Draft Mapping Context Report

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Tracking Global HIV/AIDS Initiatives and their Impact on the Health System: the Experience of the Kyrgyz Republic

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Researching the national and sub-national effects of global HIV/AIDS initiatives at the country level

The Global HIV/AIDS Initiatives Network (GHIN) is a network of researchers established in 2006 that aims to track the effects of the major global HIV/AIDS initiatives:

- The World Bank's Global HIV/AIDS Programme including the Multi-country AIDS Programme (MAP)
- The Global Fund to Fight AIDS, TB and Malaria (GFATM)
- The United States President's Emergency Plan for AIDS Relief (PEPFAR).

The Members of the Network are researching the country effects and inter-relationships of these initiatives at national and sub-national levels. This network builds on two earlier studies: the Tracking Study, led by the London School of Hygiene and Tropical Medicine (2003-2004) and the System-Wide Effects of the Fund (SWEF) Research Network (since 2003) coordinated by the Partners for Health Reformplus project.

GHIN countries undertaking 2-4 year studies include: Angola, Benin, China, Ethiopia, Georgia, Kyrgyzstan, Malawi, Mozambique, Peru, South Africa, Tanzania, Uganda, Ukraine, Vietnam and Zambia. The Network is facilitating comparative work across these countries and will synthesise research findings.

For further information on the Network, please visit our website:
http:/www.ghinet.org./
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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral therapy
CA	Central Asia
CAAP	Central Asia AIDS Project
CADAP	Central Asian Drug Action Programme
CARHAP	Central Asian Regional HIV/AIDS Programme
CDC	Centre for Disease Control
CMCC	Country Multi-sectoral Coordination Committee on HIV/AIDS, Tuberculosis and Malaria under the Government of the Kyrgyz Republic
DFID	Department for International Development of the United Kingdom
FGP	Family Group Practice
FMC	Family Medicine Centre
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHI	Global Health Initiative
HIV	Human immunodeficiency virus
HIV-infection	Disease caused by human immunodeficiency virus
HR	Harm Reduction
IEC	Information, education and communication
IDU	Injecting drug user
IOM	International Organisation on Migration
KR	Kyrgyz Republic
KSMA	Kyrgyz State Medical Academy
KSMIR	Kyrgyz State Medical Institute for Retraining
M&E	Monitoring and Evaluation
MESYP	Ministry of Education, Science and Youth Policy of the Kyrgyz Republic
MIA	Ministry of Internal Affairs
MLSP	Ministry of Labour and Social Protection of the Kyrgyz Republic
MoD	Ministry of Defence of the Kyrgyz Republic
MoH	Ministry of Health of the Kyrgyz Republic
MoI	Ministry of Interior of the Kyrgyz Republic
MoJ	Ministry of Justice of the Kyrgyz Republic
MSM	Men having sex with men
MST	Methadone Substitute Therapy
NDVD	National Dermato-venerological Dispensary
NGO	Non-government Organization
NNC	National Narcological Centre
OI	Opportunistic Infection
PCR	Polymerase Chain Reaction
PLWHA	People living with HIV/AIDS
PSHA	People suffering from HIV/AIDS
RMIC	Republican Medical Information Centre
SNEP	Syringe/needle exchange point
STI	Sexually Transmitted Infection
STD	Sexually Transmitted Disease
SW	Sex worker
ToT	Training of Trainers
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Fund on Population
UNICEF	United Nations International Children's Emergency Fund
UNODC	United Nations Organisation on Drug and Crime Control
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing
WB	World Bank
WHO	World Health Organisation

Executive Summary

- Kyrgyzstan is one of the poorest countries in the world with a gross national income per capita per annum of 440 USD, a limited production base and high external debt. Absolute poverty affects nearly half of the country's population. The persistently high rate of poverty is partly explained by the economic transition that followed the disintegration of the Soviet Union.

- The first cases of HIV infection were registered in the country in 1987. The period 2001 to 2006 saw a sharp increase in the number of officially registered HIV infection cases. By January 2007 1,070 HIV infection cases were registered. Higher prevalence is recorded among men (80,2% of all cases), and the majority of HIV infected people are aged 20-39 (85,4%). The overall HIV incidence rate is 15,5 per 100,000. However, according to estimates the total number of people infected with HIV in Kyrgyzstan is five times higher than officially registered numbers. This means that it is likely that around 4,500 individuals are infected nationally

- The predominant means of HIV transmission in Kyrgyzstan is injecting drug use (80,4% of all people who are HIV+), especially among young males. Over recent years there has been a trend towards increased heterosexual transmission of HIV (from 3,3% of all cases in 2001 to 23,6% in 2004). HIV infection has been recorded in all regions of Kyrgyzstan. The Southern region is a transit point for international drug traffic through Kyrgyzstan. In the last 10 years the number of drug users has increased by over 6 times in the country, and the south of Kyrgyzstan has seen an especially sharp increase in new HIV cases. Other key risk groups include commercial sex workers, prisoners, people with sexually transmitted infections, men having sex with men, pregnant women, young people and mobile groups.

- A number of studies suggest that stigma and discrimination towards people who are HIV+ as well as injecting drug users is widespread in Kyrgyzstan. The majority of the population does not appear to consider HIV/AIDS a major problem and levels of awareness are poor, although younger people tend to treat HIV/AIDS with better understanding and are often more positive towards PLWHA.

- A number of legislative and programmatic measures have been adopted. The law "On HIV/AIDS Prevention" was approved in 1996, as was the first National HIV/AIDS Prevention Programme for 1997-2000. At this time HIV/AIDS prevention activities became more inter-sectoral in orientation involving health and other ministries, government agencies and international and non-government organisations. This reflected increasing acknowledgement that HIV/AIDS is a serious problem requiring sustained intervention. Kyrgyzstan has ratified over 30 international conventions, including the Convention of Human, Women and Children's Rights, as well as the Convention of Narcotic and Psychotropic Drugs. A number of more recent legislative measures have sought to improve the rights of people living with HIV/AIDS and reduce stigmatisation towards this group.

- A key problem is, however, that legal provisions tend to be formulated inconsistently in a way that allows different interpretations. These articles are an obstacle to successfully implementing harm reduction and drug use prevention programmes: for example, many injecting drug users are afraid to attend syringe exchange points because traces of drugs contained within their used syringes are considered 'storage' which is prohibited.

- There is considerable political commitment to HIV/AIDS in Kyrgyzstan; indeed, HIV/AIDS is perceived as a high priority problem that requires inter-sectoral action. Key agencies such as the Kyrgyz State Secretary, the Prime Minister's Office, Parliamentarians, ministers of health, justice, internal affairs and the Kyrgyz Drug Control Agency appear to be committed to developing HIV/AIDS programmes. Key global HIV/AIDS initiatives financing programmes in Kyrgyzstan are the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank's Central Asia AIDS Programme (CAAP). There are a number of other international HIV/AIDS programmes funded by UN agencies and bilateral donors.

- Political commitment is reflected in the intensity of activity aimed at coordinating the high number of active programmes being developed by government and international organisations, and growing activity among civil society organisations through the development of the Country Multi-sectoral Coordination Committee on HIV/AIDS, Tuberculosis and Malaria led by the Kyrgyz government. This is a body intended to coordinate the activities of ministries, state committees, commissions, administrations, local self-governance bodies, international, non-profit, religious and academic organisations, mass-media and civil society, as well as other legal entities involved in HIV/AIDS activity.

- Kyrgyzstan received a Round Two Global Fund Grant for HIV/AIDS entitled 'Development of preventative programmes on HIV/AIDS, tuberculosis and malaria aimed at the reduction of social and economic consequences of their spread'. The grant was agreed in August 2003 and the start date was March 2004. The total amount approved was over US$17M and the Principal Recipient of the grant is the National AIDS Centre of the Government of the Republic of Kyrgyzstan. The vast majority of funds for HIV/AIDS programmes in Kyrgyzstan were provided by the Global Fund (around 69% of the total). Kyrgyzstan is developing a proposal for a Round Seven Global Fund grant for HIV/AIDS to be submitted in 2007.

- The Global Fund Round Two grant was used to develop strategies to tackle HIV/AIDS services/activities provided primarily by NGOs. The focus has been on preventative interventions among high-risk groups such IDUs, prisoners, sex-workers and young people. Hence considerable resources have been used to support the distribution of condoms and syringes/needles and health worker training. A total of 51 NGOs received funds in the period March 2004 – March 2006 across all oblasts. Bishkek, the capital, received the highest proportion of funds, about 65% of the total, whilst the surrounding region, Chui oblast, received 11%. The remaining oblasts received less then 8% of Global Fund resources.

- The World Bank CAAP consists of two major programmes: a small grant programme and a large grant programme. Under the small grant programme there are nine NGOs starting to deliver interventions in 2007 that focus on HIV prevention, care and support, and training of health workers.

Introduction

This report forms a part of the study 'Tracking Global HIV/AIDS Initiatives and their Impact on Health Systems: Kyrgyzstan'. The study is being carried out collaboratively between the Centre for Health System Development and the American University of Central Asia in partnership with the London School of Hygiene and Tropical Medicine and the Royal College of Surgeons in Ireland. The study in Kyrgyzstan is funded by the Open Society Institute, together with comparable studies in Ukraine and Zambia. The study focuses on a number of key themes:

Sub-national scale-up of HIV/AIDS interventions

- Evidence of scale-up of HIV/AIDS services being delivered;
- The effects of global HIV/AIDS initiatives on quality of care.

Health systems capacity

- The effects of global HIV/AIDS initiatives on human resources;
- The effects of global HIV/AIDS initiatives on commodities and equipment;
- The effects of global HIV/AIDS initiatives on sub-national coordination, harmonisation and alignment.

Equitable access

- Patterns of utilisation of global HIV/AIDS initiatives-supported interventions;
- The effects of global HIV/AIDS initiatives on institutional/programmatic factors of accessibility;
- The effects of global HIV/AIDS initiatives on household/community factors of accessibility.

Similar research is being conducted on the effects of global HIV/AIDS initiatives in other countries funded by other organisations. Researchers from 21 countries form a research Network: the Global HIV/AIDS Initiatives Network (GHIN: http:/www.ghinet.org./). GHIN aims to promote comparability across the country studies, coordinate technical support and facilitate the dissemination of research outputs to global policymakers about the effects of global HIV/AIDS initiatives.

The first stage of the research in Kyrgyzstan took place between July and October 2006. The aim was to conduct a context analysis of HIV/AIDS policy and the activities of key global HIV/AIDS initiatives. This context analysis informed the development of the research methodology, the selection of regions for detailed sub-national study and for the formulation of detailed research questions to be addressed as part of the study. During this stage of the study, activities included research team building and establishing effective dialogue with national and international stakeholders working in the field of HIV/AIDS policy in Kyrgyzstan: these stakeholders expressed a strong interest in outputs from study. Key national and international organisations will also be approached periodically to gather research data as part of the study. A number of stakeholders have also agreed to form a study Advisory Group. The team wishes to acknowledge the representatives of Kyrgyz and international organisations who agreed to share data used in this study, and for their participation in Advisory Group meetings, and providing feedback and recommendations during the early stages of the project.

1. Background information

1.1. Economic trends

Kyrgyzstan is a small, landlocked country in Central Asia that became independent in 1991 following the collapse of the Soviet Union. It is one of the poorest countries in the world with a gross national income per capita per annum of 440 USD (Atlas method), a limited production base, and high external debt (WDI Database, see Table 1). As the table suggests absolute poverty, defined as income below the level needed to obtain adequate quantities of food and other basic commodities and services, affects nearly half of the country's population (46% in 2004), although it has been declining for the past few years. Extreme poverty, defined as the proportion of the population with insufficient income to purchase food equivalent to 2100 calories per day, was also high in 2004 (over 13% of the population).

Table 1: Key economic trends, 1998 – 2005

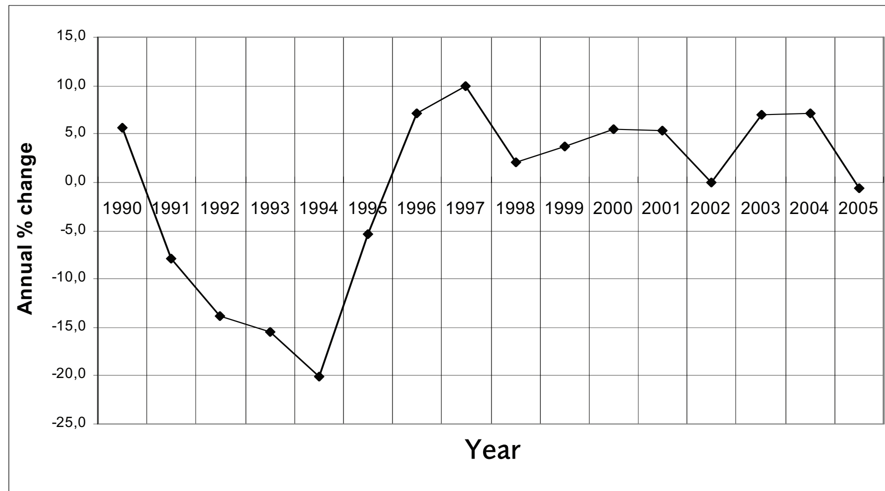
Indicators	1998	1999	2000	2001	2002	2003	2004	2005
GDP real growth (annual %)	2,1	3,7	5,4	5,3	0	7	7	-0,6
Inflation, consumer prices (annual %)	10,5	37,0	18,7	6,9	2,1	3,0	4,1	4,3
External debt (% of GDP)	92,7	102,9	102,4	90,3	92,8	92,4	86,0	82,8
GDP per capita (PPP, current international $)	1 392	1 461	1 560	1 637	1 622	1 714	1 928	..
Employment (% of national labor force)	63,5	65,2	63,8	63,1	62,3	61,7	61,5	..
Official unemployment (% of economically active population)	..	..	..	..	12,5	9,9	8,5	8,1
Absolute poverty headcount ratio (% of population below the national poverty line)	..	..	62,5	56,4	54,8	49,9	45,9	..
population with consumption less than 2,100 Kcal/day)	..	..	32,9	24,7	23,3	17,2	13,4	..
Access to safe drinking water (% of population)	81,7	85,9	86	84	84,2	78,6	81	..

Source: NSC; WDI and WB Country Economic Development Update for inflation figures, WB Country Economic Development Update for external debt for 2005.

Note: Official unemployment figures are collected from labour force and household surveys using the ILO definition of unemployment. They differ significantly from the registered unemployment rate, which shows only those who are registered with the Unemployment Fund and are eligible for unemployment benefits.

The persistently high rate of poverty is partly explained by the painful economic transition that followed the disintegration of the Soviet Union. Between 1991 and 1995 there was a more than 50% cumulative decline in GDP (World Bank, 2004 Kyrgyz Republic Public Expenditure Review, Vol. 1). Although this was followed by a strong economic growth during 1996 and 1997, the country's economy experienced another downturn in 1998, largely attributed to the spill over effects of the Russian financial crisis (Figure 1). Since then the economic growth rate stabilised at around 5% per annum until the political turmoil following the 2005 national parliamentary elections. Additionally, a series of demonstrations in rural areas had a negative impact on agricultural productivity, and gold production has also declined. In 2005, for the first time since 1995, there was a negative growth rate in the countries GDP (-0.6%).

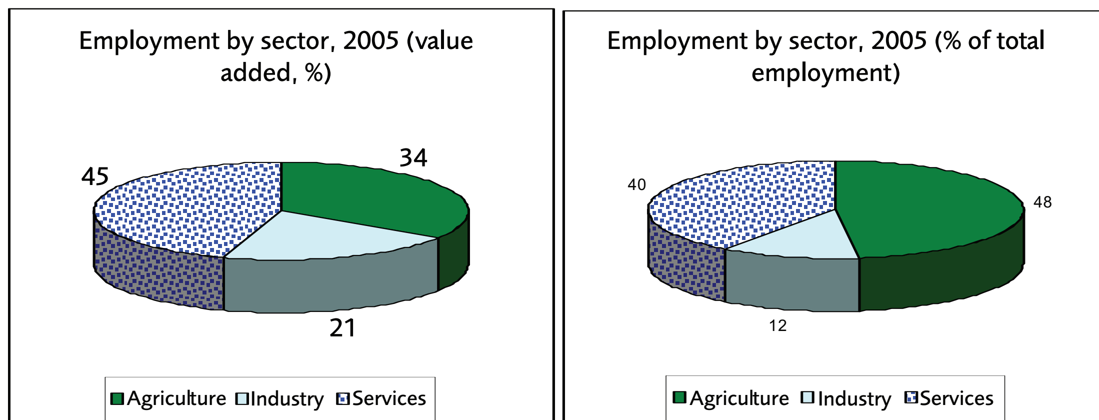
Figure 1: GDP real growth (annual %) 1990 – 2005



Source: WDI Database

A large share of the economy is concentrated around the gold-mining industry. In 2005, gold exports represent 34% of total exports, or 287M USD of a total of 733M USD (World Bank Country Economic Update, 2006). At the same time, the mining industry accounts for only 0.4% of total employment nationally. Kyrgyzstan also produces other exports such as cotton, electricity (bartered for natural gas and coal) and tobacco, making it vulnerable to changes in global commodity prices. As Figure 2 below shows, only 12% of total employment is in the industrial sector as compared to 48% in the agricultural sector, which traditionally has low wages (National Statistical Committee, 2006).

Figure 2: GDP structure and employment by sector, 2005

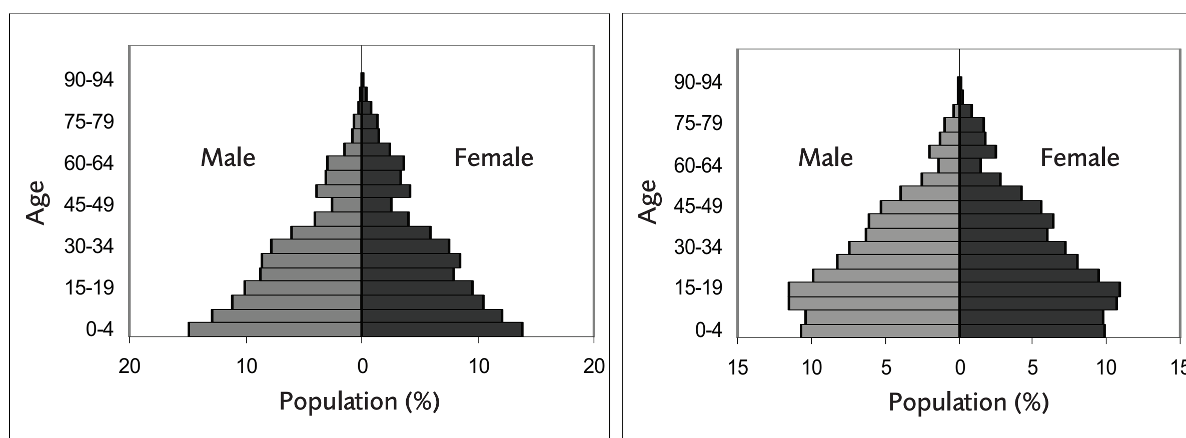


Source: National Statistical Committee (NSC), 2006

1.2. Demographic and epidemiological trends

The overall population of Kyrgyzstan was estimated to be 5.2 million in 2004, with around 34% living in urban areas (2003)[1]. Kyrgyz people form the largest ethnic group (64,9% of the total population), followed by Uzbeks (13,8%), Russians (12,5%) and other groups (8,8%)[2]. Around 75% of the population are Muslims and around 20% are Orthodox Christians. As Figure 3 shows, although Kyrgyzstan still has a young population, it is considered to be ageing. According to data of the National Statistical Committee (NSC), the share of the population under 15 years of age declined from 37.5% in 1990 to 33.2% in 2005, while during the same period the share of the population aged 65 years and older increased slightly from 5% to 5.5%.

Figure 3: Population pyramids, Kyrgyzstan 1990 and 2005



Source: United Nations Population Division, World Population Prospects the 2004 Revision Population Database

These patterns are primarily due to a declining birth rate. Over the past 15 years the birth rate decreased from 25.6 to 21.4 per 1,000 of the population, primarily in the early post-Soviet transition years (NSC, 2000; NSC 2006). Towards the end of the 1990s the birth rate started to increase. According to the European Observatory for Health Systems, the declining trend that started in 1988 was most likely part of the general reaction to the worsening socioeconomic situation seen throughout the Soviet Union (HiT, 2005). Life expectancy at birth also fell in the early transition years from 68.6 years in 1987 to 66 years by the mid-1990s (MOH, Statistical Bulletin). According to the National State Committee, the death rate reached its highest level in 1995, after which it started declining. This corresponds with severe economic decline as indicated by the continuous negative economic growth figures in the period between 1991 and 1995 (see Figure 1 on GDP growth). Since 1997, the key demographic indicators have either improved or stabilised (see Table 2).

[1]WHO (2005) Kyrgyzstan country brief
[2]Kyrgyz census 1999

Table 2: Key demographic trends (per 1,000 population) 1997- 2005

	1997	1998	1999	2000	2001	2002	2003	2004	2005
Birth rate	21,6	21,7	21,4	19,7	19,8	20,2	20,9	21,6	21,4
Death rate	7,3	7,2	6,8	6,9	6,6	7,1	7,1	6,9	7,2
Life expectancy, total	66,9	67,1	68,7	68,5	68,7	68,1	68,2	68,2	67,7
Male	62,5	63,1	64,9	64,9	65	64,4	64,5	64,3	63,8
Female	71,4	71,2	72,6	72,4	72,6	72,1	72,2	72,2	71,8
Population growth rate	14,3	14,5	14,6	12,8	13,2	13,1	13,8	14,7	14,2

As Table 3 shows, cardiovascular diseases account for 17% of total years of life lost due to premature mortality and disability as measured by disability adjusted life years (DALYs). These are followed by neuro-psychiatric conditions and injuries. Cardiovascular diseases are also a leading cause of mortality: they account for almost half of the total number of deaths. Cancerous diseases account for the second largest share of total deaths, or 9%, followed closely by respiratory and infectious and parasitic diseases, each accounting for 7% of all deaths. Thus, according to the recent research led by World Bank, the largest gain in life expectancy in the Kyrgyz Republic would come from reducing cardiovascular disease mortality (World Bank 2004).

Table 3: Leading causes of mortality and disability, 2002

Disease	Total deaths ['000]	Share (%)	Disease	Total DALYs ['000]	Share (%)
Cardiovascular diseases	21	47	Cardiovascular diseases	199	17
Malignant neoplasms	4	9	Neuropsychiatric conditions	164	14
Respiratory diseases	3	7	Unintentional injuries	121	11
Infectious and parasitic diseases	3	7	Infectious and parasitic diseases	98	9
Unintentional injuries	3	6	Perinatal conditions	93	8
Other	11	24	Other	465	41
Total (all causes)	45	100	Total (all causes)	1140	100

Source: WHO BOD Dataset in Jakab, M. and E. Manjieva, unpublished, The Good Practices in Expanding Health Care Coverage: Lessons from the Kyrgyz Republic, 1991-2006.

Even though mortality from infectious and parasitic diseases constitutes a relatively small proportion of overall mortality, the observed rise in incidence of sexually transmitted infections and tuberculosis is alarming. The recorded incidence of tuberculosis between 1997 and 2005 increased by 34% for the country as a whole, and in Chui oblast, it doubled (Table 4). The recorded incidence of syphilis rose from 2.0 per 100,000 in 1991 to 39.2 per 100,000 in 2005, reaching its peak of 167.8 per 100,000 in 1997 (HiT 2005). Most experts believe that at least in part, the recent decline is due to under-recording: most patients with STIs are now treated anonymously in private clinics.

Table 4: Incidence of TB per 100,000 population, 1997-2005

Region/oblast	1997	1998	1999	2000	2001	2002	2003	2004	2005
Kyrgyz Republic	**93,4**	**108,9**	**114,4**	**121,8**	**127,3**	**126,5**	**123,2**	**113,6**	**125,3**
Batken oblast			107,5	102,2	124,7	99,2	107,1	95,3	86,3
Jalalabad oblast	99,3	107,4	115,3	136,0	146,8	153,8	121,2	107,8	102,8
Issyk-Kul oblast	72,4	135,9	90,1	91,4	72,4	87,8	77,7	70,8	70,2
Naryn oblast	93,0	108,0	91,7	86,5	105,8	85,2	92,2	90,7	92,0
Osh oblast	86,2	97,8	124,1	143,0	135,0	103,2	127,0	111,4	100,2
Talass oblast	114,3	116,3	120,3	109,5	114,7	113,0	111,8	108,8	112,3
Chui oblast	92,4	115,2	114,7	130,6	128,5	128,4	148,7	145,8	181,4
Bishkek city	124,9	123,2	120,8	104,7	133,1	136,0	136,6	130,9	135,4
Osh city							142,1	125,0	123,8

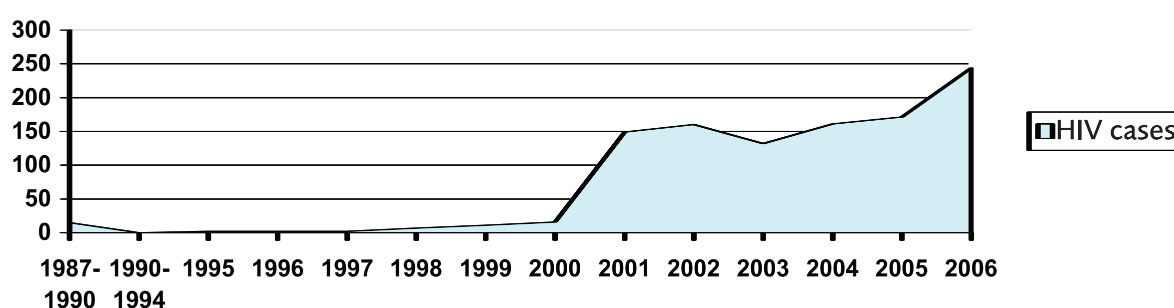
Source: RMIC Database

2. Epidemiological data on HIV and AIDS

2.1. Data on HIV and AIDS

The first cases of HIV infection were registered in the country in 1987. At this time the majority of people who were recorded as HIV+ were non-Kyrgyz nationals living in the country. It was only in 1996 that the first Kyrgyz citizen was recorded as being infected. Currently HIV incidence rates are of great concern to policymakers: between 2001 and 2006 the number of officially registered HIV infection cases increased by 15 times from the rate in 2000 (Figure 4). This rapid increase was in part explained by an increase in the numbers of people being tested during this period.

Figure 4. Number of people newly revealed as HIV infected in the Kyrgyz Republic, 01.01.2007



Source: Kyrgyz National AIDS Centre

As of January 2007 1,070 HIV infection cases had been registered, with 970 (90,7%) of them being Kyrgyz citizens (Table 5). Higher prevalence is recorded among men (778 persons, or 80,2%). The majority of HIV infected people are aged at 20-29 (50%), 35,4% are aged at 30-39 and 10% are over 40 years of age[3]. The overall HIV incidence rate is 15,5 per 100,000[4]. Thus, despite the relatively low prevalence of HIV infection in the country, the epidemiological situation is worsening very rapidly. According to estimates of the Kyrgyz Ministry of Health, the number of PLWHA in Kyrgyzstan is five times higher than officially registered numbers. This means that it is likely that around 4,500 individuals are infected nationally[5]. Of all people infected with HIV 175 individuals have died, including 72 individuals who died of AIDS-related illnesses[6].

[3] www.theglobalfund.kg
[4] Data from Kyrgyz National AIDS Centre
[5] State programme on HIV/AIDS epidemic prevention and its social-economic consequences in the Kyrgyz Republic for 2006-2010
[6] Data from Kyrgyz National AIDS Centre.

Table 5. HIV infection in the Kyrgyz Republic as of January 2007

Years	Number of revealed HIV infected	Kyrgyz citizens (m/f)		Foreign citizens and CIS country citizens
		HIV infected	Incl. AIDS	
1987-2000	53	14 (11/3)	1 (0/1)	39 (36/3)
2001	149	134 (123/11)	1 (1/0)	15 (12/3)
2002	160	146 (134/12)	9 (8/1)	14(13/1)
2003	132	125 (107/18)	10(10/0)	7 (7/0)
2004	161	153(119/34)	14 (12/2)	8 (6/2)
2005	171	165 (114/51)	20(17/3)	6(6/0)
2006	244	233(170/63)	27(22/5)	11(9/2)
Total	**1070**	**970(778/192)**	**82(70/12)**	**100(89/11)**

Source: Kyrgyz National AIDS Centre

The predominant means of HIV transmission in Kyrgyzstan is injecting drug use (80,4% of all people who are HIV+), especially among young males. Table 6 illustrates the percentage of revealed HIV infection in overall IDUs tested within 1997 to 2005. Over recent years there has been a trend towards increased heterosexual HIV transmission (from 3,3% of all cases in 2001 to 21% in 2002, 13% in 2003 and 23.6% in 2004)[7]. In addition, there have been a number of cases of HIV infection among children undergoing medical interventions in paediatric hospitals of Osh oblast.

Table 6. Registered cases of HIV infection among IDUs

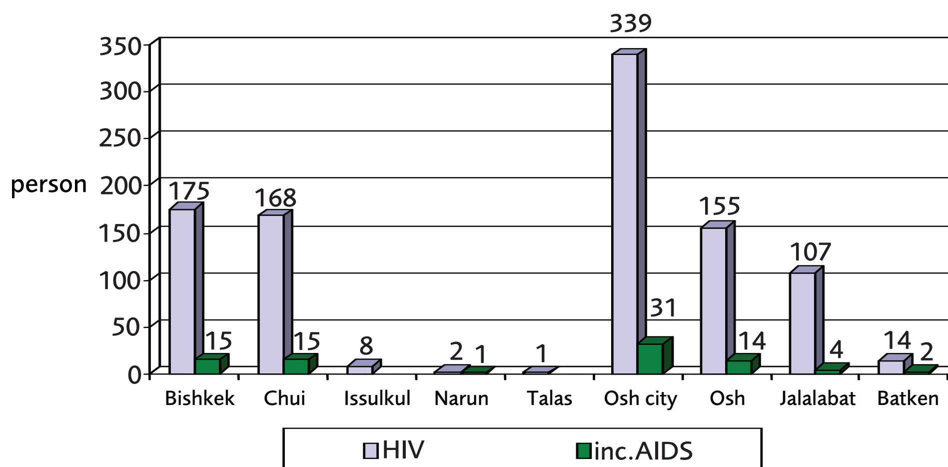
Year	Percentage of IDUs who are HIV infected
1997	50
1998	33.3
1998	33.3
2000	87.5
2001	95.9
2002	78.7
2003	85.6
2004	76.3
2005	61.9

Source: Kyrgyz National AIDS Centre

HIV infection has been recorded in all regions of Kyrgyzstan (Figure 5). The Southern region of Kyrgyzstan is a transit point for drug traffic from Afghanistan through Tajikistan and, subsequently other neighbouring countries. According to international expert estimates, up to 10% of drugs transported tend to remain in a transit country. Indeed, the numbers of individuals involved in drug businesses, and those using drugs are increasing. In the Kyrgyz Republic in the last 10 years the number of drug users has increased by over 6 times[8]. This is linked to a sharp increase in new HIV cases in the south of the country (51% of overall registered new HIV cases).

[7] www.theglobalfund.kg
[8] Data from Kyrgyz National Centre for Narcology, 2005.

Figure 5. HIV infection cases in Kyrgyzstan by regions as of January 2007



Source: Kyrgyz National AIDS Centre

2.2. Population groups vulnerable to HIV/AIDS

The main population groups vulnerable to HIV/AIDS are as follows[9]:

2.2.1 Injecting drug users (IDUs)

6,865 people were officially registered by the National Drug Centre as of January, 2005. According to an earlier UNAIDS assessment (2002) the actual number of drug users is likely to be 80,000 - 100,000 people or 1,644 - 2,054 per 100,000 of the Kyrgyz population. This rate is 1.5 times higher than in Kazakhstan and 5.6 times higher than in Uzbekistan. About 70% of drug users (54,000 people) use drugs through injecting. Harmful practices relating to drug use (especially sharing syringes/needles) tends to be accepted as leading to the spread of HIV/AIDS and different forms of hepatitis among this group.

2.2.2 Commercial sex workers (SWs)

By November 2005 the number of sex workers in Kyrgyzstan was estimated at 4300 - 4500 at any one time. The majority, about 70%, are women selling sex on the street. According to the data of the epidemiological survey of 2005 the prevalence of syphilis antibodies among commercial sex workers in the Kyrgyz Republic varies between 15.5 and 38.9%.

2.2.3 Prisoners

As of January 2006 there were 15,758 prisoners in Kyrgyzstan. Ten percent of inmates have different forms of tuberculosis, 65% of which are drug-resistant. Up to 35% of inmates are drug users and 50% of these are IDUs. Anonymous respondents indicated they use drugs in prisons, while those questioned said that only 59% of them use their own syringes. Homosexual relationships and tattoos made using other people's razors also puts people at risk of HIV infection. Only 38% of prisoners have access to disinfectants and clean syringes/needles and 41% to condoms. As of January 2006, 131 PLWHA were in prison (equivalent to 685 per 100,000 of the prison population, which is 52 times higher than among ordinary citizens of Kyrgyzstan).

[9]Data from the State programme on HIV/AIDS epidemic prevention and its social-economic consequences in the Kyrgyz Republic for 2006-2010

2.2.4 Patients with sexually transmitted infections (STIs)

During the ten year period 1995-2005, according to official data, 44,995 people had syphilis. In spite of a recent fall in new cases, syphilis cases increased by 20 times since 1991. Based on epidemiological surveillance data in Bishkek and Osh cities, positive reactions to syphilis antibodies were detected among 24,4% of the patients of dermatological-venereal clinics and prisoners, 13,6% of injection drug users, 27,2% of commercial sex workers, and 2,8% of pregnant women. The presence of STIs considerably increases the risk of HIV infection and demonstrates there is a large group of people at risk of HIV infection.

2.2.5 Men having sex with men (MSM)

The estimated number of MSM in the country is between 18,000 and 36,000. There are no data on HIV infection prevalence among people in this group. However, 9% of MSM tested positive for antibodies to syphilis infection, and 4% - hepatitis C. Because of public stigmatisation, MSM are often afraid to discuss their sexual behaviour and tend to avoid HIV testing.

2.2.6 Pregnant women

Since 2000-2001 there has been a trend towards increasing HIV+ cases among women (3 women in 2000; 192 women in 2006). In 2001 8% of HIV+ people were women, while by January 2007 this number increased to 17,9% of HIV infected people. Most of these women are of reproductive age: HIV is transmitted in the majority of cases sexually from an infected male partner. So far 44[10] of HIV infected women are know to have become pregnant. Of them, 7 women voluntarily discontinued their pregnancies and 37 women who were HIV+ gave birth. Of them 9 did not confirm the diagnosis, 3 infants were confirmed as being HIV+ and 2 children died (data are not available for the other women). This suggests that prevention of mother to child HIV transmission is becoming increasingly prevalent.

2.2.7 Young people

The number of young people in Kyrgyzstan aged 10 to 24 years is 1,661,604 (30.2 % of the population of Kyrgyzstan). There are 833,861 males and 823,743 females in this age group. Over 60% of all young people in Kyrgyzstan live in rural areas. The high level of vulnerability of young people to HIV infection is reflected in fact that 51% of men and women living with HIV/AIDS are from this age group. High-risk behaviour is accompanied by increased numbers of STIs among young people. Thus, in 2004 there were 642 cases of gonorrhoea and 640 cases of syphilis in the 15 to 24 age group. Annually there are about 800 births to girls under 18 years of age, and a similar number of terminations is registered. According to experts the average age for sexual debut is 14 and the minimum age for drug use can be as low as 10-12 years.

Currently in Kyrgyzstan the number of homeless children and children forced to work is growing. Additionally, mostly due to divorces, in over 4,000 families the children are left with a single parent each year. It is commonly believed that children with such backgrounds widely practice risky behaviour such as infringing laws, becoming involved in sex work and using alcohol and drugs[11]. Over a half of sexual violations in the country involved young people as victims. In 2003 out of a total of 2002 people arrested, 38 were under-age individuals engaged in sex work[12]. Official statistical data of sexual exploitation of children are an underestimate primarily because these crimes tend to remain unreported[13].

2.2.8 Mobile groups

Mobile groups of citizens are defined as people who have left their homes under political and economic pressure for more than 1 month in the previous year. This group, which is seen as vulnerable to HIV infection, includes refugees, internal migrants (settlers), labour migrants (people leaving their residence in search of permanent or seasonal work), small traders, truck drivers and staff working on trains. Internal migration involves up to 1.2 million people. External labour migration exceeds 600,000 people leaving mainly for Kazakhstan and Russia. Trafficking also takes place. Data on the size of other subgroups of mobile groups of citizens are not currently available.

[10]Data from the Kyrgyz National AIDS Centre.
[11]National Program for Children's Rights in Kyrgyzstan "New Generation" to 2010. Approved with the Government's Resolution of 14 August, 2001 _ 431.
[12]Data from the Information Centre under Ministry of Internal Affairs, 2003.
[13]International organization ECPAT, in cooperation with the Centre for Public Opinion Research "El-Pikir". Situational Analysis on Commercial Sex Use of Children in the Kyrgyz Republic, 2004.

An assessment of migration behaviour in relation to HIV/AIDS was conducted under the International Federation for Family Planning Project in Central Asia in 2002 showing that a half of rural citizens questioned (men and women) have left their villages for more than one month in the previous twelve months. The study suggests a low level of knowledge and a significant prevalence of risky sexual behaviour among those people. Over half (59,3%) of female migrants were forced to have sexual contact, and only 4,8% of them sought care. 38% of women and 24% of men knew nothing of HIV/AIDS.

2.3. Sentinel epidemiological surveillance data

In 2004 in Kyrgyzstan Sentinel Epidemiological Surveillance was introduced in two pilot cities: Bishkek and Osh. Sentinel groups and sampling criteria are illustrated in Table 7.

Table 7. Sampling criteria and types of sentinel groups for HIV infection[14]

Group	Criteria for inclusion in samples	Method of sampling
IDU	At least once using injected drugs within recent 12 months	Snow ball; Sample of respondents
SW	At least once sex Providing services within recent 6 months	Cluster; Systemic
MSM	At least once having sex with males within recent 6 months	Snow ball
Prisoners Individuals with STI symptoms	Imprisoned in penal system of the Ministry of Justice People with clinical symptoms of STI appealing to health facility	Stratified, systemic Systemic
Pregnant women	Females attending health facilities due to pregnancy	Systemic

HIV infection prevalence data in sentinel groups for 2004 and 2005 are shown in Tables 8 and 9. As these tables demonstrate, IDUs are the largest group of people who are HIV+. HIV prevalence in Osh is substantially higher than in Bishkek. In both piloted cites these figures are increasing as the tables suggest.

[14]Report on sentinel surveillance among sentinel groups in two pilot cities of Kyrgyzstan, 2004.

Table 8. HIV infection prevalence in sentinel groups, 2004

Pilot cities	I-Drug users % (n/N)	Sex workers % (n/N)	Prisoners % (n/N)	MSM % (n/N)	STI % (n/N)	Pregnant women % (n/N)
Bishkek	1.1% (3/264)	2% (3/152)	2.7% (12/450)	0% (0/101)	-	0% (0/450)
Osh	11.6% (29/250)	1.5% (3/200)	-	-	-	0% (0/451)

Source: Report on sentinel surveillance among sentinel groups in two pilot cities of Kyrgyzstan, 2004.

Table 9. HIV infection prevalence in sentinel groups, 2005

Pilot cities	I-Drug users % (n/N)	Sex workers % (n/N)	Prisoners % (n/N)	MSM % (n/N)	STI % (n/N)	Pregnant women % (n/N)
Bishkek	2.4% (6/250)	0% (0/149)	0.4% (2/450)	0% (0/100)	0% (0/448)	0% (0/449)
Osh	13.6% (34/250)	2% (4/200)	-	0% (0/100)	0.5% (1/200)	0.2% (1/449)

Source: Michael Favorov, CDC Regional Office, March 2006 Presentation in Bishkek

3. Policy environment

3.1. Legal and regulatory framework

3.1.1. Stages of policy formation

HIV/AIDS policy formation within Kyrgyzstan falls within three distinct stages[15]:

1989 to 1995

HIV/AIDS policy was initiated with the establishment of the AIDS Prevention Service. The focus was on the development of medically oriented HIV/AIDS interventions. Particular attention was paid to blood testing and ensuring safe medical interventions. Responsibility for HIV programs development was assigned to health sector agencies, indeed HIV/AIDS was considered a purely medical problem.

1996 to 2000

The policy focus became prevention. The UNDP's HIV/AIDS Programme in Kyrgyzstan was launched, the law "On HIV/AIDS Prevention" was approved on the 19th December 1996, and the 1st National HIV/AIDS Prevention Programme for 1997-2000 was agreed. HIV/AIDS prevention activities started becoming more inter-sectoral in orientation, with the involvement of ministries and agencies across the country, as well as international and non-government organisations. This reflected increasing acknowledgement among these agencies that HIV/AIDS is a substantial problem requiring sustained intervention. Hence, HIV/AIDS at this time was beginning to be perceived as a not only a medical problem, but also a social problem.

2001 to date

This stage corresponds with rapid growth in HIV prevalence in the country. The 2nd National Programme for Prevention of HIV/AIDS, Sexually and Injection Transmitted Infections for 2001-2005 was adopted. Particular focus was on the development of a regulatory and legal framework and sectoral programmes for HIV/AIDS prevention (outlined on Annexes 1 and 2).

Kyrgyzstan has ratified over 30 international conventions, including the Convention of Human, Women and Children Rights, as well as the Convention of Narcotic and Psychotropic Drugs. The Kyrgyz Constitution recognises the importance of international law, and this is reflected in national legislation[16]. In addition, Kyrgyzstan endorsed a number of international HIV/AIDS agreements and made a number of commitments to address HIV/AIDS and its socioeconomic implications. For example, the Millennium Development Goals (2000), Declaration of Commitment adopted by the Special Session of the UN General Assembly on HIV/AIDS (2001) and Dublin Declaration on Partnership and Cooperation in Europe (2003).

However, a number of provisions of the law of 19 December, 1996 "On HIV/AIDS Prevention in the Kyrgyz Republic" and other regulatory documents did not meet international law, and this substantially limited the efficiency of measures that the government and civil society were able to take. As a consequence in 2005 and 2006 HIV/AIDS legislation and regulation were intensively revised and developed. This was carried out through inter-sectoral cooperation involving a range of stakeholders:

- The technical consultative sector on legislation and human rights under the Country Multi-sectoral Coordination Committee (CMCC)[17];
- Parliamentarians (Jogorku Kenesh), representatives of key ministries including Health, Justice, Labour and Social Security, Internal Affairs, the National AIDS Service, the Prime Minister's Office, the Institute for International Research;

[15] AIDS in Kyrgyzstan: Five years of resistance. Bashmakova L.N., Kyrmanova G.U., Kashkarev A.A., National Project Director Shapiro B.M. Bishkek, 2003
[16] State programme on HIV/AIDS epidemic prevention and its socioeconomic consequences in the Kyrgyz Republic for 2006-2010
[17] See details of HIV/AIDS activities coordination below

- International agencies including UNDP, GFATM, WB, USAID, WHO, Soros- Kyrgyzstan;
- Representatives of non-government organizations including Anti-AIDS Info Centre, "Socium", "Tais+" and "Adilet" Legal Support Clinic.

A new law "On HIV/AIDS in the Kyrgyz Republic" was approved of 13 August 2005[18] together with amendments and additions to the law "On state social allowances in the Kyrgyz Republic" of 27 June 2005. The following main additions and amendments were introduced in the new law "On HIV/AIDS in the Kyrgyz Republic" as of August 13, 2005:

- PLWHA and PSHA were formally recognised and the problems of stigma and discrimination were acknowledged and prohibited;
- Rights and responsibilities of PLWHA were revised and protocols relating to testing and counselling were defined;
- Rights of citizens to receive voluntary HIV testing, psychological and social support and confidentiality were established;
- The need to provide healthcare for HIV/AIDS patients, according to the Programme of State Guarantees determined by the Government of the Kyrgyz Republic was introduced;
- A clearer mechanism of social protection _for PLWHA _and issues of responsibility was defined. A prominent aspect was the inclusion of social protection of children under 18 months delivered by HIV infected mothers;
- The law recognises that some occupations such as those that require contact with the blood of HIV infected people are at increased risk of HIV infection and provides a set of measures to protect them;
- Changing legal responsibilities (disciplinary, administrative, criminal and civil) for infringement of the law were established.

A 3rd "National Programme for HIV/AIDS Epidemics Prevention and its socioeconomic implications in the Kyrgyz Republic for 2006-2010" was developed and approved with the Government's Resolution of 6 July 2006. In addition, there are proposed amendments introduced to the Administrative Law, the Criminal Law, as well as the Criminal Code and the Law on Narcotic Drugs. This set of draft laws is currently being considered by the Parliament. These laws are of a supplementary nature and will significantly facilitate the implementation of activities to control HIV/AIDS in Kyrgyzstan. The new law aligns national legislation with international acts signed by the Kyrgyz Republic, and provides a key legislative basis for HIV/AIDS control programmes. The new draft law is intended to be the basis for comprehensive activities to prevent HIV/AIDS[19].

The development of HIV/AIDS programmes are also supported by the acceptance of other strategic documents in the country either directly or indirectly specifying the implementation of programmes for addressing HIV/AIDS, drug use and other issues. These include the Concept for Sustaining the Distribution of Drug Use in the Kyrgyz Republic; the National Action Plan for gender equality in the Kyrgyz Republic; the National Poverty Reduction Strategy; and the National Health Reform Programme "Manas Taalimi" for 2006-2010[20]. The Manas Taalimi Programme was approved in 1996 and was supported by the WHO Regional Office for Europe. It had four policy goals:

- improving the health status of the population;
- improving equity in health service availability and guaranteeing access to existing services;
- improving the effectiveness and efficiency in the use of health resources;
- improving health service quality.

[18]http://www.antispid.kg/index.php?option=com_content&task=view&id=8&Itemid=39
[19]Inter-sectoral cooperation on HIV/AIDS actions and values of the youth in Kyrgyzstan (on case of Bishkek and Naryn oblast). Report was drafted by the Centre for public opinion research "El Pikir": E. Ilibezova, L. Ilibezova, E. Selezneva– Bishkek: 2005, page 49.
[20]Annex 3 details these documents

3.1.2. Political commitment

In the interviews the stakeholders involved in HIV/AIDS programmes suggested that there is considerable political commitment to HIV/AIDS in the Kyrgyz Republic, indeed, at highest political levels HIV/AIDS is perceived as a high priority problem that requires inter-sectoral action. Key agencies such as the Kyrgyz State Secretary, the Prime Minister's Office, Parliamentarians, ministers of health, justice, internal affairs and the Kyrgyz Drug Control Agency all appear to be committed to developing HIV/AIDS programmes. Indeed, Kyrgyzstan is perceived by interviewees participating in this study as a country with relatively developed HIV/AIDS policy and programmes compared to those in other Central Asia countries. This is illustrated by the intensity of activity aimed at harmonising HIV/AIDS legislation, the relatively high number of active programmes being developed by government and international organisations, involvement and growing activity among civil society organisations in fighting the HIV/AIDS and the development of inter-sectoral cooperation through the Country Multi-sectoral Coordination Committee on HIV/AIDS, Tuberculosis and Malaria under the Government of the Kyrgyz Republic (CMCC) discussed below. Nevertheless, the vast majority of activities relating to HIV/AIDS in Kyrgyzstan are supported financially by international donor organisations. The Kyrgyz ministries and agencies express concern that is undermines their ability to control HIV/AIDS activities, but frequently limited resources from the national budget are available to implement programmes. Within the Ministry of Health, for example, the allocated budget funds only cover salaries of the personnel of the National, oblast and city AIDS centres, with a relatively low proportion being allocated to preventive interventions and laboratory services.

Another issue is commitment to HIV/AIDS programmes among managers and heads of departments and divisions, especially government officials in various ministries and departments who directly execute and implement HIV/AIDS programmes. Whilst such stakeholders tend to acknowledge the urgency of HIV/AIDS problem, many continue to assert that HIV/AIDS issues should be addressed by medical institutions, and specifically the AIDS centres, rather than other public sector agencies. Indeed, most government departments – including the ministry of health - have no formal terms of reference in the area of HIV/AIDS, and no individual formally responsible for developing HIV/AIDS programmes.

3.1.3. Law enforcement and implementation

The majority of key informants considered that existing HIV/AIDS legislation in Kyrgyzstan and criminal and civil legislations are quite well developed and aligned with international standards, albeit with limited provisions relating to the discrimination of specific groups, including groups vulnerable to HIV infection. A stakeholder suggested:

"In August 2005 there was the Law on HIV/AIDS was approved, which is the first law on HIV/AIDS of the second generation among the CIS countries... This has passed international examination, gender examination and is approved. International organizations show this Law as an example among the countries CIS".

Another stakeholder said:

"... the legislation was evaluated from perspective of vulnerable groups, that is all existing packages of documents which regulate provision and access of medical aid to sex workers, unemployed, migrants, prisoners. The conclusion was that frame documents are well elaborated, there is a very strong frame legislation to provide assistance to these groups...".

One of the problems was that despite the fact Kyrgyz legislation was developed in accordance with international standards, some individual provisions and articles are formulated inconsistently in a way that allows different interpretations. This limited the legislation, since in these cases it is impossible to achieve clear and strict responses to specific questions and inquiries. Furthermore, an interviewee observed that:

"...laws are not always supported by regulatory documents, i.e. instruments that provide enforcement of these laws... We can state legislation on tuberculosis and HIV/AIDS are ideally prepared. But constraints can be due to that these laws which are accepted at national level are not implemented because there are no tools to enforce regulations".

For example, prisoners are legally entitled to receive healthcare; in practice they often do not receive health services in penal facilities. If a prisoner has urgent need for healthcare civil healthcare services are obliged to provide it. There is an inter-ministerial agreement that provides the Ministry of Justice and Ministry of Health will cooperate in provision of health services to prisoners. However, the mechanism of financing of such services is not outlined, and in practice it is difficult to enforce this agreement. Another example relates to the use of drugs. An interviewee suggested:

" ... [the] use of drugs is not penal; each individual has the right to use drugs or not, but *storage* in any amount is a penal act, which is a nonsense. It turns out one is allowed to use, while even the rest of the drugs in the syringe is illegal, which implicates imprisonment".

These articles are a significant obstacle for expansion and successful implementation of harm reduction programmes and drug use prevention. Interviewees suggested, for example, many IDUs are afraid to attend syringe exchange points because traces of drugs contained within their used syringes are considered 'storage'. Outreach-workers face the similar difficulties. An interviewee said:

"...people who are HIV positive do not want to "expose" their status ... If you bring your documents, all will know this, they do not trust [that their status] remains secret. But, with support of non-government friendly organizations and regional AIDS Centres, we try to somehow bypass and solve this issue for them".

There are cases when departmental regulations are not fully reflected in HIV/AIDS programmes. According to interviewees, among Central Asian countries the Ministry of Justice in Kyrgyzstan is a positive example of active cooperation in implementing harm reduction programmes in penal facilities. Indeed, at ministry level there is understanding and support for programmes. However, this is not always the case at manager level where programmes are interpreted with various degrees of effectiveness, and with various levels of commitment. Hence there tends to be considerable variation in the implementation of harm reduction programmes in prisons.

3.2. Key governmental agencies and international HIV/AIDS programmes

Below are key government organisations and partners involved in HIV/AIDS activities in the Kyrgyz Republic:

- Ministry of Health
- Ministry of Education
- Ministry of Defence
- Ministry of Interior Affairs
- Ministry of Justice
- Department of Punishment Execution
- Ministry of Foreign Affairs
- Ministry of Labour and Social Protection
- Ministry of Industry, Trade and Tourism
- Ministry of Extreme Situation and Ecology
- Public Religion Agency
- Secretariat of National Council on Women, Family and Gender Development
- Government Agency on Drug Control
- Government Committee on Migration and Business
- National Statistics Committee
- State TV and Radio company

3.3. Donor and international organisations working on HIV/AIDS

Key global health initiatives and other international HIV/AIDS programmes are summarised in Table 10 and Table 11.

Table 10. Global Health Initiatives

Agency	Timing/ Budget	Activities supported
GFATM[21]	March 2004 – February 2009 $17,073,306	1. Political and legal support to HIV/AIDS programmes based on a multi-sectoral approach 2. Reducing vulnerability among young people 3. Limiting HIV transmission among vulnerable groups: a. Reducing vulnerability of injecting drug users b. Reducing vulnerability of sex workers c. Reducing vulnerability of prisoners d. Reducing vulnerability of MSM 4. Ensuring safe donor blood 5. Ensuring medical and social support to PLWHA
CAAP[22] Funded by WB and DFID For four CA countries	May 2005 – 2010 WB – $25M DFID - £1M	Component 1: Regional coordination, capacity building and development of strategies: a. Development of approaches to cover risky groups and to reduce dissemination of HIV/AIDS, as well as improving HIV/AIDS service quality; b. Contribution to development of the epidemiological surveillance system, development and introduction of computerised screening of HIV cases; c. Joint activities with ministries and parliament for evaluating legislation and strategies. Component 2: Central Asian AIDS Fund d. Allocation of small and large grants for working with vulnerable groups and PLWHA; extension of regional, inter- and intra-sectoral cooperation. e. Training for NGOs and community groups in four CA countries on grant application development and project management; training for mass media; establishment of the Regional Centre for Harm Reduction

[21]Report of GFATM "AIDS" Component in the Kyrgyz Republic, March 2004 – March 2006
[22]www.caap.info

Table 11. Other international HIV/AIDS programmes[23]

Agency	Timing/ Budget	Activities supported
UNDP	HIV/AIDS Programmes in the Kyrgyz Republic since 1996 2007 budget $390,000	• Main focus is on facilitating coordination and management of the National Programme (at central and oblast levels), as well as improvement of the HIV/AIDS regulatory and legal framework in the Kyrgyz Republic; • Supporting activities with communities and religious leaders; • HIV/AIDS prevention in military authorities; • Participation in development of policy in IEC; • Facilitating social support to PLWHA and PSFHA; • Assistance to legal advice to PLWHA and PSFHA
UNAIDS[24]	Operating in the Kyrgyz Republic since 1996 2007 budget $70,000	• Awareness building relating to HIV/AIDS; • Technical assistance in research, planning and programme development; • Policy development, including coordination of strategies and activities through motivating partnership and resource mobilisation
UNFPA	Operating in the Kyrgyz Republic since 1995	Providing assistance to civil society organizations in HIV/AIDS prevention and ensuring peer education for behaviour change focusing on: • Extension of peer education programs to all regions; • Introducing standards for peer education; • Advocacy campaigns; • Capacity building to NGOs in providing client friendly services; • Programs for health workers on adolescent health; • Improving the capacity of client friendly advise centres for young people; • Development and introduction of training programmes for Islamic and community leaders on HIV/AIDS prevention with use of best practices
UNODC Operating in 5 CA countries and Azerbaijan	**2006 – 2009** $5,212,500 (aggregate) $2,000,000 (OPEC contribution) $2,000,000 (UNODC funds) $1,212,500 (Kazakhstan in-kind contribution)	• Increasing access of IDUs to quality HIV prevention, treatment and care services; • Increasing access of prison inmates to quality HIV prevention, treatment and care services; • Developing guidelines on the standards of adequacy of HIV prevention, treatment and care services for IDUs • Developing module curricula for pre- and post-diploma education of selected disciplines • Developing module curricula for pre- and post-diploma education of the selected disciplines relating to HIV prevention interventions in penitentiary system developed and submitted for approval
CDC	USAID funded	• Sentinel surveillance • Improving quality of labs • Donor blood safety
WHO	Budget for 2007/2008 US $39,000	• Activities with prisoners and prison staff: pilot project on methadone treatment in prisons, training of trainers, motivational training for prisoners on behaviour change; • Syringe exchange points; • ARV treatment adherence training; • Technical assistance in analysing treatment standards; • Pre- and post-test counselling; • Prevention of mother-to-child transmission; • Planning and procurement of pharmaceuticals; • Monitoring and evaluation

[23]Donor meeting, January, 2007

[24]AIDS in Kyrgyzstan: Five years of resistance. Bashmakova L.N., Kyrmanova G.U., Kashkarev A.A., National Project Director Shapiro B.M. Bishkek, 2003

Soros-Kyrgyzstan Harm Reduction Programme	**2005 - 2009** Operating in the Kyrgyz Republic since 1997 USAID funded	• Support to preventive interventions with young people, IDUs, SWs and prisoners; • Implementation of syringe exchange and methadone treatment programmes; • Publications, training of staff of various specialties and operational levels, including decision makers; • Activities on legal aspects of HIV/AIDS for vulnerable groups
USAID **CAPACITY project** For all CA countries	**2004-2009** Budget for 5 years: $13M	• Facilitating improved operation of the Country Coordination Mechanism; • Awareness building activities; improving communication between partners; • Monitoring and evaluation (M&E National system); • Development and improvement of regulations; • Capacity building for NGOs/civil society working on HIV/AIDS prevention in high risk groups; • Interaction with civil society groups ("Umbrella" NGOs); • Improvement of primary healthcare and its integration with HIV/AIDS programmes.
KFW Bankengruppe (Germany)	Operating in the Kyrgyz Republic since 1993	• Improved HIV diagnostics (through supplies of lab equipment, including reagents and chemicals for recurrent use); • Social marketing of condoms (supplies and selling of condoms, syringes and needles, as well as awareness building activities, information and communication); • Formation of a sustainable mechanisms to ensure safety of medical interventions in health facilities; • Safety of donor blood, transplanted organs and/or tissues; • Development of the system of psychological and social counselling through establishment of specially designed units and extension of functions of doctors, nurses within primary healthcare and specialised health facilities; • Improvement of lab diagnostics of HIV
BOMCA (Border Management Programmes for Central Asia) /CADAP (Central Asia Drug Action Programme) Funded by EU; implemented by UNDP	**2000- 2008** So far 200,000 Euros spent	• Legal advise; • Drug control in airports; • Drug control in sea ports; • Drug control on land; • Software back-up to responsive data collection, exchange and analysis in law enforcement authorities; • National system for monitoring of drugs and drug use; • Prevention of drug use in prisons
East-west Foundation (AFEW)		• Working with law enforcement authorities on HIV/AIDS/drug use prevention and activities with vulnerable groups; • Development of the Module "Socially valuable diseases" for nursery schools in Bishkek; • Development of HIV/AIDS prevention and psychological and social counselling in law enforcement authorities; • Social support to prisoners; • Programme of preparing prisoners to release; • Reducing vulnerability of young people, IDUs, prisoners and prison staff; • Improvement of access of SWs to services, support to drop-in centres for SWs in Bishkek and social support to them; • Information bulletins on ARV treatment and adherence

UNICEF		• Focus is on prevention of HIV transmission among young people, protection of children from sexual exploitation, activities to meet the needs of children effected by HIV/AIDS; • Activities on human rights related to HIV/AIDS; • Activities to promote health of young people; • Prevention of mother-to-child transmission
UNICEF		• Focus is on prevention of HIV transmission among young people, protection of children from sexual exploitation, activities to meet the needs of children effected by HIV/AIDS; • Activities on human rights related to HIV/AIDS; • Activities to promote health of young people; • Prevention of mother-to-child transmission
UNIFEM		• Support to and development of strategies to protect HIV/AIDS related interests and rights of women; • Support to women's organisations and NGOs operating in HIV/AIDS for inclusion of gender aspects to their programmes; • Support to training on safe sex and sexual abuse; • Partnership programs for mass media
SDC		• Improved awareness in youth on HIV/AIDS and drug addiction (in southern Kyrgyzstan); • Safe behaviour skills training; • Support for teachers at secondary schools to teach healthy lifestyles; • Development of Rainbow Centre, an NGO run project in Osh

3.4. Mechanisms for coordinating HIV/AIDS programmes

1996- 2001

In this period the coordination role for HIV/AIDS programmes in Kyrgyzstan was played by the UN Thematic Group. This was established in 1996 and led by the UNDP Permanent Representative in the Kyrgyz Republic. The Thematic Group integrated all UN agencies operating in Kyrgyzstan and Central Asia, government and non-government and other international organisations. It played an important role by supporting efforts of the state in the development of the national coordinated response to HIV/AIDS. Within the Thematic Group there have been activities to train local experts and consultation on the development of laws leading to the 1st and 2nd National HIV/AIDS programmes.

Since 2002

By 2005 under the Kyrgyz Government there were several coordination committees operating: the National Multi-sectoral Coordinating Committee for HIV/AIDS Prevention (since 1997), the Coordinating Committee for Prevention of Drug and Alcohol Abuse (2001), and the Country Coordinating Committee for HIV/AIDS, Tuberculosis and Malaria (2002). Since activities of these committees were targeted at similar tasks, it was decided to amalgamate them. In June 2005 the Government's Resolution authorised the establishment of the Country Multi-sectoral Coordinating Committee (CMCC) to Fight HIV/AIDS, Tuberculosis and Malaria. This is a public body designed primarily for management, coordination and optimisation of activities of ministries, state committees, commissions, administrations, local self-governance bodies, international, non-profit, religious and academic organisations, mass-media and civil society, as well as other legal entities involved in HIV/AIDS actions. The CMCC framework includes the Presidium, the Technical Secretariat and 6 Technical Sections.

The Presidium is chaired by the Vice Prime Minister. This unit includes ministers of Justice, Health, Education and Defence, the Vice Mayor of Bishkek, the Head of the Department for Social and Cultural Development under the Prime Minister's Office, the Director General of the AIDS Service, the Sector Expert for HIV/AIDS

Coordination and Monitoring of the Department for Social and Cultural Development under the Prime Minister's Office, World Bank country representatives, UNDP, DfID, representatives of the association of NGOs "Anti-AIDS", Associations of Harm Reduction programmes "Partner network", "Koz Karash", Azreti Mufti of the Religious Department of Kyrgyzstan Muslims and the Rector of the Kyrgyz State Medical Academy (KSMA). The Department for Social and Cultural Development under the Prime Minister's Office implements Secretariat functions for the CMCC.

The CMCC Technical sectors operate in the following priority directions:

- Sector for National Policy and Legislation;
- Sector for Health and Social Protection;
- Sector for Education, Information and Communications;
- Sector for Defence and Law enforcement bodies;
- Sector for Global Fund grants;
- Sector for monitoring and evaluation.

Currently the CMCC plans to reorganise its framework. In particular, the composition of the Presidium is growing from 18 to 23 persons due to an increase in the number of civil society representatives (from 3 to 6 persons), as well as a representative of a donor organisation and an organisation working on tuberculosis joining the structure. Functions of the Technical sectors are being revised. The actions undertaken are expected to rationalise activities and support the CMCC's tasks, including the implementation of a newly adopted National Programme. At regional, city and rayon levels the CMCC carries out activities through Oblast Multi-sectoral Coordinating Committees (OMCCs).

3.5. Monitoring systems for HIV/AIDS

3.5.1. Policy and outline of health information systems

As part of the Manas Taalimi health reforms there was significant investment in the creation of health information systems, in particular, the development of the Single Health Information System (SHIS) for 2001-2010. The main intention of the SHIS is to provide information backup for the Kyrgyz health system, to promote improvements in the quality and acceleration of the computerisation of health systems and the development and operation of appropriate information systems infrastructure. The SHS framework is determined by the overall structure of health facilities and authorities. Hence, a multilevel information system was established as follows:

Level I: Information systems of health facilities at rayon and city levels;
Level II: Information systems of health facilities at oblast level;
Level III: National level: Central Information Portal under the MoH, Information and Analysis Centres under the MoH.

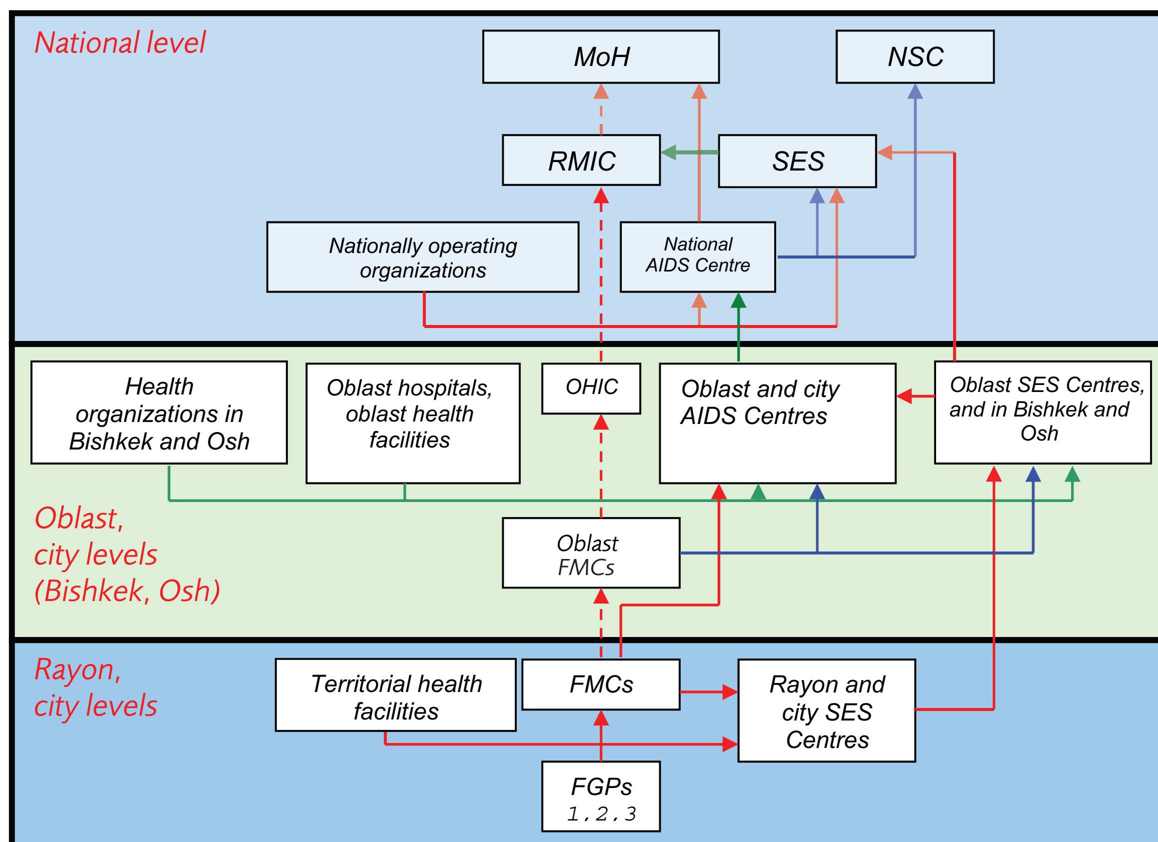
3.5.2 Information flows

The hierarchy of the information systems has been the same since Soviet times. Information flows start from field doctor units known as Feldsher Obstetrician Points. Then this information on performance is gathered by Family Group Practices (FGPs) that administer the Feldsher Obstetrician Points. In rayons and cities health and statistics oblast-level hospitals and Family Medicine Centres (FMCs) collect information. In oblasts there are two structures responsible: Oblast Health Information Centres and Oblast Sanitary Epidemiological Service (SES) Centres. The summary information is then transformed into electronic format and submitted to national level agencies. At national level the National Health Information Centre of the MoH collects the information from departments and divisions of the MoH and health facilities and authorities at the national level.

Flows of HIV/AIDS data generally correspond to these systems (Figure 6). The FGP doctor informs the FMC Infectionist about individuals who are suspected of having been infected with HIV and sends blood samples for repeated tests to oblast AIDS centres and, in case of positive test results, they are referred to the National AIDS Centre where the outcome of a test is confirmed. Information on each case is referred back to the oblast level

and primary health facility, with subsequent notification to oblast AIDS centres and oblast SES centres for registration purposes. The National AIDS Centre summarises the overall information and then transfers this to the National Health Information Centre and National Statistics Committee.

Figure 6. Flows of HIV/AIDS data within national health information networks



Since 2007 it has been proposed to introduce an information system for HIV/AIDS: the Country Response Information System (CRIS), which was developed with UNAIDS support and customised for the Kyrgyz Republic. It operates 62 indicators. The responsibility and operation are assigned to the National AIDS Centre.

Currently it is intended to create a National System for Monitoring and Evaluation of the National Programme for the Prevention of HIV/AIDS Epidemic and its socioeconomic implications in the Kyrgyz Republic for 2006-2010 (National M&E System). The National M&E System involves all stakeholders from public, civil and private sectors and international organisations operating in the Kyrgyz Republic. The Regulation of the National M&E System clearly sets goals, objectives and functions of parties involved in the system operation. Data for the National M&E System based on national indicators will be collected through epidemiological surveillance of HIV/AIDS prevalence, together with sociological and behavioural studies, programme monitoring and finance administration on the basis of draft plans and programmes developed by involved partiers. Indicators and information flows, periodicity of data collection and output distribution will be set according to the National M&E plan.

The information on activities under the National Programme for 2006-2010 will be required to be submitted by public sector organisations, civil and private sectors and international donor organisations. All parties involved in the National M&E System will be obliged to use a single unified coding of clients under their HIV/AIDS programmes.

4. Sociocultural context

4.1. Awareness of HIV/AIDS

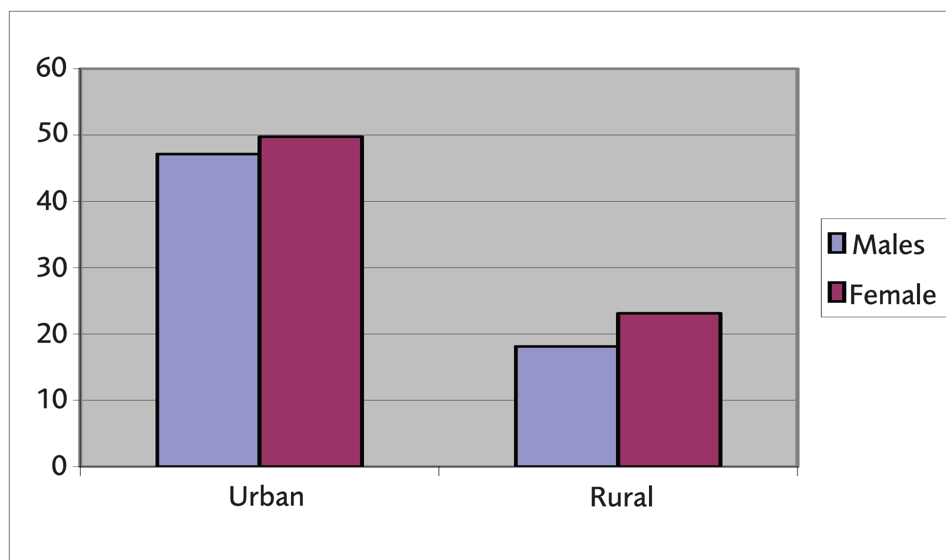
Various NGOs and international and donor organisations have carried out studies in Kyrgyzstan that identify levels of awareness of HIV/AIDS among members of the population. Examples include Bashmakova (2003), the Centre of Support to Women (2003), Sentinel Surveillance data (2004), Information and Education Centre "Anti-SPID" (2006) and Isaev et al (2006).

Findings of the studies show that awareness of the population varies considerably depending on such factors as sex, age, socioeconomic circumstances, levels of education and place of residence. Broadly, however, the majority of the population does not consider HIV/AIDS a priority problem of health and levels of awareness are poor. A recent study[25] suggests that awareness of HIV/AIDS in cities (males, 47,1% and females, 49,7%) is much better than in rural areas (males, 18,1% and females, 23,1%), and that younger individuals tend to be more aware than older people (Figure 7). People are aware that transmission of HIV can be through sexual transmission (31,1%), use of non-sterile syringes (22,6%), mother-to-child transmission (16,9 %), blood transfusion (18,8 %). People also belief that HIV can be transmitted through eating from common dishes (6,7%), household contact (6,0%), handshakes and embraces (2,7%) and coughs and sneezes (2%).

There are differences in awareness of HIV/AIDS among high-risk groups. For example, according to sentinel surveillance data, awareness of HIV transmission and measures to prevent it among IDUs was 27,4%, among SWs it was 13,2%, among MSM it was 19,8% and among pregnant women it was 0,2%.

The most often cited sources of HIV/AIDS information were secondary and high school education (26,3%), newspapers and magazines (25,4%) and television (21,7%). Poor knowledge of legislation, regulations and rights also appears to be widespread (75% of people interviewed).

Figure 7. Awareness of HIV/AIDS in urban and rural area in Kyrgyzstan



[25] Awareness of the youth in Naryn oblast and Bishkek on HIV/AIDS. Isaev K. et al Bishkek, 2006.

4.2. Stigma and discrimination

Findings of interviews and a number of studies suggest that stigma and discrimination towards people who are HIV+ as well as IDUs is widespread in Kyrgyzstan. Key reasons for stigma and discrimination appear to be low levels of awareness due to incomplete, inaccurate or unreliable information, poor knowledge of the issues among trainers including health and social workers, and the need to improve the contents of information materials. For example, in schools HIV/AIDS materials are usually represented as a skull, or associated with words like "black", "death" and "killing", or they say: "We live in the world where there is AIDS, but it should not be with us ... ".

In general the population expresses negative attitudes to PLWHA, and the reason for this is that the infection is mainly disseminated among SWs, IDUs and MSM who are seen as "wrong people, who have earned this illness with immoral behaviour"[26]. Some adults including health workers and staff of law enforcement authorities deliberately avoid contact or communication with these groups. Stigma and discrimination may have extremely negative implications. For example in Jalal-Abad oblast a case was reported whereby a health worker revealed an individual's HIV positive status publicly. As a result the patient faced condemnation and persecution by the local community towards himself and family. The patient died after a month, having refused to adhere to ARV treatment[27].

The studies suggest that young people tend to treat HIV/AIDS with better understanding and are often more positive towards PLWHA. Tolerance to HIV+ people is growing, particularly among young people aged 15-19 years. The awareness building programmes implemented recently are reported as making an impact, especially among younger people.

[26]Centre for Support to Women, Study of Gender and Sex Behaviours contributing to women's vulnerability to HIV/AIDS, 2003.
[27]http://www.aids.gov.kg/rus/?br=pressreleases

5. HIV/AIDS financing

5.1. Health financing in Kyrgyzstan: recent reforms

Kyrgyzstan inherited a health financing system similar to that of other countries in the Former Soviet Union and Central-Eastern Europe. The early transition period, with its economic decline and severe fiscal contraction, exposed similar problems in the Kyrgyz health system as in other transition economies in the region. These problems included erosion of previously high levels of financial protection, inequitable distribution of public resources disproportionately favouring tertiary facilities in capital cities, inefficient service delivery sector, and quality problems. In response to these challenges, Kyrgyzstan introduced a systemic reform intended to develop several key aspects of the health system. Reform of healthcare financing was one component of a broader systemic reform.

Kyrgyzstan spent 5.3% of its GDP on healthcare in 2003, a significant increase from 4.4% in 2000 (Table 12). However, this increase comes almost entirely from the growth of private out-of-pocket payments. Indeed, health revenues from general taxation have been stagnating as a share of GDP and mandatory Health Insurance Fund payroll tax revenues have been increasing, but since this accounts for small proportion of overall revenue this has little impact on the overall composition of health expenditures. As a result of sluggish growth in public health expenditures, the share of private expenditures is greater in the total financing mix.

The distribution between public and private sources is nearly equal on average for the period 2000-2003: 44% of the overall health revenue was raised from public sources through taxes and payroll taxes, and 56% of health revenues is raised through out-of-pocket payments of households for visits, drugs, and hospitalisation (Table 12). Looking at the structure of total government expenditures the share for health has been increasing steadily since 2001 (9.9%) so that in 2004 it was 10.7%.

Table 12. Revised public-private shares and total health expenditures[29]:

	2000	2001	2002	2003
As share of GDP				
Budget	1.9%	1.7%	1.9%	1.8%
MHIF	0.2%	0.2%	0.2%	0.4%
Private	2.3%	2.6%	3.0%	3.2%
Total	**4.4%**	**4.4%**	**5.1%**	**5.3%**
As share of total health expenditures				
Budget	42.2%	38.5%	36.8%	34.0%
MHIF	4.9%	4.0%	4.3%	6.8%
Private	53.0%	57.5%	58.9%	59.3%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Source: Treasury for public expenditure data and Mandatory Health Insurance Fund (MHIF); Kyrgyz Integrated Household Survey – 2004 for estimate of private OOP spending.
Note: Figures reflect the sources of heath expenditures by pooling agent. "MHIF" includes transfers from the National budget for children, pensioners, etc. "Private" includes household spending on formal co-payments for hospitalisation, drugs, and informal payment and estimates are based on a nationally representative sample of 18,690 individuals.

[29] More recent figures are not currently available and have therefore been excluded from this report.

Further improvement in the flow of public funds is a precondition for improvement of financial/risk protection and more visible reform benefits for the population. In order to increase the share of public health financing and improve revenue collection for healthcare the following key actions are planned within the National Health Reform Manas Taalimi Programme:

- to increase the share of public health financing in the structure of both GDP and public expenditures in accordance with the Comprehensive Development Framework, NPRS, and MTBF for 2006-2008, targets, and to improve health revenue collection;
- to improve mechanisms of health budget formation;
- to involve local self-governance bodies in additional financing of health protection and promotion activities.

The sustainability of the healthcare system depends on an effective system of financing, which presumes adequate level of funding allocated to healthcare, its equitable distribution and rational use. In the first phase of the healthcare reform the following changes were made:

- institutional changes were made that led to the split between purchaser and providers of health services;
- the Single Payer system was introduced;
- a foundation was laid for output-based methods of financing of health services provided within the State Benefit Package;
- a health information system was created.

The structural changes implemented in the healthcare sector were institutionalised by three key laws of the Kyrgyz Republic adopted in 2003-2004 (the Law on the Single Payer System in Health, 2003, the Law on Health, 2004 and the Law of Health Organisation in the Kyrgyz Republic 2004).

The established legislative foundations and integration of a number of priority (vertical) programmes in the overall health delivery system enhance the formation of a financing system based on separation of individual medical services and healthcare services provided to society as a whole, and allow the continuation of the development of health financing reforms with a clear definition of financial flows, roles and functions of all stakeholders of health financing system.

Based on the nature of health services, beginning from 2006 all services are financed based on the following programmes (summarised in Table 13):

(i) individual health services provided under the State Benefit Package (SBP) and additional programmes. Individual health services provided directly to every citizen can be provided by state and private health organisations and are intended to address the needs of individual citizens. Financing of these health services can come from different sources specially appropriated for these purposes:
- individual healthcare services provided under the SBP are financed by the Mandatory Health Insurance Fund (MHIF);
- individual health services provided under the Additional Mandatory Health Insurance Programme "Drug provision to insured citizens at primary care level" and other additional mandatory health insurance programmes financed by the MHIF.

(ii) high technology health services. Health services are financed from the High Technology Health Services Fund financed through the Ministry of Health.

(iii) public health services. Health services provided to the whole population are based on society needs and divided into:
- public health services;
- centralised provision of state health organisations with necessary material resources (drugs and medicines, medical equipment) oriented to satisfy population needs.

Table 13. Financing health services[29]

Type of health service	Funding organization	Funding source	Health service beneficiaries
Individual health services under the SBP	MHIF	State budget MHI funds	All citizens of the Kyrgyz Republic. For certain population categories – exemptions, determined by the legislation. Privileges for insured citizens (lower co-payment rates) given a referral from an FGP doctor
Individual health services under the ADP MHIF	MHIF	MHI funds	Insured citizens
High-technology health services	Ministry of Health	State budget	All citizens of the Kyrgyz Republic
Public health services (including TB, HIV/AIDS, etc.)	Currently, at regional level – Territorial Departments of the MHIF, at national level – the Ministry of Health Planned – pooling of funds at national level	State budget	All citizens of the Kyrgyz Republic

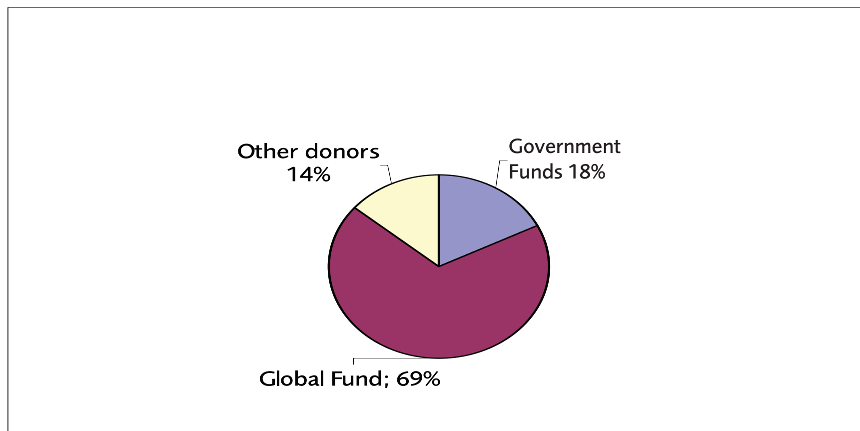
5.2. HIV/AIDS funding in Kyrgyzstan

Kyrgyzstan has financial resources to fight HIV/AIDS from three main sources: the national government budget, the Global Fund and other donors[30]. In 2004 the share of funds for HIV/AIDS-related services as a proportion of total government expenditures was 0.5% (10,529,000 soms: approximately equal to US$255,000). Within the period 2004–2006 an estimated total of US$7.2 million was allocated to the health sector specifically for HIV/AIDS-related services/activities from all sources. The vast majority of these total funds, 69% or US $4.958M, was provided by the Global Fund, whereas the government spent 18% of the total (US$1.271M), and other international donors' contributions were 14% of the total (US $994,000) (Figure 8). To date the data on private funds (out-of-pocket spending by individuals) and NGOs that are not funded by GF and detailed data on external funding have not been compiled within a single dataset; therefore, such data are not currently available. Further investigation is needed to obtain this necessary information as is tracking of financial resources for HIV/AIDS. This would assist to provide a fuller picture of expenditures within HIV/AIDS.

[29] Kyrgyz Republic National Health Care Reform Programme Manas Taalimi (2006-2010), MoH Kyrgyz Republic, 2005

[30] "Report on implementation of Phase 1 of the Global Fund to fight AIDS, TB and Malaria in KR (AIDS component), March 2004-March 2006". The National AIDS Centre of the Government of the KR, 2006

Figure 8. Funds to fight HIV/AIDS in Kyrgyzstan, 2004 – 2006



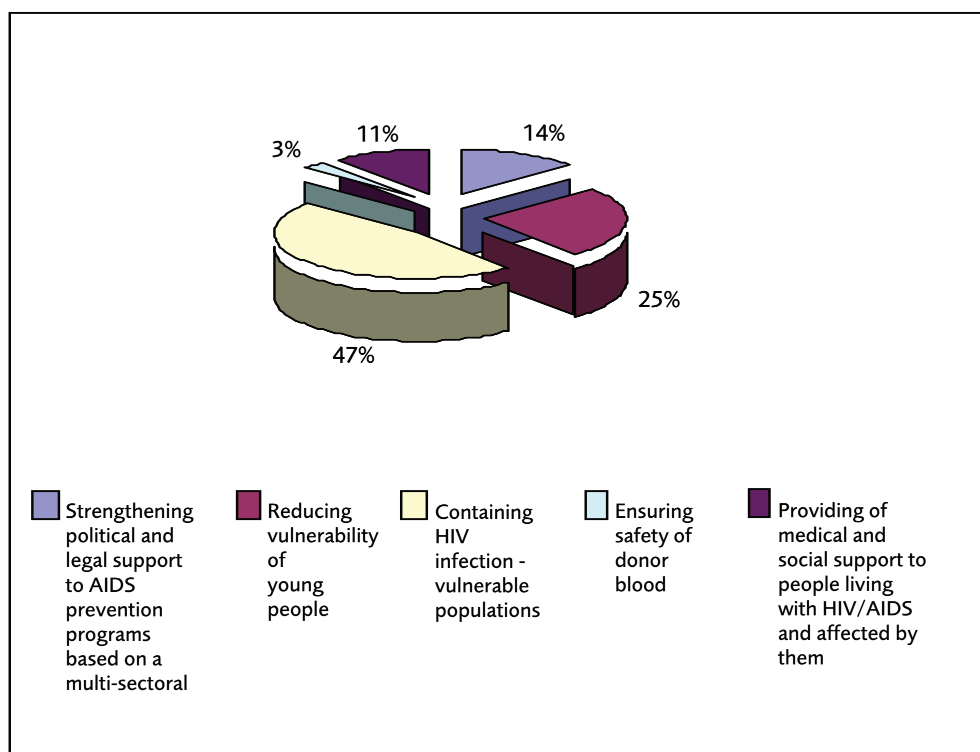
Kyrgyzstan received a Round Two Global Fund Grant for HIV/AIDS entitled "Development of preventative programmes on HIV/AIDS, tuberculosis and malaria aimed at the reduction of social and economic consequences of their spread". The grant was agreed in August 2003 and the start date was March 2004. The total amount approved was US$17,073,306 and the Principal Recipient of the grant is the National AIDS Centre of the Government of the Republic of Kyrgyzstan and its implementing unit the Principal Implementing Unit (PIU). Sub-recipients (NGOs and government agencies) receive funds to implement five strategies developed by the PIU in accordance to the National Strategy of Kyrgyzstan to fight HIV/AIDS. Kyrgyzstan is developing a proposal for a Round Seven Global Fund grant for HIV/AIDS to be submitted in 2007.

The five Global Fund Round Two grant strategies to tackle HIV/AIDS services/activities are as follows:

- Strengthening political and legal support to AIDS prevention programmes based on a multi-sectoral approach;
- Reducing vulnerability of young people;
- Containing HIV infection among vulnerable populations;
- Ensuring safety of donor blood;
- Providing medical and social support to people living with HIV/AIDS and affected by them.

The majority of funds were used to support two strategies: "Containing HIV infection among vulnerable populations" and "Reducing vulnerability of young people", representing 47% and 25% of the total grant respectively (Figure 9). Considerable attention has been placed on interventions for IDUs, prisoners, sex-workers and young people. Indeed the focus has been on preventative interventions among high-risk groups such as the distribution of condoms and syringes/needles and health worker training. Over the period of 2004-2006 around 70% of funds were used for prevention. Conversely, the share of funds for the "Provision of medical and social support to people living with HIV/AIDS and affected by them" is only 11% largely due to small numbers of people who currently live with HIV/AIDS (Figure 9). Moreover, antiretroviral therapy was introduced later in Kyrgyzstan (early 2006); hence the total budget for this area of activity is relatively low.

Figure 9. Disbursement of the Global Fund grant by strategies, 2004–2006



Source: Report on the implementation of Phase 1 of the Global Fund to Fight AIDS, TB and Malaria in Kyrgyzstan (AIDS component), March 2004-March 2006. The National AIDS Centre (2006)

The 51 sub-recipients in the period March 2004 – March 2006 across all oblasts (Figure 10) received 36% of the total Global Fund grant. The majority of these sub-recipients were NGOs. The rest of the money was used by the Principal Recipient to develop political and social support in Kyrgyzstan, to monitor and evaluate ongoing activities within the HIV/AIDS sector, to develop and organize laboratories, to procure drugs and equipment centrally, to train specialists, and to supervise and coordinate the overall activities of sub-recipients and support them.

Almost all NGOs are relatively small and provide services within one region only; however, there are three NGOs, "Belyi Juravl', "Issyk-Kul" and "Socium", that are active in several oblasts simultaneously. Bishkek received the highest proportion of funds, about 65% of the total, whilst Chui oblast received less then 11%. The remaining oblasts received less then 8% of Global Fund resources. This reflects the higher percentage of people at risk of HIV in Bishkek, especially those who use drugs. In Osh oblast the funds are directed to quite narrow services such as the distribution of condoms/syringes despite the fact that the highest percentage of population with HIV/AIDS is in the southern oblasts of Kyrgyzstan. In contrast, a wider range of HIV/AIDS-related services is provided in Bishkek. This distribution of funding reflects funding of the healthcare system in Kyrgyzstan in general where Bishkek greater funding than other parts of the country. The next phase of the Manas Taalimi national programme set an objective to gradually equalise health financing across regions/oblasts.

Figure 10 shows the breakdown of Global Fund grant disbursement by oblasts. Most of this funding was disbursed to relatively small sub-recipients to provide services within one region only. However, there are three NGOs, "Belyi Juravl', "Issyk-Kul" and "Socium", that were active in several oblasts simultaneously. Bishkek received the highest proportion of funds, about 65% of the total, whilst Chui oblast received less then 11%. The remaining oblasts received less then 8% of Global Fund resources. This reflects the higher percentage of people at risk of HIV in Bishkek, especially those who use drugs. In Osh oblast the funds are directed to quite narrow services such as the distribution of condoms/syringes despite the fact that the highest percentage of population with HIV/AIDS is in the southern oblasts of Kyrgyzstan. In contrast, a wide range of HIV/AIDS-related services is provided in Bishkek. This distribution of funding reflects funding of the healthcare system in Kyrgyzstan in general where Bishkek gets more funds then other oblasts. The next phase of the Manas Taalimi national programme set an objective to gradually equalise health financing across regions/oblasts.

Figure 10. Disbursement of the GF funds by region, 2004 – 2006

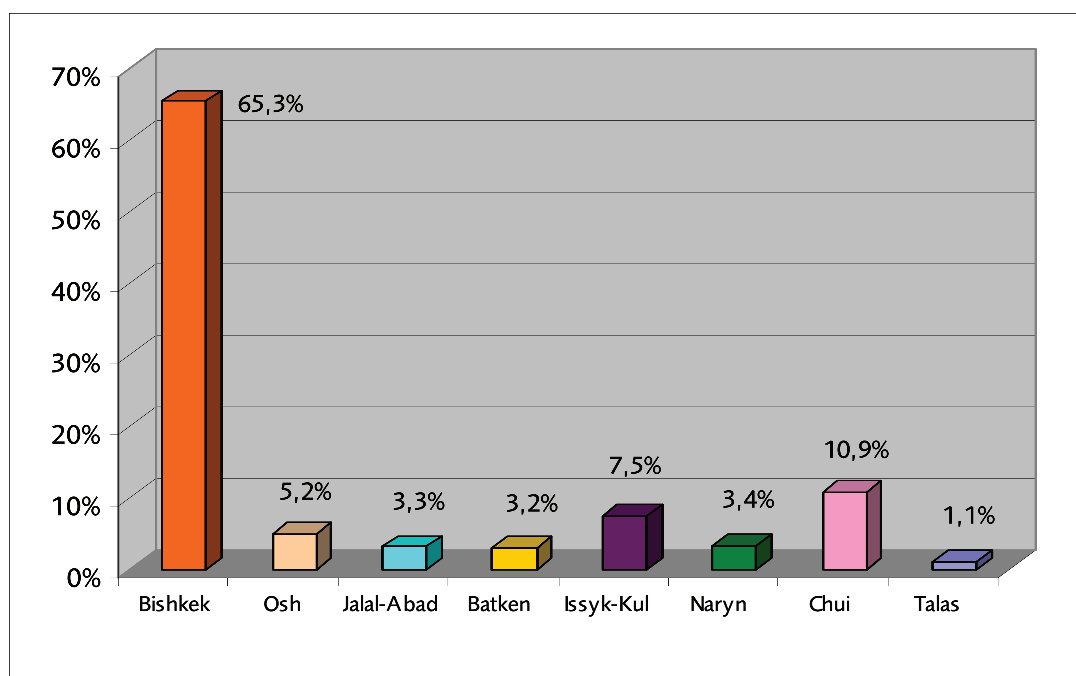


Table 14 shows the budget for the different types of services provided by NGOs from Global Fund resources for 2004-6. As with overall levels of Global Fund funding, the bulk of resources are used for a range of prevention-related activities.

Table 14. Services provided by NGOs supported by Global Fund resources, 2004-2006

Services	US$	%
PREVENTION ACTIVITIES	**1,254,394**	**70%**
Prevention	510,949	29%
Prevention & distribution of condoms/syringes	139,352	8%
Prevention & assistance to units for treating associated diseases	274,535	15%
Prevention & assistance to units for treating associated diseases & distribution of condoms/syringes	64,663	4%
Prevention & assistance to units for treating associated diseases & health workers training	11,457	1%
Prevention & care and support & assistance to units for treating associated diseases	11,982	1%
Prevention & care and support & distribution of condoms/syringes & assistance to units for treating associated diseases	216,976	12%
Prevention & dispensary observation over HIV-infected	4,504	0%
Prevention & health workers training	19,976	1%
CARE AND SUPPORT	**166,114**	**9%**
Care and support	52,190	3%
Care and support & distribution of condoms/syringes & assistance to units for treating associated diseases	101,229	6%
Care and support & assistance to units for treating associated diseases	12,696	1%
CONTROL OVER LAB TESTS	**76,475**	**4%**
INTERSECTIONAL COORDINATION EFFORTS, LEGAL FRAMEWORK ACTIVITIES	**15,400**	**1%**
INSTITUTIONAL ASSISTANCE	**276,638**	**15%**
TOTAL	**1,789,022**	**100%**

6. Service providers

6.1. Range of services and providers supported by the Global Fund Grant

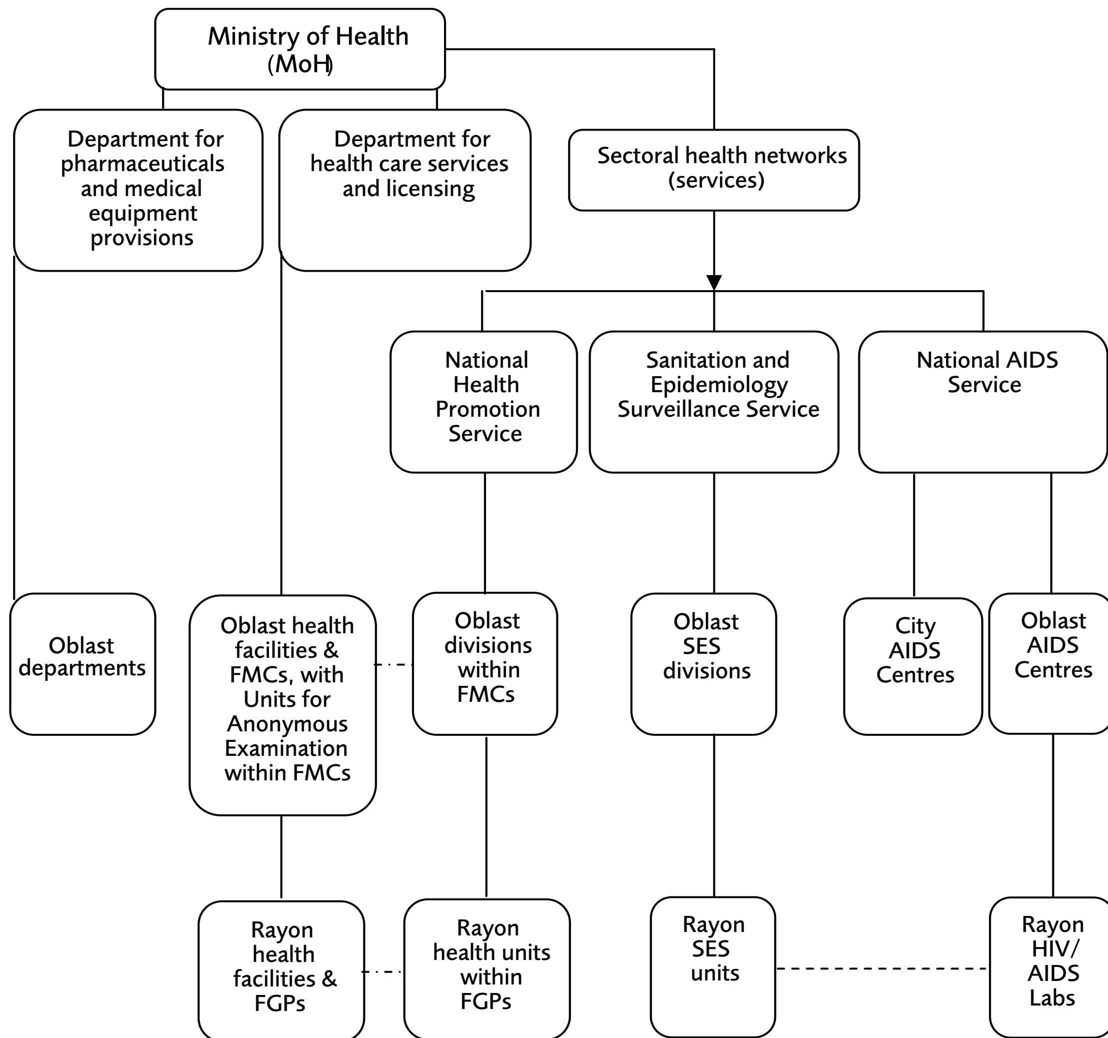
Services delivered within various projects in Kyrgyzstan are primarily focused on key population groups: PLWHA and PSFHA, IDUs, MSM, SWs, prisoners, blood donors and recipients, young people, migrants and military personnel. Service areas in the field of HIV/AIDS include the following:

- HIV testing;
- HIV/AIDS treatment (ARVs);
- Blood Sampling for HIV tests;
- Testing and treatment of associated diseases (for example, STIs, Viral Hepatitis, drug addiction);
- Care and support (including pre- and post-test counselling, legal advise and medical and social rehabilitation services for IDUs, released prisoners, sex workers and PLWHA);
- Training of health and lab workers;
- Prevention activities including awareness building campaigns, institutional and individual capacity building, training and counselling on HIV/AIDS for risk and marginal groups relating to particular skills and knowledge;
- Units treating STIs and for drug use treatment (including client friendly clinics and units for methadone treatment);
- Harm reduction interventions such as distribution of needles/syringes;
- Distribution of condoms;
- Ensuring safety of medical interventions (HIV testing in blood transfusions, safety in drug injections and infusions, surgery).

6.1.1 Government health providers

The most important government health agencies working in the field of HIV/AIDS in Kyrgyzstan are the Ministry of Health central departments, the National AIDS Service network, the National Health Promotion Service network, the National Sanitation and Epidemiology Surveillance Service (SES) network, and individual many health facilities including family group practices (FGPs) among others. Figure 11 shows the lines of accountability between government health agencies responsible for HIV/AIDS.

Figure 11. Outline of government health organisations responsible for HIV activities



The National AIDS Centre is an organisation within a vertical framework that is assigned to address medical aspects of HIV/AIDS epidemics response. Since 2004 the Centre receives funding from the Global Fund. The Centre mainly provides:

- HIV testing;
- HIV treatment (ARV treatment and treatment management e.g. conducting CD-4 counts);
- Registration of people infected with HIV;
- Supplies of lab and treatment commodities to health facilities and health divisions under non-health authorities
- Sentinel surveillance
- Awareness building activities

The Sanitation and Epidemiology Service is a vertical network of units, with a technical role in infection control. This service interacts with the National AIDS Service in a way that oblast AIDS centres report to SES centres. Generally this service is of a leading role in national public health.

Due to routine contact with communities and close links to SES and AIDS Centres and Health Promotion Units, FGPs play an important role in responding to HIV/AIDS. Their roles include awareness building among the general population, implementation of ARV treatment on-cites and treatment of HIV-associated diseases such as STIs, hepatitis and drug addiction. Additionally, FGPs are involved in data collection for sentinel surveillance.

The National Health Promotion Service is an institution initially established to provide guidance on health awareness building activities. However, recently it has been involved in community-based health promotion and a number of research activities. Along with the SES service, this is undergoing reform and institutional capacity building process. Having its local units operating within FGPs, the Health Promotion Service is expected to boost the preventive role of FGPs[31].

HIV testing is provided through National AIDS Service labs across the country (city and oblast AIDS centres and rayon HIV/AIDS labs). In addition, for specific groups undergoing ARV treatment (current and released prisoners, IDUs and SWs), when necessary, ARV medicines are supplied by health workers operating in facilities such as FGPs, Prison Health Facilities and Narcology Centres and hospitals. They also supervise the treatment process. The numbers of government facilities funded by the Global Fund for the period 2004-2006 are illustrated in Table 15.

Table 15. Services provided by government facilities/agencies funded by the GFATM grant by regions (first phase sub-recipients)[32]

	Prevention	HIV/ AIDS Testing	HIV/ AIDS Treatment	Care and support	Commodity distribution (condoms, syringes)	Assistance to units (for treating associated diseases, blood sampling for HIV tests)	Training of health workers	Other
Bishkek	8	1	1	2	3	2	1	1
Osh oblast	2	1	1	1	1	2	1	
Chui oblast	1					1		

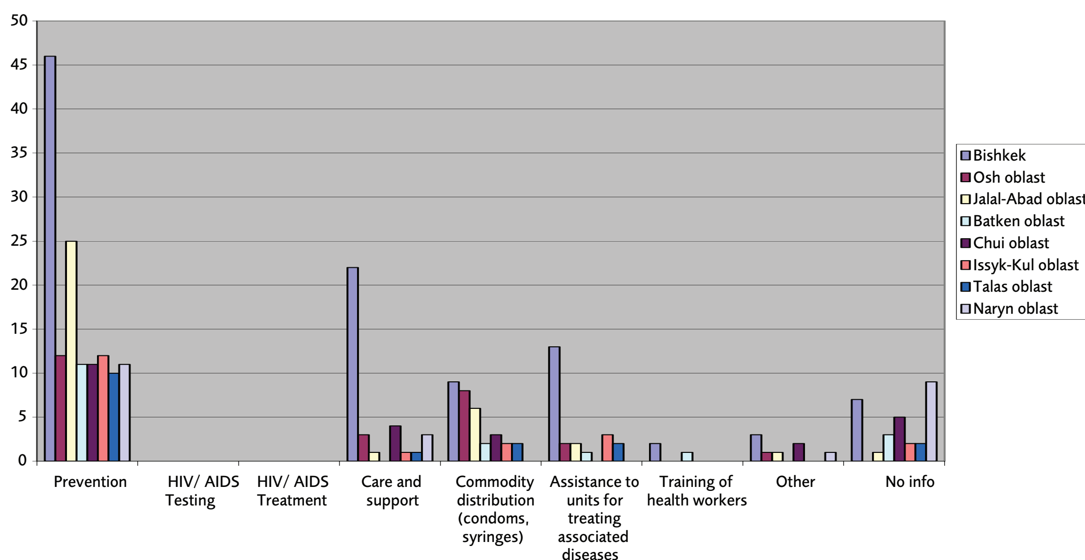
6.1.2 Non-government organisations

Currently in Kyrgyzstan there are over 14,000 NGOs registered in the Ministry of Justice. In almost every village there is a civil society association that actively works to try to solve problems, including problems of health.

According to various data sources, as of December 2006 there were approximately 200 NGOs and other civil society organisations operating in Kyrgyzstan involved in HIV/AIDS-related activities. Sixty receive GFATM grants and nine were recently selected for the small grants programme under the World Bank Central Asian AIDS Project (CAAP), with some also receiving funding from the GFATM[33]. Other NGOs have received support from the DFID Central Asian Regional HIV/AIDS Project (CARHAP), the Soros-Kyrgyzstan Foundation, KfW, the HIV Prevention Project of the Swiss Agency for International Cooperation (SDC), UNDP, USAID and the East-West Foundation and others[34]. Figure 12 shows the numbers of NGOs providing HIV services by service area and region. The greatest concentration of organisations is in Bishkek city and focuses on preventative services.

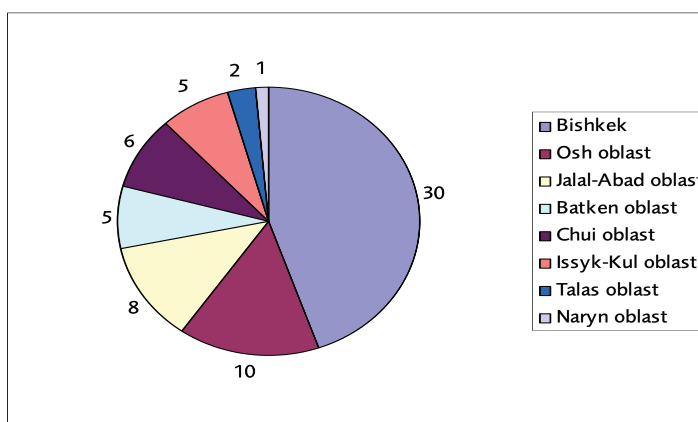
[31] Information provided by RCHP representatives
[32] "Report on implementation of 1st phase of Global Fund to Fight AIDS, Tuberculosis and Malaria in the Kyrgyz Republic for March 2004- March 2006"
[33] Information provided by CAAP representative
[34] www.donor.kg

Figure 12. Overall NGOs providing HIV services by service area and region 2004-6[35]



The GFATM HIV/AIDS grant funded 60 NGOs, 13 government organisations and 2 private companies in the period 2004-2006. NGOs within GFATM grant are geographically[36] distributed as illustrated in the Figure 12 below[37].

Figure 13. Numbers of NGOs with HIV/AIDS activities supported by the GFATM by regions 2004-2006



Under the GFATM funding, none of the NGOs directly provide ARV treatment services and HIV testing. There are few NGOs with actual capacities to provide testing and treatment of associated diseases, although they provide blood sampling for subsequent HIV tests in corresponding National AIDS Service Labs. Other NGOs do not directly provide these services, instead supporting government and private sector-run "client friendly clinics" (CFCs), of which there were 8 supported by the GFATM grant in Kyrgyzstan. 52 NGOs funded by the Global Fund provide prevention services, with 24 of them working in Bishkek, 9 in Osh, 6 in Jalal-Abad, 3 in Batken, 4 in Issyk-Kul, 1 in Naryn, 6 in Chui, 2 in Talas oblasts. 22 NGOs provided commodity distribution, 8 of them are in

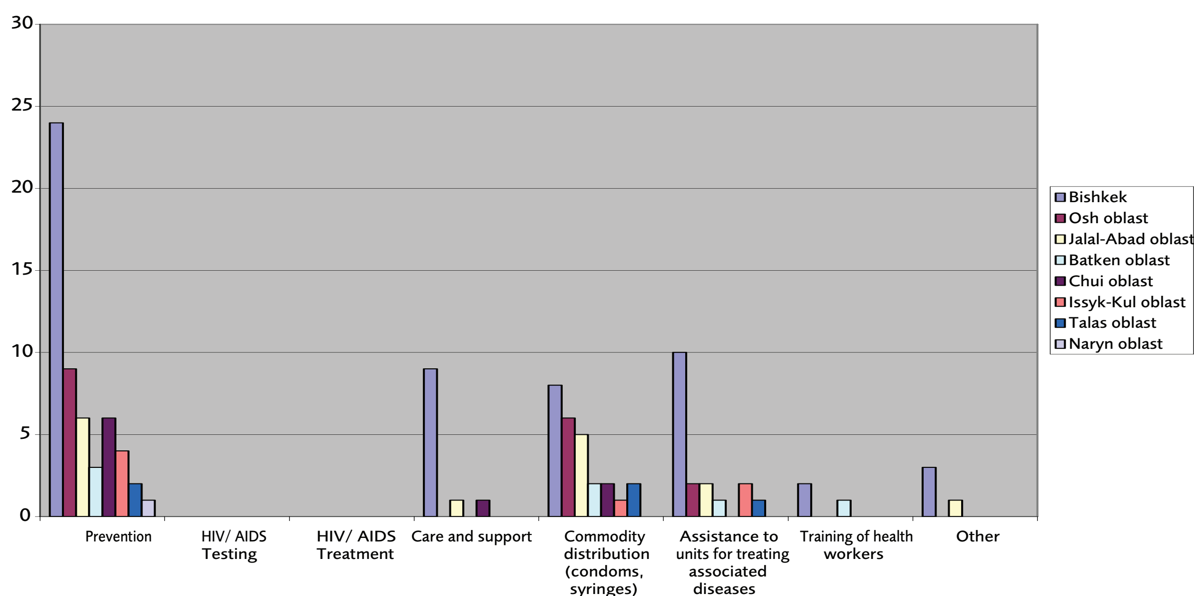
[35]Global Fund Report 2004-6

[36]HIV/AIDS service providers might have representations/ service deliveries in regions, at the same time providing various services, which explains why the number of providers in the text will be different from numbers for service distributions and regional representations of providers in tables and graphs.

[37]These data are derived from "Report on implementation of 1st phase of Global Fund to Fight AIDS, Tuberculosis and Malaria in the Kyrgyz Republic for March 2004- March 2006"

Bishkek, 6 in Osh, 5 in Jalal-Abad, 2 in both Talas and Chui oblasts, and 2 NGO working in Batken and 1 in Issyk-Kul oblasts. Training of health staff was provided by 3 NGOs. Support to client friendly clinics for HIV-associated diseases was provided by 19 NGOs[38]. These data are summarised in Figure 14.

Figure 14. Kyrgyz NGOs providing HIV/AIDS services by regions under GFATM as of September 2006



Under the World Bank Central Asian AIDS Program (CAAP) there are two major programmes: a small grant programme and a large grant programme. As of December 2006 data are only available for the small grant programme; activities under the large grant programme were not formally approved yet[39]. There are nine NGOs supported by the CAAP small grants programme, out of these three are also receiving funding from the GFATM grant. The distribution of these NGOs is shown in Table 16.

Table 16. Services provided by NGOs under the World Bank CAAP by service area and regions

	Prevention	Care and support	Training of health workers
Bishkek	1	1	
Osh oblast	2		
Jalal-Abad oblast	2		
Batken oblast	4		
Chui oblast	2		1

[38]These data are derived from "Report on implementation of 1st phase of Global Fund to Fight AIDS, Tuberculosis and Malaria in the Kyrgyz Republic for March 2004- March 2006"
[39]Information provided by CAAP representative

6.1.3 Private providers of HIV/AIDS services

Private organisations within the GFATM grant programme were also involved in providing HIV services. For example, the "Almaz" Broadcasting Company operating in Bishkek and private FGP "Meder and Emb" operating in Issyk-Kul oblast. The focus is on awareness building through radio programmes and training health workers along with commodity distribution among young people. There are also private Client Friendly Clinics providing testing and treatment of STIs and blood sampling for HIV tests. Other private companies are mostly involved in the centralised procurement activities of GFATM PIU and international donor assisted programmes as suppliers, providing goods/ hardware and services[40].

6.2 Scale-up in coverage of population groups[41]

6.2.1 Young people

As of February 2006, during the implementation of the first phase of the GFATM programme in Kyrgyzstan the total coverage was 270,053 people aged 19-29 years. This represents 16,7% of all young people nationally (1,608,000 people). The number of schools where the subject "Healthy Lifestyles" was introduced into the curriculum doubled: currently this subject is being delivered in 40,6% of schools. Coverage of young people by youth-friendly services increased 2,5 times since 2003 and by 3,5 times since 2001. A survey suggested that 60,4% of young people were aware of how HIV is transmitted[42].

6.2.2 Injecting drug users

Officially as of January 2005 there were 6,865 drug users in Kyrgyzstan. However, according to UNAIDS studies in 2002 the estimated actual number of drug users was around 80-100,000 people, with approximately 70% being IDUs. According to GFATM data the coverage of IDUs with harm reduction programmes was 7,750. The number of IDUs provided with methadone treatment specifically was 388 by March 2006.

6.2.3 Military personnel

GFATM-supported prevention programmes (primarily trainings and condom distribution) covered 62% of military personnel.

6.2.4 Prisoners

By March 2006 41% of the 16,000 prisoners in Kyrgyzstan received interventions funded by the GFATM.

6.2.5 Sex workers

Among sex workers 3,500 of an estimated 4,500 received services funded by the GFATM grant (including youth-friendly services)

6.2.6 Men having sex with men

Among men having sex with men 7,300 of an estimated 10,000 people received services funded by the GFATM grant.

6.2.7 Pregnant and parturient

All HIV-infected pregnant and parturient women undergo full preventive treatment course to reduce the risk of HIV transmission to the child, which is provided by AIDS Centres.

[40] Based on interviewees' accounts

[41] All data on coverage by GFATM are referred to GFATM data in "Report on implementation of 1st phase of Global Fund to Fight AIDS, Tuberculosis and Malaria in the Kyrgyz Republic for March 2004- March 2006"

[42] Global Fund Report 2004-6

6.2.8 Blood screening

Currently 100% of donor blood is tested for HIV. For reliable testing the so called blood quarantinization is being introduced in the Central blood transfusion center in Bishkek. This is keeping transfusion material for several months in appropriate conditions with subsequent HIV testing. This is grounded with possibility of "lucid spaces" with regard of revealing HIV or markers in tested materials.

6.2.9 ARV treatment

Official figures indicate that currently 47 people receive ARV therapy in the Kyrgyz Republic (source Republican Aids Centre, 2007).

Annex 1

Regulatory framework for HIV/AIDS in the Kyrgyz Republic[43]

International regulations

	Year	Document	Ratification
1	25.09.1996	International guidelines on encouraging and protection of human rights related to HIV/AIDS. Adopted by 2nd Consultation meeting on HIV/AIDS and human rights, arranged jointly by UNHCR and UNAIDS, Geneva 23-25 September, 1996	Not ratified
2	25.11.1998	AGREEMENT on cooperation in HIV/AIDS activities between CIS states	Approved with the Government's Resolution of 9 October 2000 _ 616 The Kyrgyz Republic deposited the notification in 26 October 2000
3	25.11.1998	Interstate cooperation program in HIV/AIDS prevention and treatment in CIS states up to 2005	Annex to Agreement on cooperation in HIV infection activities

Laws of the Kyrgyz Republic

	Instrument	Date of approval
1	Law "On HIV/AIDS prevention in the Kyrgyz Republic"	2 December 1996 _ 62
2	Law "On HIV/AIDS in the Kyrgyz Republic"	13 August 2005 _149

Government's Resolutions

	Instrument	Date of approval
1	Government's Resolution on Provisions of Social Protection of HIV infected, AIDS patients, members of their families, as well as health and other relevant staff involved in either care of HIV infected and AIDS patients or working with biological materials	1 September 1997 _507 (edited in the Government's Resolution of 17 August 2004 _622)
2	Government's Resolution on Provisions of privileges to staff exposed to HIV infection risk at working place	1 September 1997 _507 (edited in the Government's Resolution of 17 August 2004 _622)
3	Government's Resolution "On measures to prevent AIDS and STIs in the Kyrgyz Republic"	1 September 1997 _507 (edited in the Government's Resolution of 25 May 1998 _294, 29 October 1998 _704, 13 December 2001 _785, 17 August 2004 _622)

[43]Inter-sectoral cooperation on HIV/AIDS and values of the Youth in the Kyrgyz Republic (on the case of Bishkek and Naryn oblast). Report was prepared by the Centre for Public Opinion Studies "El-Pikir": IlibezovaE., Ilibezova L., Selezneva E. – Bishkek: 2005, 49 page.

4	Government's Resolution "On approving Rules for medical examination for revealing HIV infected and observation over the HIV infected and AIDS patients in the Kyrgyz Republic"	1 September 1997 _ 507
5	Government's Resolution "On approving the Agreement on cooperation in addressing HIV in CIS states"	9 October 2000 _616
6	Government's Resolution "On approving the National Program of prevention of HIV and STIs in the Kyrgyz Republic for 2001-2005"	13 December 2001 _785
7	Government's Resolution Annex to the Government's Resolution of 24 September, 2002 _516-r "Budget for the National Program for prevention of HIV/AIDS, sexually and injectionally transmitted infections in the Kyrgyz Republic for 2001 – 2005"	24 September, 2002 _516-
8	Government's Resolution "On preparation of the climb of international expedition "Sign" to POBEDA Peak (July 2004) to implement the international campaign for fighting HIV/AIDS	17.03. 2004 _181
9	Government's Resolution "On the draft Law on Ratification of Agreement between the Government of the Kyrgyz Republic and the Government of Germany on Financial cooperation to Prevent HIV/AIDS" (for 2001 – 2002)	27 October 2004 _783
10	Government's Resolution "On establishment of multi-sectoral coordination committee under the Government to fight HIV/AIDS, Tuberculosis and Malaria?	2 June, 2005 _204

President's Resolutions

	Instrument	Date of approval
1	President's Resolution "On ratification of Agreement letter on Grant of the Government of Japan for preparation of Central Asian Regional HIV/AIDS Control Project (Grant _TF053750)	26 November 2004 _ 421

Sectoral and inter-sectoral regulatory instruments

	Instrument	Date of approval
1	Order of MIA "On approval of the INSTRUCTION for interior staff on HIV/AIDS prevention among HIV/AIDS vulnerable groups	20 August, 2003 _ 389 _94-03
2	Order of the Ministry of Justice, the Ministry of Health, Ministry of Labour and Social Protection "On approval of INTERSECTORAL PROGRAM of interaction of prison and civil health systems"	17 June, 2004 _ 71-04

Annex 2

Parallel sector programs for HIV/AIDS prevention:

- Program of Religious Department of Moslems of Kyrgyzstan on assistance in implementation of the National Program on HIV/AIDS prevention, adopted by Azreti Mufti of Moslems of Kyrgyzstan on 04.11.03;

- Program for prevention of HIV/AIDS and sexually and injectionally transmitted infections of the Ministry of Environment and Emergence of the Kyrgyz Republic and its subdivisions for 2003-2005, adopted by the Order of 30.09.03 _ C 432;

- Program of the Kyrgyz Ministry of Internal Affairs for prevention of HIV/AIDS, sexually and injectionally transmitted infections for 2003 – 2005, adopted by the Order of 30.12.02 _ 549;

- Program for prevention of HIV/AIDS and sexually and injectionally transmitted infections of the Ministry of Health of the Kyrgyz Republic for 2003-2005, adopted on 09.09.02;

- Program for prevention of HIV/AIDS and sexually and injectionally transmitted infections of the Ministry of Labour and Social Protection for 2002-2005

- Program for prevention of HIV/AIDS and sexually and injectionally transmitted infections of the Department of securing and guarding the condemned persons and prisoners under the Ministry of Justice for 2005, 2006-2010, adopted by the Order of 8.04.2005 _ 52.

- Program for prevention of HIV/AIDS and sexually and injectionally transmitted infections in Internal armies of the Ministry of Internal Affairs of the Kyrgyz Republic for 2004-2005, adopted by the Order of 19.02.04 _ 19.

- Program for prevention of HIV/AIDS of the Border Guards of the Kyrgyz Republic for 2004-2005, adopted by the Order of 28.04.2004 _ 145;

- Program for prevention of HIV/AIDS and sexually and injectionally transmitted infections in divisions of National Guards of the Kyrgyz Republic for 2002-2005, adopted by the Order of 09.08.02 _ 116;

- Program for prevention of HIV/AIDS of the Ministry of Education adopted by the Order of 29.07.04 _ 449/1;

- Program for prevention of HIV/AIDS and sexually and injectionally transmitted infections of the Ministry of Transport and Communications, adopted by the Order of 17.06.02 _ 176;

- Program for prevention of HIV/AIDS and sexually and injectionally transmitted infections of the State Committee for Tourism, Sports and Youth Policy for 2003-2004, adopted by the Order of 12.03.03 _ 32-0.

Annex 3

List of regulatory and legal instruments related to HIV/AIDS in the Kyrgyz Republic

The Constitution of the Kyrgyz Republic of 18 February 2003, _40 (Law in the new edition of the Constitution, Human rights _ of articles 15, 16)

Codes and Laws of the Kyrgyz Republic:

The Labour Code – of 4 August 2004 N 106;
The Criminal Code of 1 October, 1997 N 69 (in the Law of 5 August, 2005 N 122 (_ of articles 117, 118, 145);
The Law "On health securing of citizens of the Kyrgyz Republic" of 9 January, 2005 N 6;
The Law "On welfare benefits in the Kyrgyz Republic" of 5 March, 1998 _ 15, and in the Law of 13 August, 2005 _ 148 (_ of articles 10,11, 11-1, 18);
The Law "On protection and securing the minority rights" of 22 November, 1999 _ 126 (in the Law of 17 July, 2004 N 90);
The Law "On basics of the national youth policy" of 26 February, 2000 _ 46

Government's Resolutions:

The Government's Resolution of the Kyrgyz Republic "On approval of lists of manufactures, works, professions, posts and indicators providing the right for preferential pensions of 1 July, 1996 _298 (in the Resolution of 10.08.2004 N 591);
The Government's Resolution of the Kyrgyz Republic on approval of Regulation "On the order of provision of social insurance benefits" of 8 February, 1995 _ 34 (in the Resolution of 11.12.2004 N 680);
The Government's Resolution of the Kyrgyz Republic "On measures to prevent HIV/AIDS, sexual and injection transmitted infections in the Kyrgyz Republic" of 13 December, 2001 _ 785 (in the Resolution of 2 June, 2005 _ 204);
The Government's Resolution of the Kyrgyz Republic "On emergence situation in the country due to the growth of venereal diseases" of 30 June, 1997 _388;
The Government's Resolution of the Kyrgyz Republic "On improvement of the system of social security of needy families and citizens" of 15 May, 1998 _ 281 (in the Resolution of 9 July, 2005 _ 290).

Decrees and Regulations:

Regulation of the Government of the Kyrgyz Republic "On Country Multi-sectoral Coordination Committee of the Kyrgyz Republic to Fight HIV/AIDS, Malaria and Tuberculosis" of 2 June, 2005 _ 204.