeliness, universality, with grievance mechanisms.		**$1,555,000**	**51.8%**
	Sub-output 1.2.1: Integrated Service Provision, Functionality of Specific Systems and Capacity Building	$935,000	31.1%
	Sub-output 1.2.2: Improved Telemedicine Services	$620,000	20.7%
Output 1.3 JP Management		**$230,000**	**7.7%**
Other: Communication, JP reporting, and independent evaluation		**$150,000**	**5.0%**
TOTAL		**$3,000,000**	**100%**