



# Prevention of infectious diseases and treatment of HIV / AIDS and hepatitis among injecting drug users in Central Asia and the contribution of social work to the services for drug using people (InBeAIDS)



Frankfurt am Main  
Germany, Bishkek  
Kyrgyz Republic  
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## **GENERAL ANALYTICAL REPORT**

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## Abbreviations

AIDS - Acquired Immunodeficiency Syndrome  
 ART - Antiretroviral Therapy  
 ARV - Antiretroviral (drug)  
 CCt AIDS - City Center to combat AIDS  
 FC – friendly cabinet  
 ESD – of epidemiological surveillance of prevalence  
 ET – Electronic tracking  
 HIV - Human Immunodeficiency Virus  
 ICD - International Classification of Diseases  
 IDU - Injecting Drug Users  
 KR - Kyrgyz Republic  
 SSEP – stationary syringe exchange points  
 MSEP - mobile syringe exchange points  
 MSM - Men who have sex with men  
 NDICA - National database of individual customer accounting  
 NGOs - Non-Governmental Organizations  
 OST- opioid substitution therapy  
 PLHIV - people living with HIV - infection  
 PWID - people who inject drugs  
 PWUD – people who use drugs  
 RC - Republican Center  
 RCC AIDS - Regional Center to combat AIDS  
 RT-Republic of Tajikistan  
 SPS -State Penitentiary Service  
 STI - Sexually Transmitted Infections  
 SW - Sex Workers  
 TB - Tuberculosis  
 TG - transgender people  
 UN - United Nations  
 VPN - virtual private network  
 WHO - World Health Organization

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## Summary

On the website of the international NGO “AVERT (www.avert.org) on an overview of HIV and AIDS in Eastern Europe and Central Asia it is stated: *“Eastern Europe and Central Asia is the only region in the world where annual rate of HIV infections continues to rise at a concerning rate. The HIV epidemic has, for the most part, hit people who inject drugs the hardest. Harm reduction service coverage remains low and where it does exist the services are often not comprehensive. Conservative legislation around same sex relationships, drug use and sex work continues to fuel stigma, obstructing the HIV response in some countries within the region.”*

This assessment is in line with the data explored in this study, but at the same time it is not differentiated enough to develop a more accurate picture of the situation in Central Asia. The above assessment applies to a large extent to the Russian Federation as well as to Ukraine (where 70% of people with HIV live in this region), while Central Asia shows a different picture. It is true that “the region’s epidemic is concentrated predominantly among key populations - in particular, people who inject drugs (sometimes referred to as PWIDs). Unprotected sex is causing an increasing number of HIV infections and is now the leading cause of transmission in some countries”.

When we look at the data from Central Asia, it is clear that the number of new HIV infections is increasing, especially in Kazakhstan, while at the same time the proportion of injecting drug users is decreasing. This trend can also be observed in the other Central Asian countries, but it is difficult to explain it analytically. For one thing, the number of officially registered opioid users in Central Asia has been steadily declining over the last years, with in 2013 over 35,000 drug users (mostly opioid users) were registered in Kazakhstan, but in 2017 there was 23,000 (-35%); in Kyrgyzstan it was 9,000 in 2013, and 8,500 in 2017 (-6%); in Tajikistan it was 7,176 in 2013, and 6,947 (-3%) in 2017; and in Uzbekistan it was 16,000 in 2013 and 8,000 (-50%) in 2017.

Also the number of opioid users treated in narcological clinics is declining, while the number of patients in Opioid Substitution Treatment (OST) is slowly increasing, but still on a very small scale in relation to the total number of opioid users<sup>1</sup>. Whether these substitution treatments affect HIV prevalence rates is difficult to assess, but their overall range and the retention rates are still far too low / too high respectively to produce epidemiological effects. One important area that is severely neglected is the risk of hepatitis infections, which, according to too few existing data, is much larger than HIV / AIDS. The prevalence is between 60-80% and there is hardly any treatment available, which is still too expensive and for which there is hardly any practice experience.

As far as harm reduction measures are concerned, there are contradictory indications. It is often said that these measures are much too small and have little effect. However, a look at the (official) data provides a more differentiated picture. There are syringe distribution programs operating in all Central Asian countries and even in prisons in Kyrgyzstan. The number of syringes dispensed is considerable high, but there are doubts as to whether these data represent the reality, because there are only a few studies that allow a conclusion on

1. I. I. Michels, H. Stöver, O. Aizberg and A. Boltaev (2020): Opioid Agonist Treatment for Opioid Use Disorder patients in Central Asia. Heroin Addict Relat Clin Probl. Published Ahead of Print: <http://www.heroinaddictionrelatedclinicalproblems.org/harcp-archives.php>

the impact of such programs on HIV prevalence. In addition, the issuing offices in Central Asia are called “trust points”, but it can be doubted whether the clients really have confidence in the anonymity and confidentiality of these offers.

The impact of mass labour migration (especially from Kyrgyzstan and Tajikistan to Kazakhstan and the Russian Federation) on HIV prevalence is also difficult to assess, because there is too little data on it, but there are some indications (e.g. that the migrant population is largely male). Migrants are those who work and live in often unhealthy conditions, without their partners and children abroad, and probably have sexual contacts with sex workers, where protective measures are often not used due to ignorance or lack of prevention tools. In addition, the number of sexually transmitted HIV infections is increasing (but there are recent studies from Kazakhstan suggesting that there is an underestimation of the number of drug using women whose HIV infections are defined as “sexually transmitted”).

An important factor is that there are too few structural preventive measures (there are no outpatient counselling and assistance services, there is hardly any outreach work and, if at all, only by NGOs of former drug users, almost all of the financing is done by international donors (especially Global Fund) and without adequate education. Social work is still in its infancy and it is almost not geared to working with drug dependents.



## 1 Introduction

The spread of HIV and AIDS has become one of the serious problems of modern society, which has not only medical, but also social sounding. The epidemic affects all spheres of society. In this context, social work is an extremely popular mechanism for reducing tension and solving problems at personal, group, and public levels. For example, the increase in the number of people living with HIV for a long time raises the question of their integration into society on a full and equal basis, which is impossible without appropriate work with the population as a whole and with individual groups. The need for social work in this context is obvious.

The reasons for this are the pandemic spread of the HIV infection, the direct socio-economic consequences of the epidemic, costly treatment, and the absence of specific preventive measures to date. In Central Asia, there are a number of factors contributing to the HIV / AIDS epidemic, such as poverty, unemployment, and an increase in the number of injecting drug users and sex workers, labor migration and, most importantly, a low level of public awareness about how to transmit and prevent HIV infection. In each country, the epidemiological situation remains complex and has specific distribution characteristics. Recently, in Central Asia, there has been a tendency of increased numbers of cases as a result of “unprotected sex and the spread of HIV from an HIV-infected mother to a child”.<sup>2</sup> This indicates that the HIV / AIDS epidemic in Central Asia is beginning to affect not only high-risk groups, but also the general population.

The analysis of the epidemiological situation was carried out in the following stages of work:

- Study and analysis of strategic planning and regulatory framework for the prevention of infectious diseases and the treatment of HIV / AIDS and hepatitis;
- Collection of materials and statistical data on the dynamics of the situation in Kyrgyzstan, Tajikistan and Kazakhstan;
- Analysis, synthesis and comparison of the results of the study of the epidemiological situation regarding HIV / AIDS and hepatitis in Central Asia;
- Definition of purpose and objectives of the survey and the research methodology;
- Choice of research methods and instruments: secondary survey, questionnaires and expert interviews;
- Conducting an empirical study involving PLHIV and experts providing social, medical and legal services for PLHIV;
- Analysis, comparison and generalization of the survey results.
- The study was conducted from February 2018 to December 2019.

**The first part** of the analytical report provides an overview of the issue of drugs and infectious diseases in Central Asia. We reviewed the epidemiology of HIV and drug-related infections in Central Asia, the serological prevalence of hepatitis C, the effectiveness of opioid substitution therapy, the specifics of harm reduction measures and needle and syringe exchange programs. We also analyzed the steps of monitoring activities of HIV prevention institutions. In the **second part** of our study, we focused on the treatment, control and prevention of the spread of the HIV virus. We have revealed the main preventive measures to reduce HIV

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2. But the number of affected mothers and children is still low.

infection in Central Asia. Also here we showed the importance of cooperation and interaction between health authorities, social protection and social partners. We also tried to show the peculiarities of the practice of antiretroviral therapy in the prison system in three countries.

The **third part** of this study focuses directly on the role of social work and NGOs in preventing the spread of HIV / AIDS in Central Asia. In this part the generalizing results of sociological research of questions of the organization of effective social work, its relevance, quality and availability of social services and ways of application of new methods of work with vulnerable category of the population across all Central Asia are reflected.

The study was based on data from questionnaires and interviews that were conducted with PLHIV and representatives of nongovernmental organizations working in the field of HIV / AIDS and government agencies, Kyrgyzstan, Tajikistan, Kazakhstan.

The purpose of the survey was to define the role of social work in HIV/AIDS prevention among injecting drug users.

#### **Survey objectives:**

- ✓ To examine the epidemiological situation of HIV/AIDS and hepatitis;
- ✓ To study the existing system of providing social services for PLHIV among injecting drug users and to analyze the barriers and opportunities for solving social problems (interview);
- ✓ To identify the needs of PLHIV in social services (questionnaire);
- ✓ To show the role of social work in HIV/AIDS prevention and to identify the specifics of social support for PLHIV among injecting drug users;
- ✓ To reveal the role of NGOs in the prevention of infectious diseases and the treatment of HIV/AIDS and hepatitis among injecting drug users.

#### **Survey methods:**

- ✓ Questioning of PLHIV among injecting drug users to assess the social, psychological, legal, economic, and medical needs of PLHIV;
- ✓ Expert interview with specialists to study the social protection system and types of social services and algorithms for social work with PLHIV.

**Survey sample** - PLHIV and specialists providing social and medical services for PLHIV.

The study involved 73 PLHIV (Kyrgyzstan - 22, Kazakhstan - 51, Tajikistan - 16).

#### **Survey geography:**

- The Kyrgyz Republic - Bishkek, Karakol, Chui Oblast.
- The Republic of Kazakhstan - Shymkent, Taldy Korgan, Ust-Kamenogorsk, Nur-Sultan, Petropavlovsk, Pavlodar.
- The Republic of Tajikistan - Dushanbe city.

The theoretical and methodological basis of the survey is represented by the work on the social prevention of HIV/AIDS among injecting drug users.

Empirical base of survey is represented by the following institutions:

**The Kyrgyz Republic:** AIDS Fund East-West in the Kyrgyz Republic; "Info Center Rainbow"

Public Foundation; Social Bureau of the City AIDS / HIV; Center “SOS Children’s Village, the city of Bishkek” Public Foundation; Bishkek Employment Promotion Office; “Alternative in Addiction Medicine” Public Foundation; “Ranar” Public Foundation; “Anti-AIDS in Kyrgyzstan”; Association “Socium”; Social Fund Association of Social Workers of the Kyrgyz Republic; Ministry of Labor and Social Development of the Kyrgyz Republic; Department for the Development of Social Services for Family and Children; The Bishkek City AIDS Center; Bishkek City Center for Psychiatric and Psychotherapeutic Care; “Preventive Medicine” Scientific and Practical Association.

**The Republic of Kazakhstan** - Public Foundation “You Are Not Alone”, Pavlodar, Public Association “Association of AIDS Service Organizations” Zholdas”, South Kazakhstan Region Public Amelia association Taldykorgan city, Answer public fund, East Kazakhstan region, Ust-Kamenogorsk, Public association Center for Development and Social Assistance to the Population My Home, “Revenge”, PF “Nadezhda Nord”, Petropavlovsk, Foundation for Women Living with HIV, Eurasian Foundation for People Living with HIV, AID city centers, outreach workers, Global Health Research Center of Central Asia.

**The Republic of Tajikistan** - Republican Public Organization “AIDS Foundation East West-Tajikistan” — AFEW-Tajikistan, Ministry of health and social protection, Republic AIDS Center.

## 1.1 Drugs and Infection Diseases in Central Asia – an overview

### 1.1.1 Overview on epidemiology of HIV and drug related infections in Central Asia

For getting a comprehensive overview on the drug and HIV/AIDS situation in Central Asia we used and analyzed the data from governmental structures such as AIDS centers and from NGOs working in the field from Kazakhstan, Kyrgyzstan and Tajikistan (and Uzbekistan as well, although this country is not part of our project). The epidemic of HIV/AIDS, Hepatitis and other infectious diseases is growing<sup>3</sup> despite the various UN and EU prevention and information programs and projects such as the EU Central Asia Drug Action Programme (CADAP)<sup>4</sup>, Harm Reduction Programs, NGOs, etc.

### 1.1.2 HIV infections in Central Asia

The HIV epidemic in CA is at the second stage – a concentrated one<sup>5</sup>. The last statistics raised within CADAP Project in 2017 of the newly registered total number of HIV cases in CA countries are as following:

In Kazakhstan there are newly registered 2,854 people living with HIV (PLHIV), out of them are 850 (29,8%) people with injecting drug use (2014)<sup>6</sup>. In Kyrgyzstan the number of new HIV

3. Drug related infectious diseases. Country overviews of drug situation: Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan by Central Asia Drug Action Programme (CADAP); Prague 2017 and 2018. (Data from Turkmenistan is not available). The report uses data from AIDS centres, narcological centres and NGOs, including AFEW (Public Foundation “AIDS Foundation East-West” is one of the powerful NGOs based in Bishkek, conducting several projects on development, implementation, use and promotion of means which effectively prevent and treat HIV and HIV-associated diseases (tuberculosis, sexually transmitted infections, hepatitis C), and other health problems: drug addiction, sexual abuse, and the like. [www.afew.org](http://www.afew.org)), in Kyrgyzstan, Kazakhstan and Tajikistan. To review the data and review at the role of social work in the prevention and prophylaxis of the HIV and co-infection epidemic, qualitative interviews had been conducted with NGOs, republican narcological centers, treatment carriers, social workers and outreach workers.

4. [www.cadap-eu.org](http://www.cadap-eu.org)

5. Concentrated HIV epidemic: HIV has spread rapidly in one or more defined subpopulation but is not well established in the general population. Numerical proxy: HIV prevalence is consistently over 5% in at least one defined subpopulation but is less than 1% among pregnant women in urban

6. National AIDS Progress Report. Reporting period: 2014

cases is 796 in total, out of them are 185 PWID (23%). In Tajikistan the number of new HIV infections is in total 1,207, among them are 156 PWID (12.9%); the number is stable among PWID since 2015.

In Uzbekistan the number of new HIV infections is in total 4,025, out of them are 193 PWID (4.8%).

According to above mentioned data the newly registered HIV cases among PWID has slightly decreased in all those countries since 2015. But the number of sexually transmitted HIV cases is growing, concerning data of national reports from Kyrgyzstan (2018) and from Tajikistan it is significantly increasing. In Kyrgyzstan the sexual transmission had increased from 15 % in 2003 to 58% in 2017<sup>7</sup>, in Tajikistan in 2015 the number of registered infections through unprotected sex is 3,520 (45.6%)<sup>8</sup>. The vulnerable groups are still men having sex with men (MSM), sex workers (SW) and in Tajikistan (maybe also in the Kyrgyz Republic) labour migration might be one of the reasons of new HIV cases among women. *“According to official data from the Migration Department of the Republic of Tajikistan, 744 000 labour migrants were registered in 2013 (about 9% of the total Tajik population of 8 million), of which about 90% were men.*

*However, local experts estimate that up to 2 million of the total 8 million Tajik citizens are migrants who travel abroad for varying periods of time usually for labour. HIV prevalence among migrants is low (0.4%, according to IBBS data, 2013) and those infected predominantly reside outside the capital region (...). In 2013, 108 new cases were found in migrants. In a sentinel survey from 2013, only 1,3% of migrants who tested HIV positive also tested positive for HCV, indicating that HIV transmission through injecting drug use in this group could be low. However, data from a 2009 study on injecting drug use among migrants was inconsistent and migration proved to be independently associated with HCV in PWID in Tajikistan.*

*There is no epidemiological proof that at a national level, migrants are more affected by HIV than the general population; however, migration and especially illegal migration present a major problem for HIV prevention efforts, enrolment and retention in HIV care. Furthermore, outside the capital region, especially in rural areas, migrants make up a proportionally larger part of the HIV affected population (4-10% of the total PLHIV) compared to Dushanbe (2%) (...). Despite the fact that labour migrants represent a low HIV prevalence group, the abundant number of labour migrants in Tajikistan and their equivalent estimated number of wives/partners (about 76% of LM are married according to data from 2008, combined with a reported low knowledge and high risk behaviour, justifies labour migrants and their partners as vulnerable populations, and therefore should be included in strategies for successful HIV prevention, treatment and care in Tajikistan.”<sup>9</sup>*

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[https://www.unaids.org/sites/default/files/country/documents/KAZ\\_narrative\\_report\\_2014.pdf](https://www.unaids.org/sites/default/files/country/documents/KAZ_narrative_report_2014.pdf)

7. Country overview of drug situation: Kyrgyzstan 2018. P. 15

8. National report: Tajikistan 2017. P.32

9. Evaluation report. September 2014. HIV Programme review in Tajikistan. p.9. [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/270539/HIV-Programme-Review-in-Tajikistan.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0008/270539/HIV-Programme-Review-in-Tajikistan.pdf?ua=1)

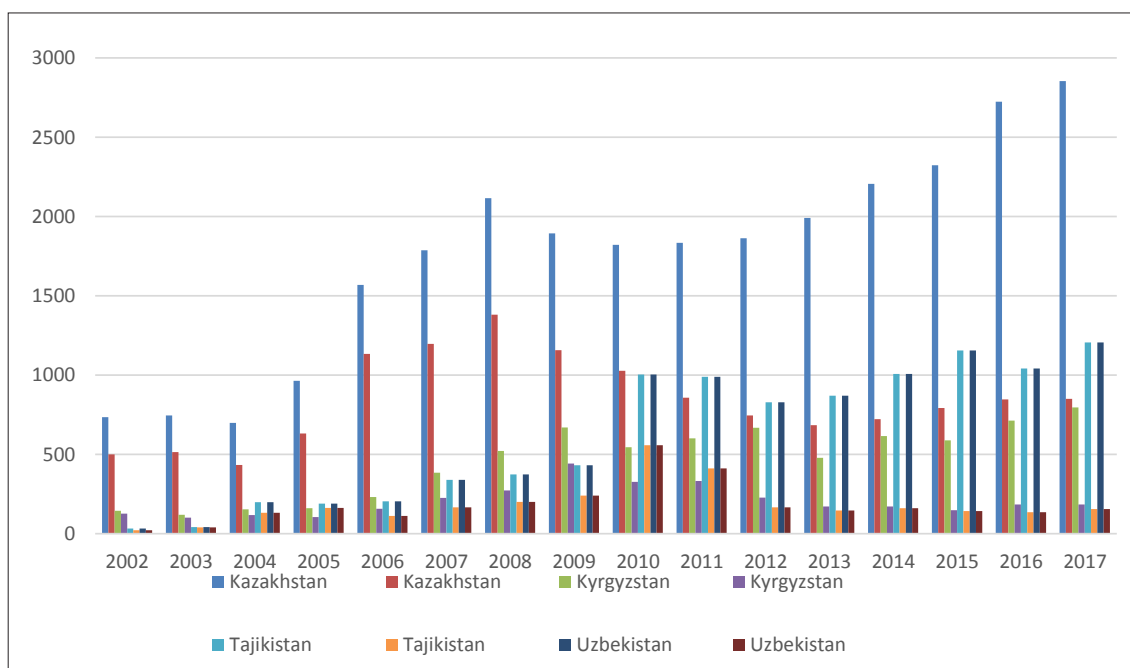


Figure 1: Overview on HIV infections in Central Asia<sup>10</sup>

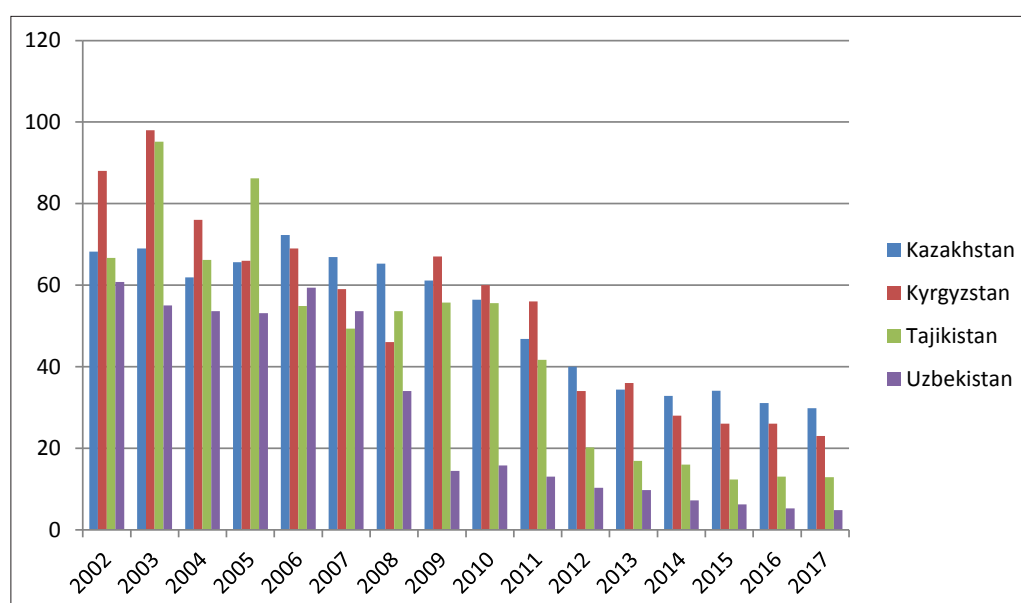


Figure 2: Percentage of injecting drug users among HIV infections<sup>11</sup>

### 1.1.3 Serological prevalence of Hepatitis C

According to data we used the number of hepatitis C among PWID in Kazakhstan has slightly decreased to 68.7%, but in Kyrgyzstan it is increasing to 60.9 %. In Tajikistan 22.7 % in 2014 and in Uzbekistan 12% in 2017 which is decreasing every year.

10. Data from the above mentioned reports of AIDS centres and CADAP

11. Data from the above mentioned reports of AIDS centres and CADAP

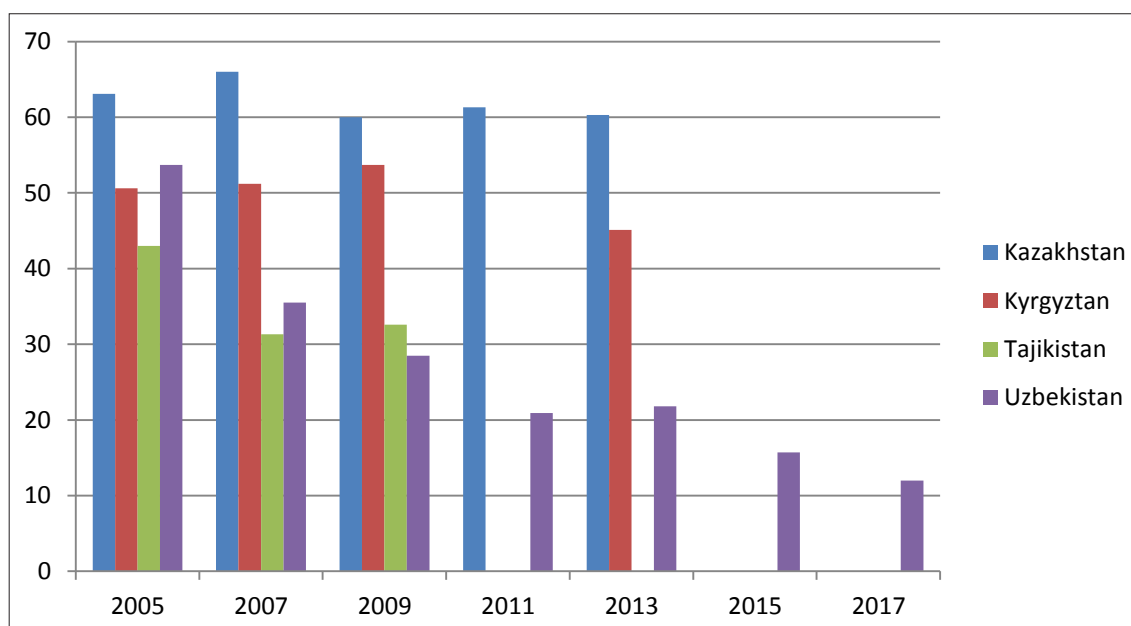


Figure 3: Percentage of injecting drug users with hepatitis C infections<sup>12</sup>

## 1.2 Opioid Substitution Therapy (OST) in Central Asia

Injecting drug use is a major risk factor for the acquisition and transmission of the human immunodeficiency virus (HIV) and accounts for approximately 5 to 10% of all cases of HIV infection in the world. People who inject drugs are vulnerable to infections with HIV and other blood-borne viruses, predominantly as a result of the sharing of injecting equipment and, to a lesser extent, of unprotected sexual behaviour, and tattooing. Opiate Substitution Therapy (OST) consists of prescribing a drug (as medication) whose action is similar to that of the drug of dependence (e.g. methadone instead of heroin - agonist treatment) but whose use is less risky (is orally provided, not injected). The effect of opioid substitution treatment on HIV transmission among people who inject drugs was recently assessed through systematic reviews. According to international reviews oral substitution treatment of opioid dependence with methadone or buprenorphine is associated with reductions in illicit opioid use, injecting drug use and sharing of injecting equipment. It is also associated with reductions in the proportion of users of injecting drugs who report multiple sex partners or exchanges of sex for drugs or money, but has little effect on condom use.<sup>13</sup>

OST is available in Kazakhstan, the Kyrgyz Republic and Tajikistan.

12. Data from the above mentioned reports of AIDS centres and CADAP

13. Linda R Gowing, Matthew Hickman & Louisa Degenhardt: Mitigating the risk of HIV infection with opioid substitution treatment; *Bulletin of the World Health Organization* 2013;91:148-149. doi: 0.2471/BLT.12.109553; See also: Nielson S, Larance B, Degenhardt L, Gowing L, Kehler C, Lintzeris N. Opioid agonist treatment for pharmaceutical dependent people. *Cochrane Database Sys Rev* 2016; also: *The Lancet Series: Drug Use*; London 2019; also: Michels I.I., Stoeve H., Gerlach R. Substitution treatment for opioid addicts in Germany. *Harm Reduct J*. 2007 Feb 2;4:5



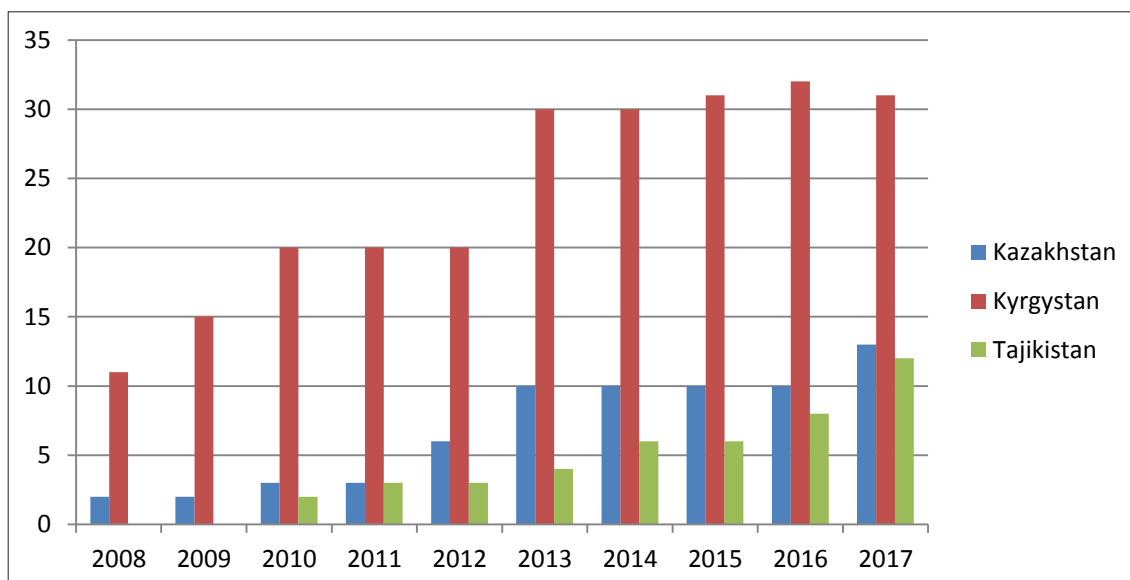


Figure 4: Number of sites, providing opioid substitution therapy (OST) in Central Asia<sup>14</sup>

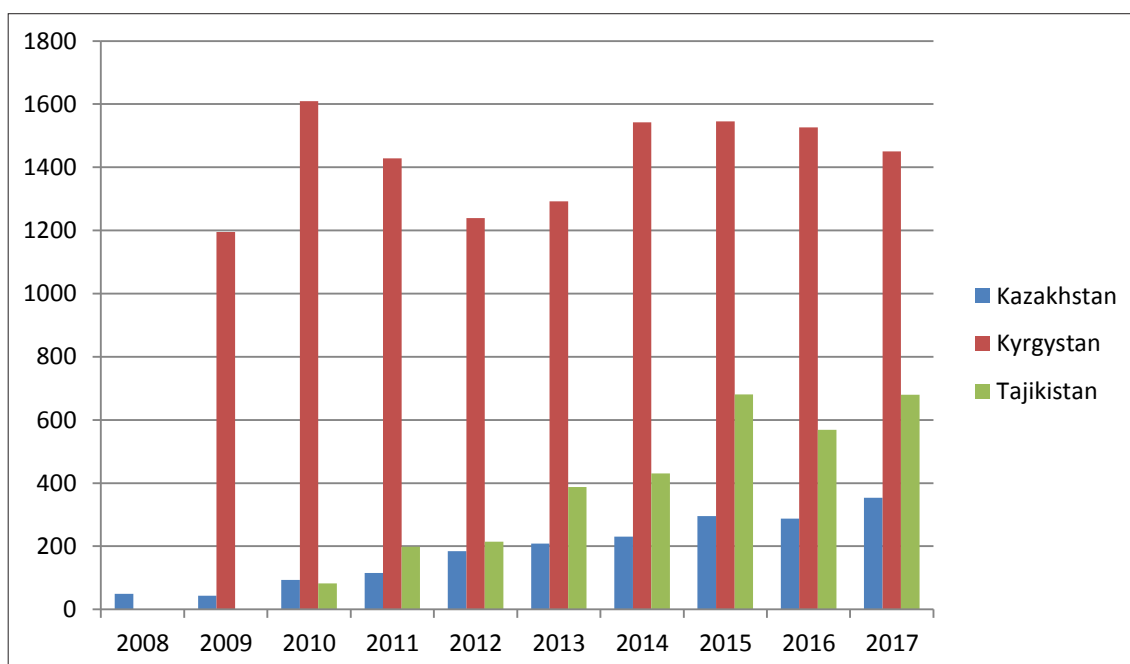


Figure 5: Number of patients in OST in Central Asia<sup>15</sup>

### 1.2.1 Harm Reduction Measures

How many harm reduction facilities are available in Central Asia, such as “trust points” or “friendly cabinets” (facilities for the anonymous delivery of sterile syringes for HIV prevention)?<sup>16</sup>

14. Data from the above mentioned reports of AIDS centres and CADAP

15. Data from the above mentioned reports of AIDS centres and CADAP

16. “The main reason why most PWIDs don’t prefer to use the NEPs services is fear of being registered and being caught by police, and shame when entering such a place which in their eyes is not worth the syringes. According to national study under Ministry of Health of Uzbekistan with support of UNODC (2006) PWIDs do not use services of trust points because of being afraid to be caught by police and be registered (uchyot), or being seen by someone who knows him or her to identify him or her as a drug user.” P. 69 from a dissertation (unpublished) by Mussayar Turaeva, Leipzig 2018

In Kazakhstan there are about 114 stationary units and 23 mobile units operating at the beginning of the year 2018. In Kyrgyz Republic there are 12 points of syringe exchange all over the country. In Tajikistan 28 trust points and 19 points of syringe exchange are operating<sup>17</sup>.

### 1.2.2 Needle and Syringe Programmes (NSP)

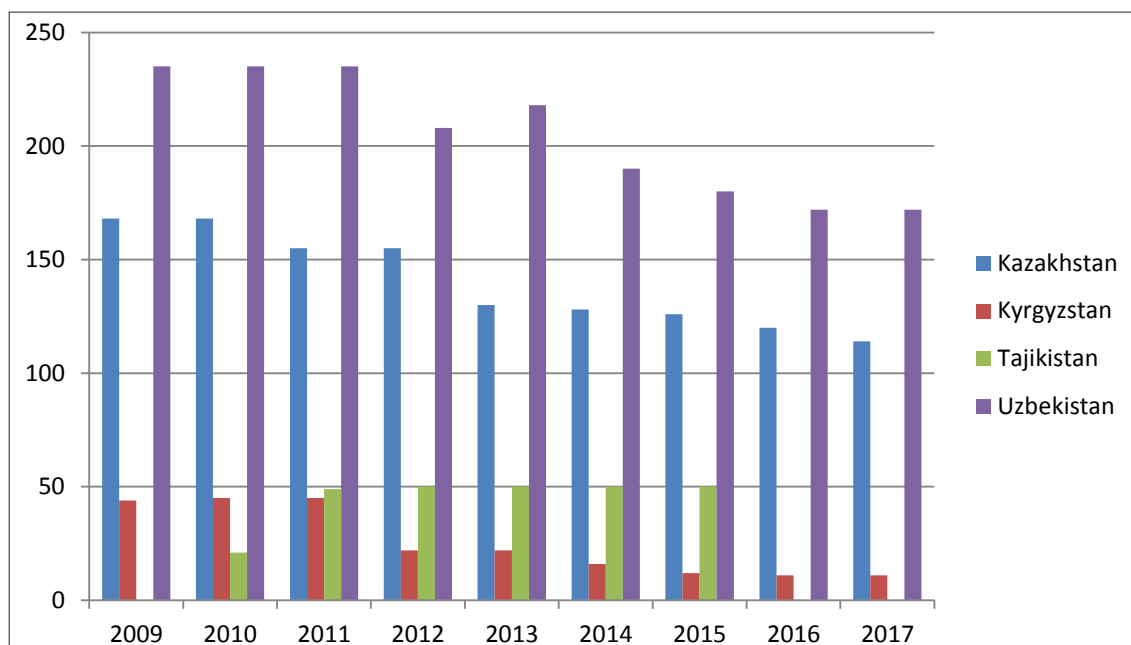


Figure 6: Number of centres for syringe exchange<sup>18</sup>

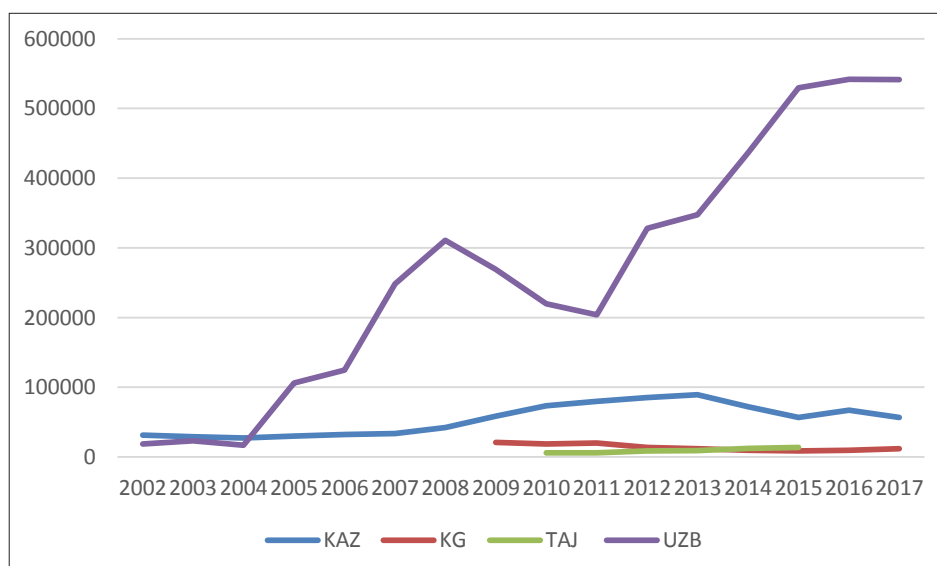


Figure 7: Number of contacts with people who inject drugs (PWID)<sup>19</sup>

17. Data of the republican narcological centres in Kazakhstan, Kyrgyzstan and Tajikistan

18. Data of the Republican Narcological Centres and AIDS Centres in Kazakhstan, Kyrgyzstan and Tajikistan

19. Data of the Republican Narcological Centres and AIDS Centres in Kazakhstan, Kyrgyzstan and Tajikistan

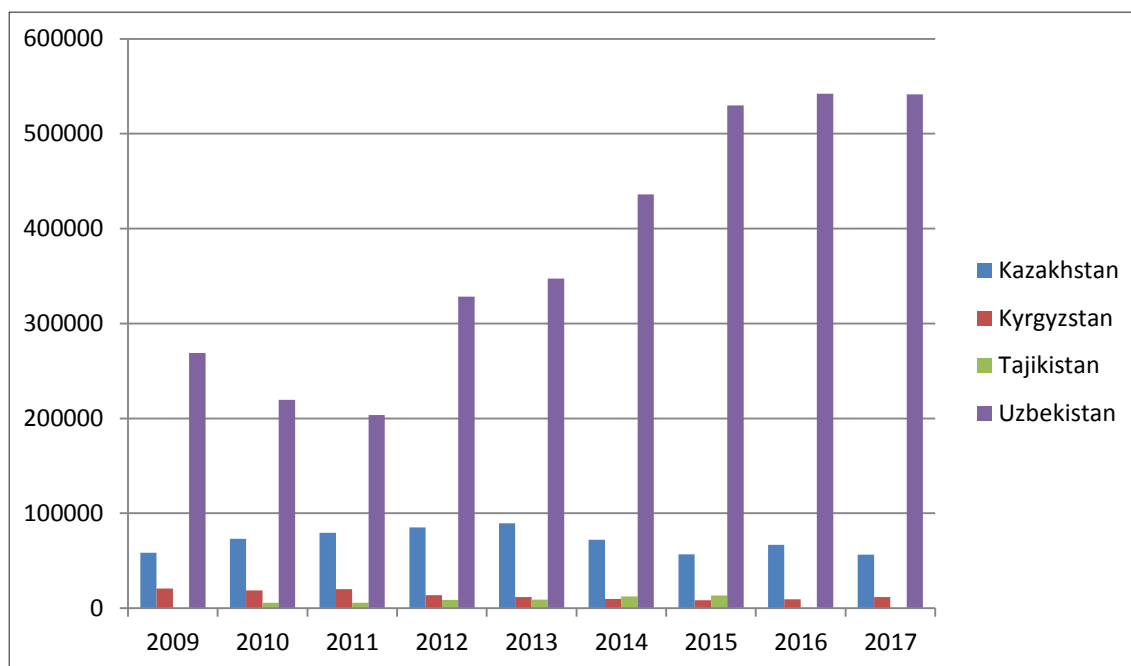


Figure 8: Number of syringes provided<sup>20</sup>

### 1.3 Which institutes carry out HIV/Hepatitis tests, collect the data and who does the monitoring?

AIDS centers in all three countries carry out statistics and monitoring of HIV and other co-infections among risk groups such as injecting drug users, MSM, sex workers with cooperation with NGOs, “trust points”, “friendly cabinets”. When the above-mentioned infections are diagnosed, the people living with HIV/AIDS receive psychological support on the spot and are informed about possible therapy, prevention and prophylaxis by third parties. In addition, they are informed about the additional medical-social assistance, social support and social responsibility according to the law<sup>21</sup>, about the risks of transmitting the virus to other people<sup>22</sup>.

20. Data of the republican Narcological Centres and AIDS centres in Kazakhstan, Kyrgyzstan and Tajikistan

21. Article №145 in the Criminal code of Kyrgyz republic.

22. InBeAIDS report done by Ms. Musaeva, Bishkek, December 2018

# PART I

**EPIDEMIOLOGICAL SITUATION OF HIV / AIDS AND HEPATITIS AMONG CONSUMERS OF  
INJECTION DRUGS IN CENTRAL ASIA (Kyrgyz Republic, Kazakhstan and Tajikistan)**

## 2 General analysis of the epidemiological situation regarding HIV / AIDS

The development of the epidemic process of HIV infection in Central Asia is in a concentrated stage of the epidemic, the spread of HIV infection is observed mainly in vulnerable groups of the population with respect to HIV infection, such as: people who inject drugs (PWID), sex workers (SW), men who have sex with men (MSM) and prisoners.

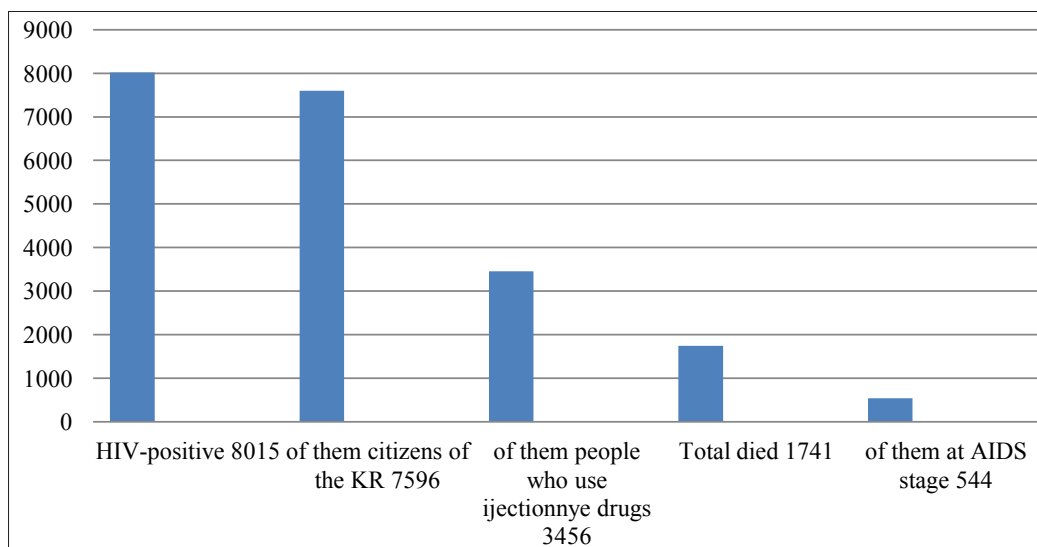


Figure 9: The HIV situation in the Kyrgyz Republic (01.02.2018)<sup>23</sup>

The Kyrgyz Republic is experiencing high rates of HIV infection. Since 2011, the total number of officially registered HIV cases in the country has more than doubled (from 3,270 cases in 2011 to 8015 in 2018) (Fig. 1). The number of women with HIV increased 2.8 times (from 802 in 2011 up to 2,667 people in 2018, cumulatively)<sup>24</sup>.

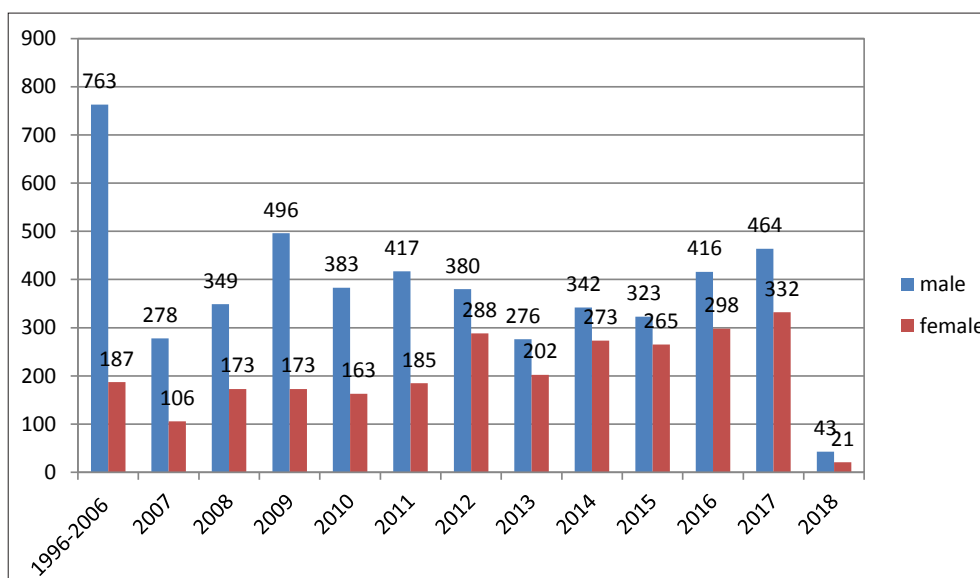


Figure 10: The dynamics of the registration of HIV infection by sex in the Kyrgyz Republic for 1996 - 01.02.2018

23. Republican AIDS Center <http://www.aidscenter.kg>

24. Republican AIDS Center <http://www.aidscenter.kg>

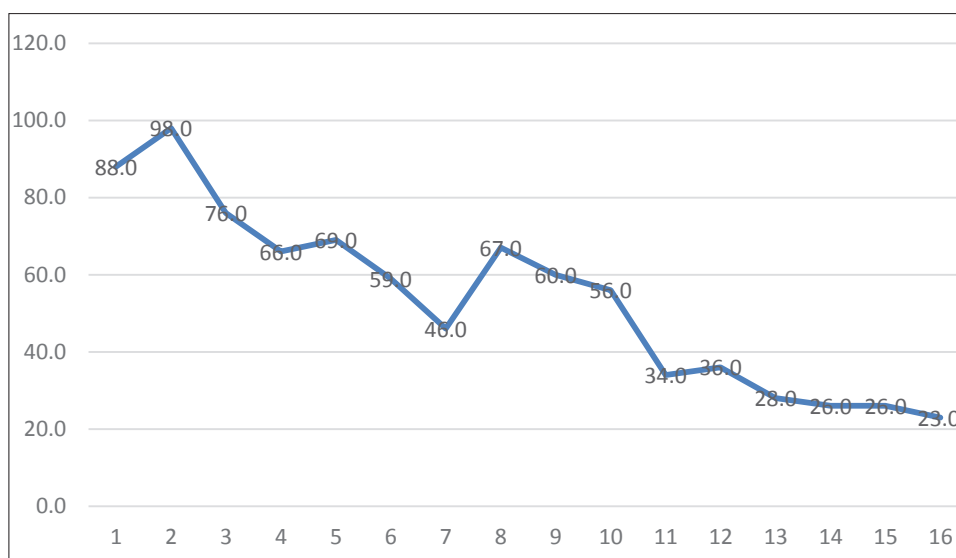


Figure 11: Kyrgyzstan HIV infections among PWID%<sup>25</sup>

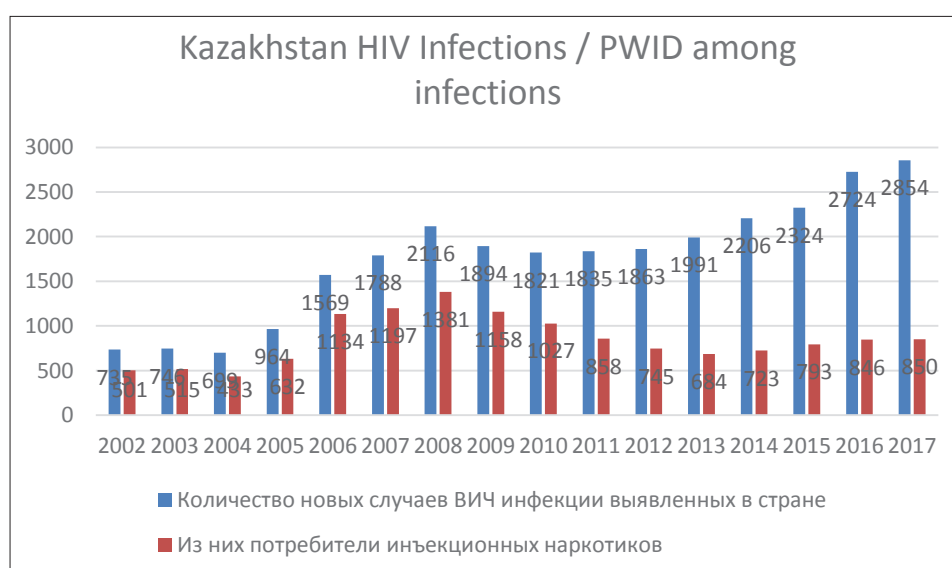


Figure 12: Kazakhstan HIV infections and among PWID%  
(data provided by the Republican AIDS Centre of Kazakhstan)

The development of the epidemic process of HIV infection in **Kazakhstan** is in a concentrated stage of the epidemic, the spread of HIV infection is observed mainly in certain vulnerable groups to infection of the population.

Dynamics of the spread of HIV infection in the Republic of Kazakhstan period 2002-2018 are as follows.

25. From reports on the Drug Situation of the Central Asia Drug Action Programme (CADAP), Prague 2019



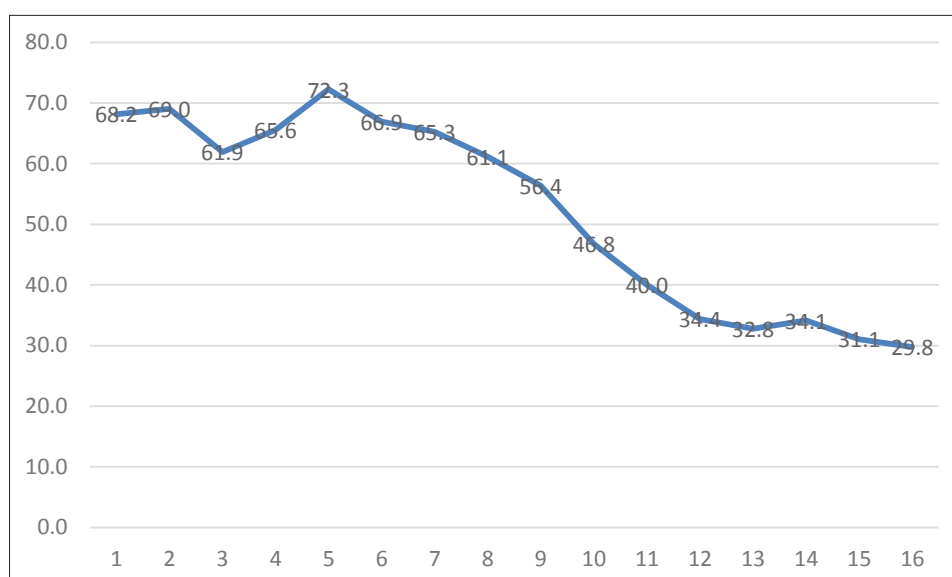


Figure 13: Kazakhstan HIV Infections among PWID % 2002 - 2017<sup>26</sup>  
(data provided by the Republican AIDS Centre of Kazakhstan )

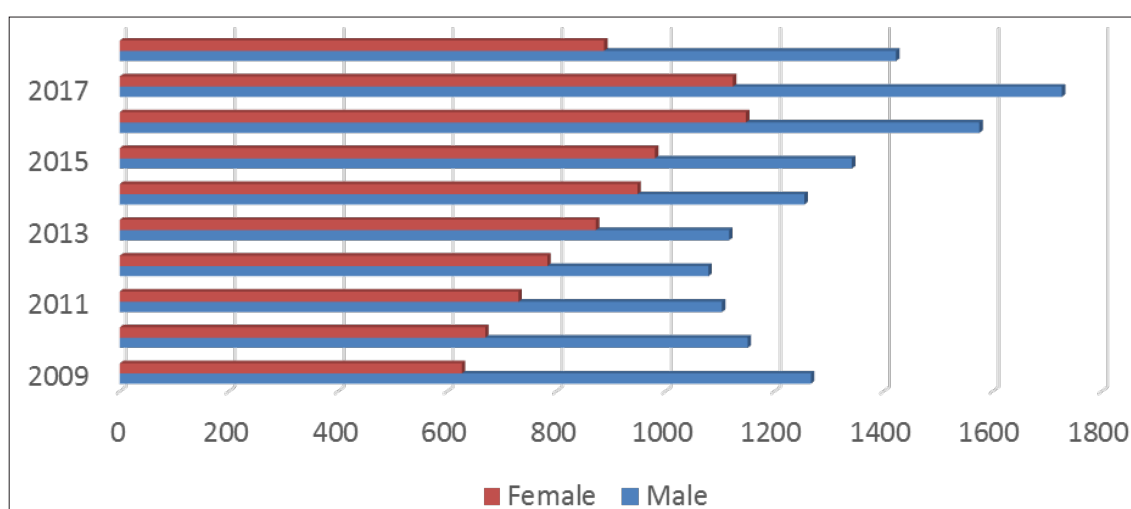


Figure 14: Dynamics of the spread of HIV infection by sex in the Republic of Kazakhstan for the period 2009-2017  
(Number of registered cases; data provided by the Republican AIDS Centre of Kazakhstan)

Currently, the HIV epidemic in the Republic of **Tajikistan** is at a concentrated stage. The state of the problem of HIV infection in the country causes serious concerns about the increasing intensity of the manifestations of the epidemic process, which requires the optimization of information and diagnostic and analytical subsystems of surveillance, to develop strategies to curb the further increase in morbidity.

The total number of HIV-infected in 2017 amounted to 1,207 people.

26. From reports on the Drug Situation of the Central Asia Drug Action Programme (CADAP), Prague 2019

Region	Male/Female	2011	2012	2013	2014	2015	2016	2017	2018 (1-9)
Gorno-Badakhshan Autonomous Region	Female	15	10	20	15	19	22	16	13
	Male	49	43	45	41	37	43	31	28
	total	64	53	65	56	56	65	47	41
Dushanbe	Female	84	81	74	90	97	79	71	61
	Male	250	139	134	132	146	121	141	138
	total	334	220	208	222	243	200	212	199
Areas of republican subordination	Female	69	79	81	113	90	91	102	81
	Male	123	132	120	135	136	150	195	128
	total	192	211	201	248	226	241	297	209
	Female	49	48	65	89	128	93	133	100
	Male	83	93	84	111	167	126	175	150
	total	132	141	149	200	295	219	308	250
Sughd region	Female	40	42	38	73	71	66	84	66
	Male	78	58	55	88	107	93	106	96
	total	118	101	93	161	178	159	190	162
Khatlon region, Bokhtar region	Female	37	31	64	54	64	66	64	61
	Male	103	65	89	70	91	93	89	86
	total	140	96	153	124	155	159	153	147
	Female	294	291	342	434	469	417	470	382
	Male	686	531	527	577	684	626	737	626
	total	980	822	869	1011	1153	1043	1207	1008

Table 1. New HIV cases in the country (adults and children) registered in the Republic of Tajikistan by region showed the following picture (incidence)<sup>27</sup>



Figure 15: Tajikistan HIV Infections / PWID among infections

27. <http://nc-aids.tj/index.php>

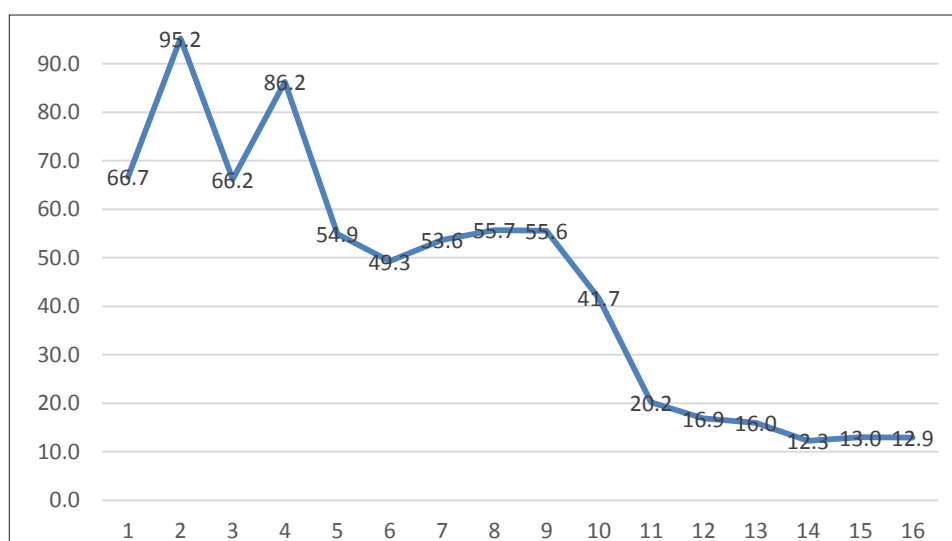


Figure 16: Tajikistan HIV Infections among PWID%<sup>28</sup>

The prevalence of HIV infection (at the beginning of 01-01-2018):

- among the general population – 0.01%
- PWID – 12.7
- RS – 2.0
- MSM – 0.8
- Prisoners – 5.4

The dominance today and increasing way of HIV transmission in the country is sexually. Nearly 70% of new infections in Tajikistan occur through sexual contacts. In general, there is an increase in the incidence of HIV infection in people of reproductive age (from 19-49 years old) with a certain increase in the detection of new cases of infection among women and a corresponding decrease in men.

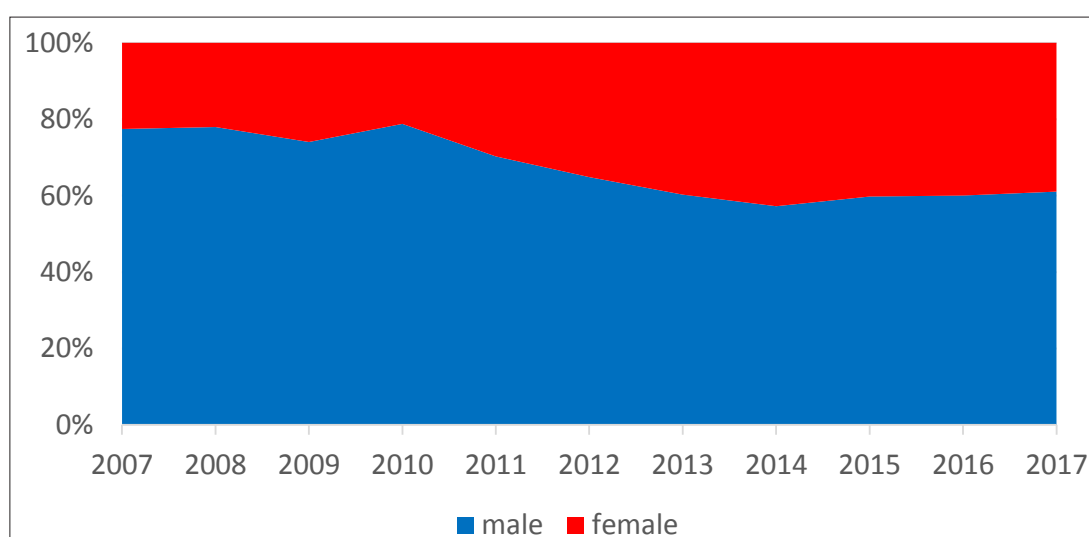


Figure 17: Dynamics by gender Tajikistan

28. From reports on the Drug Situation of the Central Asia Drug Action Programme (CADAP), Prague 2019

HIV infection in Tajikistan is also found among pregnant women, which is one of the results of the intensification of activities in the framework of activities to prevent mother-to-child transmission of HIV. In the structure of new HIV infections, the proportion of people in reproductive age (15–49 years old) is 80%, including women - 42%, men - 58%. About half of the people who learned about their status have already been under medical observation for a month after the detection of HIV infection. However, 15% did medical assessments only after more than 2 years.

The situation on the prevalence of HIV - infection in **Kazakhstan** is as follows:

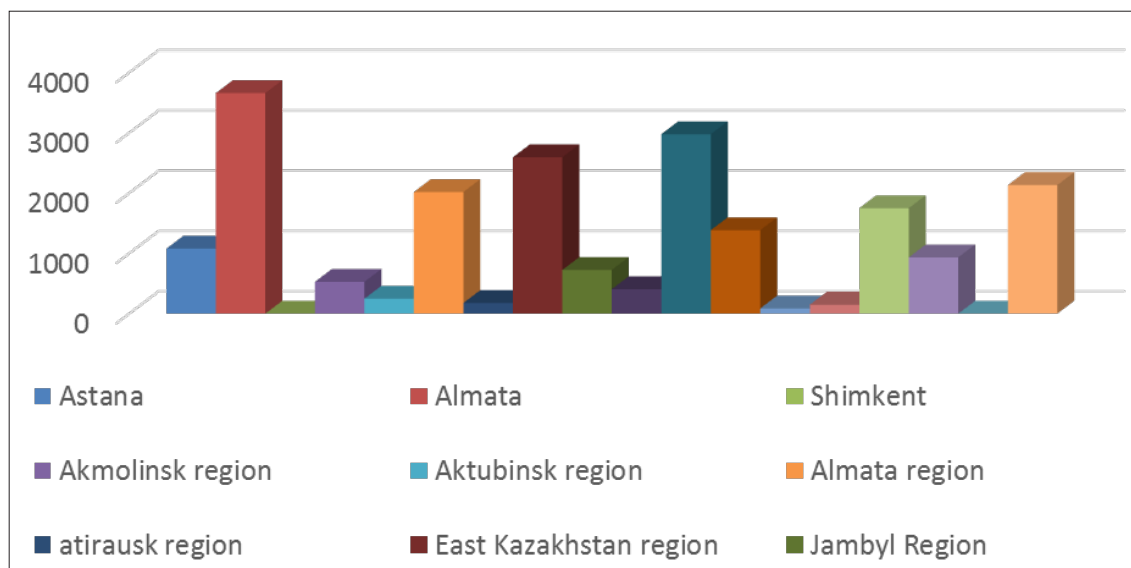


Figure 18: Newly diagnosed HIV cases by regions Kazakhstan as of 01/01/2018

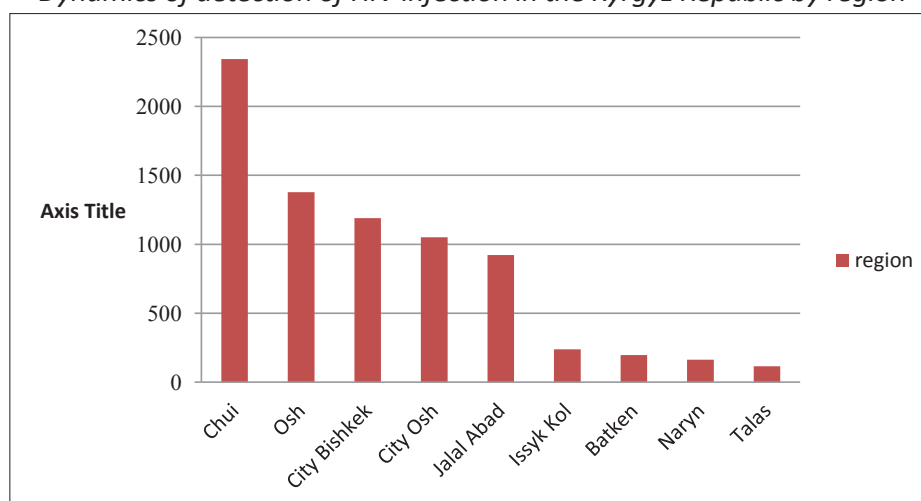
HIV infections have also been reported in all regions of **Kyrgyzstan**. In absolute numbers, the largest number of HIV cases is registered in Chui oblast, but in terms of cases per 100,000 populations, Osh leads the year, where HIV prevalence was 353 per 100,000 population and 195 per 100,000 populations in Chui oblast. In four oblasts — Naryn, Issyk-Kul, Talas, and Batken — both the prevalence and absolute number of HIV infections are low (from 27 per 100,000 population in Issyk-Kul to 31 in Naryn region).

The largest number of drug addicts is noted in Bishkek and Osh in connection with the transformation of these cities into large transit and distributed hubs through which a huge amount of drugs from Afghanistan passes through the European and other markets.

As before, the incidence rates of drug addiction in Chui oblast, the cities of Bishkek and Osh remain above the national average, due to the high level of diagnosis and functioning of specialized services.<sup>29</sup>

29. Republican Center of Narcology - [www.rcn.kg](http://www.rcn.kg)

*Dynamics of detection of HIV infection in the Kyrgyz Republic by region*



*Figure 19: HIV in the Kyrgyz Republic by region*

## **2.1 Approaches to key populations (contact, screening, and diagnostics)**

In the Kyrgyz Republic, a number of prevention methods are used among key population groups, such as outreach, syringe exchange points, multidisciplinary or multi professional teams, methadone sites, psychosocial support through drop-in centers, rehabilitation programs, social support and redirection, legal support for IDUs.

The models of the methods and tools used are represented by the following types:

- a) Medical services, such as diagnosis and treatment of HIV, TB, STIs, narcology treatment on the basis of relevant specialized institutions and family medicine centers (FMCs).
- b) OST sites based on primary care institutions - FMCs, outpatient clinics, etc.
- c) OST sites based on specialized medical institutions - AIDS centers, narcology and tuberculosis, maternity and other institutions;
- d) OST cabinets on the basis of the medical units of the penitentiary system, taking into account the availability in colonies of different regimes, remand prisons, colonies with specialized hospitals, and a female colony;
- (e) Needle and Syringe Exchange sites (NSPs) based on FMCs, specialized medical institutions and in organizations of the penitentiary system;
- f) Non-governmental organizations;
- g) Private sector based NSPs, as well as pharmacy chains;
- (h) Social institutions (drop-in centers, half-way houses) of a community type based on non-governmental or governmental organizations;
- i) Multidisciplinary teams based on nongovernmental or state medical institutions with the involvement of medical specialists, peer-to-peer counselors, NGO social workers, etc.

All of the above mentioned models have certain services for IDUs available. The country has also developed a number of regulatory documents, such as the Harm Reduction Program Standards and others, however, the list and scope of available services for IDUs in each of these models and in certain regions of the country remains insufficient to provide IDUs with all services in a complex and satisfactory manner of quality<sup>30</sup>.

30. Clinical protocol on HIV Kyrgyz Republic, 2015

[http://www.med.kg/images/MyFiles/KP/infeksiya/41-54\\_sbornik\\_kp\\_po\\_VICH.pdf](http://www.med.kg/images/MyFiles/KP/infeksiya/41-54_sbornik_kp_po_VICH.pdf)

## 2.2 Needle and syringe exchange points

To reduce the harms associated with the intravenous use of drugs, 48 needle exchange points (NSPs) are being operated in **Kyrgyzstan**, including 7 in the penitentiary system, which are reaching more than 50 percent of IDUs<sup>31</sup>.

NSPs can be stationary (SSEP - stationary syringe exchange points) as well as mobile (MSEP - mobile syringe exchange points). SSEP can be organized in the structure of various departments, organizations and institutions of any form of ownership, where preventive activities are carried out among/for IDUs. SSEP are organized in settlements where a large number of IDUs live and are created on the basis of premises equipped in accordance with sanitary and hygienic standards.

MSEP is created on the basis of a vehicle (minibus) equipped in accordance with sanitary and hygienic norms, which moves along a certain route and schedule at points in the settlement and provides syringe exchange services and some other services. The goal of the NPSs is to prevent HIV infections and other harm to health from injecting drug use, concentrated in remote areas far away from the stationary NPSs locations. Mobile syringe exchange points are organized in cases where there is a need for its organization:

Big city (population of 300,000 people and above);

A large concentration of injecting drug users in certain areas, remote from the location of SSEP (most often in rural areas); high concentrations of injecting drug users in certain places (for example, sex workers who inject drugs);

Availability of vehicles and the ability to ensure its uninterrupted operation (number of drivers, repairs, maintenance of current costs for vehicles, including the garage).

In **Kazakhstan** harm reduction programs, including needle and syringe exchange programs, and the distribution of condoms among key populations, are elements of a state policy regarding HIV prevention programs. Over the past few years, as a result of preventive measures taken among key populations, the following trend has been observed:

- Exceeded 10% coverage of population testing for HIV infection. In 2017, the coverage of testing population was 13,9%;
- The coverage of professional programs of key population groups, primarily PWID and the number of people tested by the express method, increases annually;
- Dolutegravir (Dolutegravir, DTG) as the first-line antiretroviral regimen is included in the national HIV treatment guideline, and the purchase of Dutegravir has begun.

In the Republic of **Kazakhstan**, in particular, the city of Almaty joined the UNAIDS global initiative “Accelerating Activities in Major Cities”. Working together, large cities can take action on the ground to accelerate HIV prevention measures at the local (city) level.

**Kazakhstan** operates on the basis of so-called “**Trust Points**”<sup>32</sup> that provide services free

31. [cbd.minjust.gov.kg/act/view/ru-ru/96036](http://cbd.minjust.gov.kg/act/view/ru-ru/96036).

ANTI-DRUG PROGRAM Government of the Kyrgyz Republic. dated January 27, 2014 No. 54.

32. This term should be explained. Take into account the critical review of Mussayar Turaeva, an Uzbek researcher. She wrote in her – yet not published dissertation -: „ PWIDs have limited or no access to prevention and health care services because of structural, legal and social barriers... Trust to health managers and security officers need to be regained be PWIDs with clean syringes and condoms in Khorezm region. PWIDs mentioned that the amount of clean needles was too small to “waste one’s time” to go to the AIDS center. I will present here one of the needle exchange program (NEP) in form of a



of charge on the principles of voluntariness, confidentiality and anonymity. There are also a number of issues in the field of HIV / AIDS and public health organizations. They can be stationary (114 units at the beginning of 2018). Points of trust provide services on the principles of voluntariness, confidentiality and anonymity.

Trust points work to prevent the spread of HIV among injecting drug users (IDUs) by:

- providing IDUs with sterile syringes, disinfectants, condoms, health education literature, collection and disposal of used syringes;
- providing IDUs with information about HIV infection, sexually transmitted infections, behaviors that reduce the risk of HIV infection, and HIV testing;
- conducting psychosocial counseling on HIV / AIDS, as well as consultations of narcologists, dermato-venerologists, therapists, TB specialists and psychologists;
- referral of IDUs to state medical organizations to receive specialized, qualified medical care;
- providing information on existing government and non-governmental organizations in the region that provide preventive and other assistance to IDUs;
- blood sampling for research on HIV, STIs, viral hepatitis B and C;
- studying risk models of IDUs to develop measures to reduce the risk of HIV infection.

The “Friendly Cabinet” model is also practiced in **Kazakhstan**. The Friendly Cabinet provides treatment for sexually transmitted infections (hereinafter STIs) to vulnerable groups of the population free of charge and anonymously (injecting drug users, sex workers, men who have sex with men). The Friendly Cabinet provides patients with information about HIV, STIs, behaviors that reduce the risk of infection.

Contraceptive methods, HIV prevention and testing, the need for confidential notification of contact persons. Applicants are provided with condoms, information materials. Psychosocial, pre- and post-test counseling on HIV / AIDS is conducted.

If necessary, the applicants are sent to dermato-venereological and other medical organizations to receive specialized, qualified medical care. There are 30 friendly cabinets in the republic, of which 25 are at AIDS centers and other medical organizations (dermato-venerologic dispensaries, antenatal clinics, polyclinics).

In the Republic of **Tajikistan**, according to the specialists of the AIDS Center of the RT, preventive programs are being implemented, including a program of harm reduction for people who inject drugs (PWID). The practice of compulsory HIV testing (pregnant women for foreign trips) was answered by the experts that there is no such procedure in the Republic. For the prevention of HIV – infection, measures are being taken to reduce the risk of HIV transmission among key populations, including:

- 1) Voluntary testing for HIV using rapid tests with pre-test and post-test counseling;
- 2) Voluntary testing using rapid tests for parenteral hepatitis, STIs;

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room (supposed to be an anonymous room) located in a polyclinic (a neighbourhood medical service unit for non-stationary treatment and diagnostics). The room was sponsored by International funding and coordinated from AIDS Center. One of my informants (a drug user) commented the new services as: ‘Initially, when AIDS [SPID] came, nobody knew what is it, everywhere they started to distribute syringes, tea, condensed milk, canned stewed meat, and now there are so many cases of AIDS [in Uzbekistan]... they say “Eegh, ...here [in Tashkent] I recently wanted to obtain syringes but they [Trust points] say they don’t have it anymore...now they are used to AIDS cases and its nothing new for them and it became normal for them because now so many AIDS infected people’ (Karim, male, age 33, 2011). p 67 f

- 3) Consultation with the assessment of the individual risk of tuberculosis infection (using questionnaires), motivation to undergo fluorographic examination, if necessary, accompanying to the organization of health care;
- 4) Motivation of persons with positive results of rapid tests for HIV, parenteral hepatitis, STIs to seek medical help, medical examination, if necessary, accompany them in the organization of health care;
- 5) Motivation for regular (every six months) voluntary testing for HIV – infection, tuberculosis, STIs;
- 6) Counseling, including group, on safe sexual behavior, less dangerous behavior when using narcotics, psycho-stimulating substances with the issuance of motivating supplies that contribute to the formation of safe behavior skills (condoms, sterile syringes and needles, alcohol wipes, educational materials);
- 7) Counseling, including with the involvement of an infectious diseases specialist, narcologist, tuberculosis specialist, psychologist, peer counselor, to assess the individual risk of HIV infection, parenteral hepatitis, STIs, tuberculosis, behavioral change opportunities to minimize this risk;
- 8) Social and psychological support, including sexual partners, family members, relatives, close persons;
- 9) The work of psychological support groups, mutual aid groups;
- 10) Work in the field of actual presence of key groups;
- 11) Distribution of informational and educational materials on the prevention of HIV infection, parenteral hepatitis, STIs, and tuberculosis.

In **Tajikistan**, 19 public organizations implement syringe exchange projects and provide other services to people who use drugs; there are 3 mutual aid groups and 28 trust points for IDUs.

### 2.3 Dynamics of changes in HIV transmission in Central Asia for the period 2017-2008

In recent years, under the influence of various factors, the HIV epidemic in the countries of Central Asia has undergone a number of changes, in particular in the structure of HIV transmission, new infections in groups by age, gender and social identity.

In **Kyrgyzstan** an increase in sexual transmission is being noted from 787 people in 2011 to 3,156 people in 2018, which may indicate a transition of HIV infection from the PWID community to the general population.

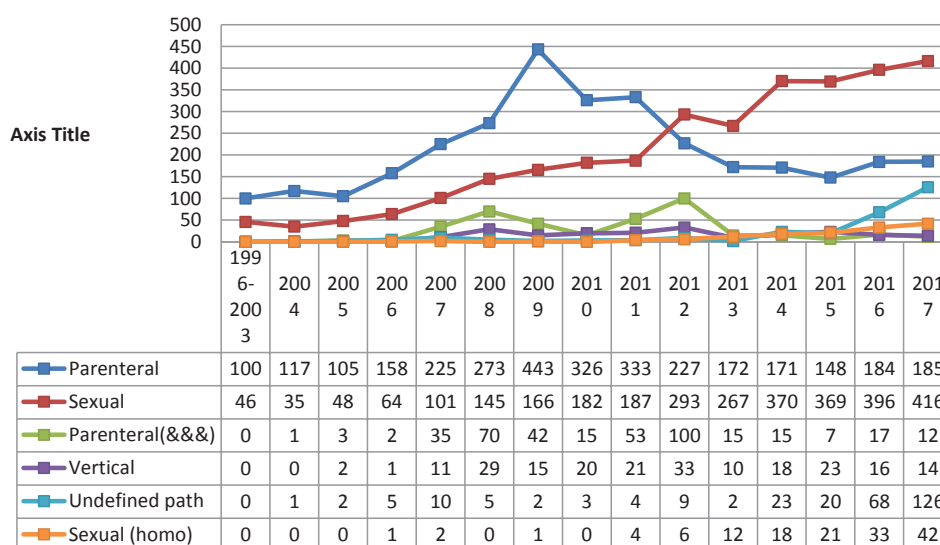


Figure 20: Trends of transmission ways of HIV infections

The spread of HIV infection is on the second, concentrated stage of its development. This is due to predominant transmission of HIV among people who inject drugs (hereinafter - PWID), who constitute 48% of the total number of HIV positive citizens in the country (3,237 out of 6,736). HIV incidence among drug users is 3.3 times higher than among the general population and amounted to 7.1 per 1,000 injecting drug users (hereinafter - PWID) in 2017 against 0.12 per 1,000 population of the country. Despite the reduction in the injecting route of HIV transmission from 59.6% in 2010 to 48% in 2017, this route still determines the nature of the epidemic in the country. Low prevalence among pregnant women persists (0.04% in 2015).

According to a survey of sentinel epidemiological surveillance (the study is carried out every 3 years by the Republican AIDS Center as part of the implementation of the national system for monitoring and assessing the situation of HIV infection with the support of the UNDP project “Effective tuberculosis and HIV control in the Kyrgyz Republic “Funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.), in three of the four populations at risk, HIV prevalence exceeds 5% (PWID – 12.4%; prisoners – 7.6%; MSM – 6.3%).

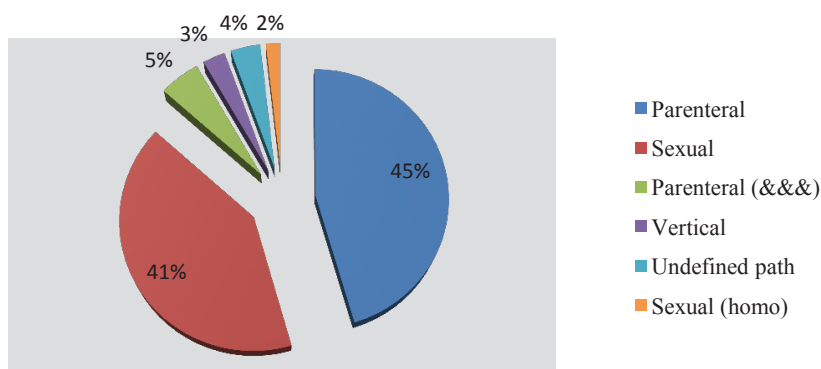


Figure 21: HIV transmission routes in the Kyrgyz Republic for 1996-01.02.2018

In the dynamics, there has been a decrease in the number of cases of infection caused by injecting drug use, but, at the same time, an increase in the sexual transmission of HIV has been observed.

In the Republic of **Kazakhstan** HIV is at a concentrated stage. The estimated number of PLHIV is 26,000. 17,958 PLHIV are registered. Men – 10,369 (57.7%); Women – 7,589 (42.3%); Children - 459 (2.6%). The prevalence in the age group of 15-49 years old is 0.2%. The prevalence among the general population – 0.1%; PWID – 9.2%; RS – 1.9%; MSM – 6.1%; Prisoners – 3.5%<sup>33</sup>.

33. National report on progress made in the implementation of the global response to AIDS Reporting period: 2017  
[http://www.unaids.org/sites/default/files/country/documents/KAZ\\_2018\\_countryreport.pdf](http://www.unaids.org/sites/default/files/country/documents/KAZ_2018_countryreport.pdf)

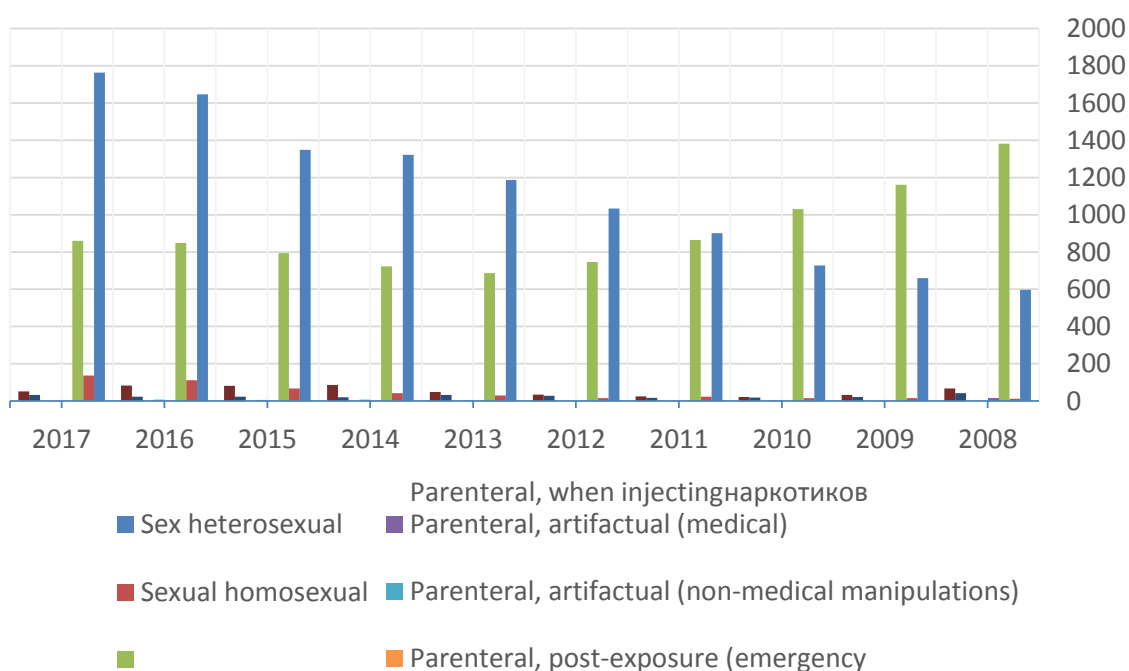


Figure 22: Dynamics of changes in the HIV transmission routes in the Republic of Kazakhstan in the period 2008-2017 (number of registered cases)

According to the Migration Service of the Republic of **Tajikistan**, in 2015 more than 815 thousand citizens of the country left for labor migration, and according to other estimates - more than 1.5 million. The most attractive countries in this regard include Russia, China, Poland, Saudi Arabia, Kazakhstan, Turkey and Belarus. According to the data of the International Organization for Migration, 95% of migrants are men and almost 70% of them are married. Despite this, the number of migrants of men who lead new families in the host country is growing, while completely forgetting about the needs of their families left in their homeland. Most migrants do not perceive HIV / AIDS as a serious problem that directly threatens their lives, as well as their families. At the same time, the lack of basic sexual knowledge among migrant workers about HIV / AIDS, ways of its transmission, ignorance of preventive measures, accidental and doubtful acquaintances and connections – all this will create a real threat of further spread of HIV infection<sup>34</sup>.

In **Tajikistan** there is the following picture of the routes of HIV transmission.

	Male	Female	Male	Female
Sexual contact	38.0%	79.9%	2,301	2,556
Injection	51.9%	4.9%	3,145	157
Unidentified	6.7%	10.2%	409	326
Mother-to-child	3.4%	5.0%	205	161
	100%	100%	6,060	3,200

Table 2: HIV transmission routes in Tajikistan

34. <http://migration.tj/ru/category/%D0%BD%D0%BE%D0%B2%D0%BE%D1%81%D1%82%D0%B8/#>

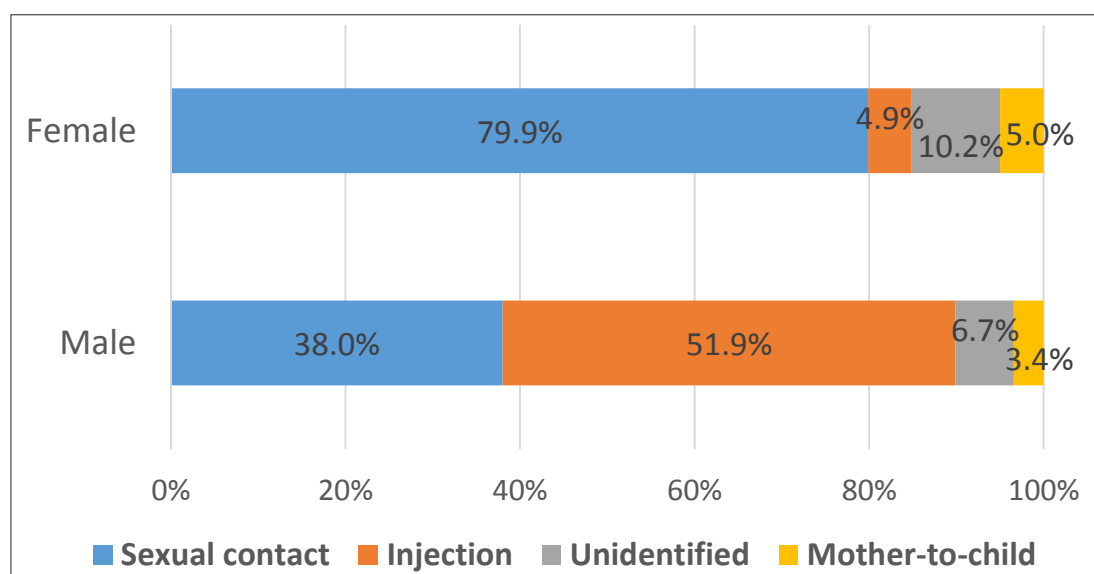


Figure 23: HIV Transmission routes in Tajikistan

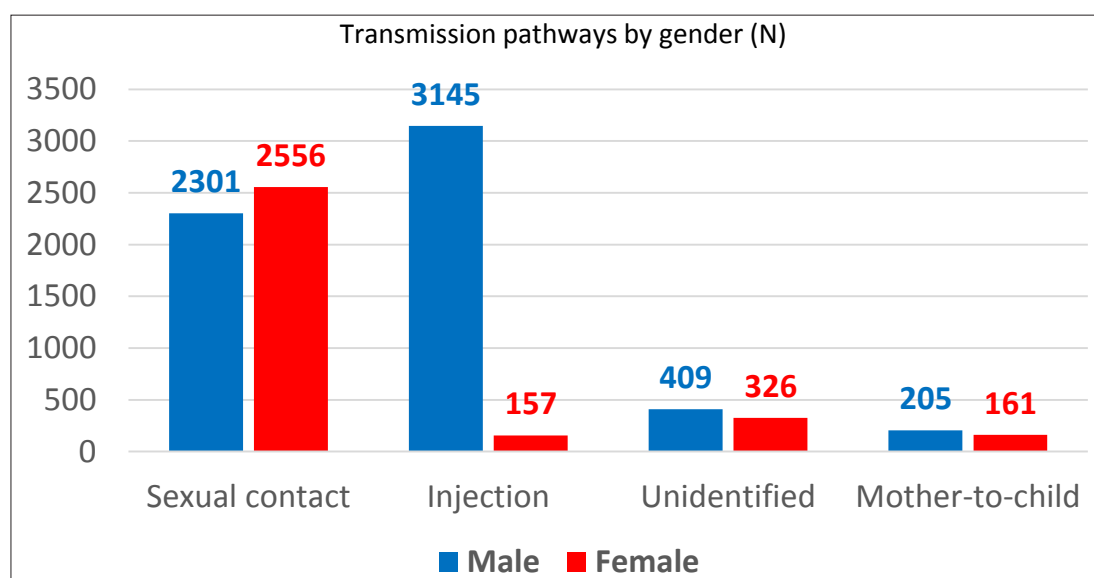


Figure 24: Transmission routes of HIV in Tajikistan

## 2.4 HIV prevalence in the age groups

In **Kyrgyzstan**, according to data on February 1, 2018, the main share of HIV infection detection falls within the category of able-bodied and reproductive age of 20-39 years - 66%. In total, the proportion of HIV-positive children under the age of 15 years was cumulatively 8% (622 people). At the age of 15-19 years old, 142 people, at the age of 40-49 years old, 1,409 people, 50 years old and older, and 432 people.

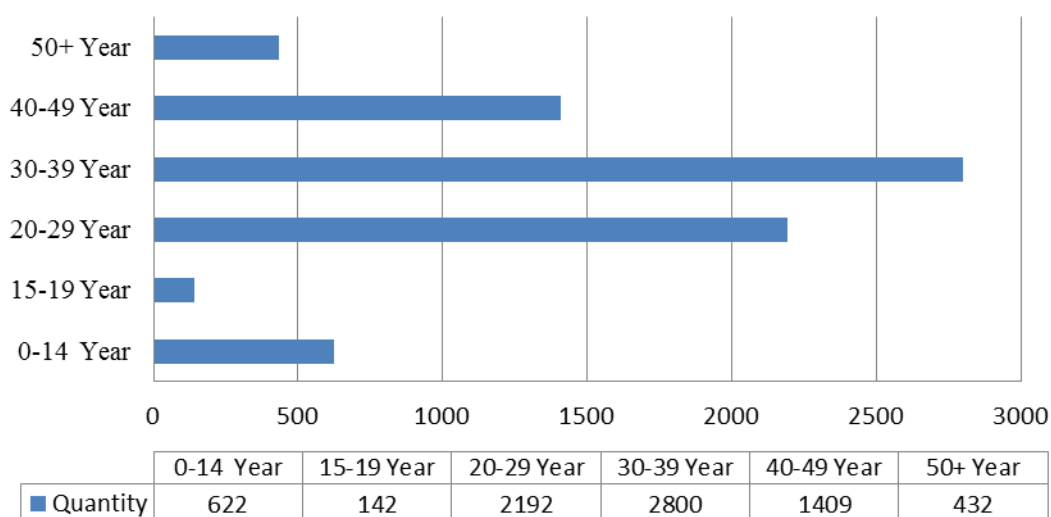


Figure 25: Age structure (dynamics from 1996 to 01.02.2018) in Kyrgyzstan

From a demographic point of view, **Kazakhstan** is a relatively young country, where young age groups cover the majority of the country's population. Young people (under 25) from dysfunctional families, labor migrants, disabled people and groups with behavioral risks of HIV transmission (PWID and their sexual partners, MSM) because of the inaccessible high cost of contraceptives or marginal behavior;

In Kazakhstan, the prevalence of HIV infection in the 15–49 age groups is 0.2%. The prevalence among the total population is 0.1%.

In **Tajikistan**, according to data as of January 1, 2018, the main share of HIV infection detection in the Republic of Tajikistan falls into the category of able-bodied and reproductive age of 19–49 (7,792) - 84.1%. In total, the proportion of HIV-positive children under the age of 15 years was cumulatively 9.4% (869 people). At the age of 15–18 years old 47 people, at the age of 50 and more years 552 people 6.0%.

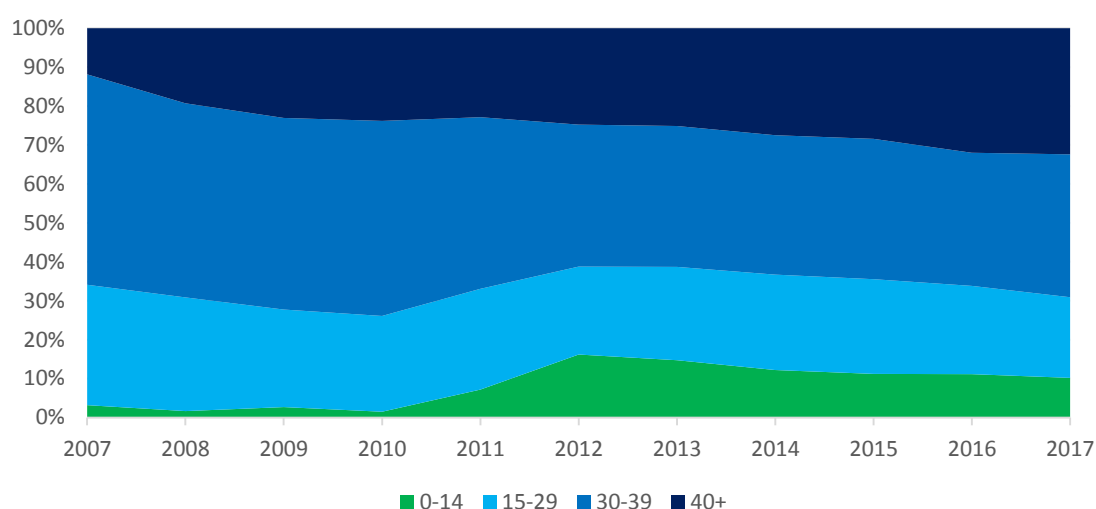


Figure 26: Age group changing HIV infections in Tajikistan



## 2.5 Key populations at risk of HIV infection

### 2.5.1 PWID

People who inject drugs on 01/01/2019, according to the Republican Center of Narcology of the **Kyrgyz Republic**, it is 8,485. Of these, the number of men is 7,988; the number of women is 497. The number of injecting drug users in the Kyrgyz Republic as of January 1, 2018 is 5,383.

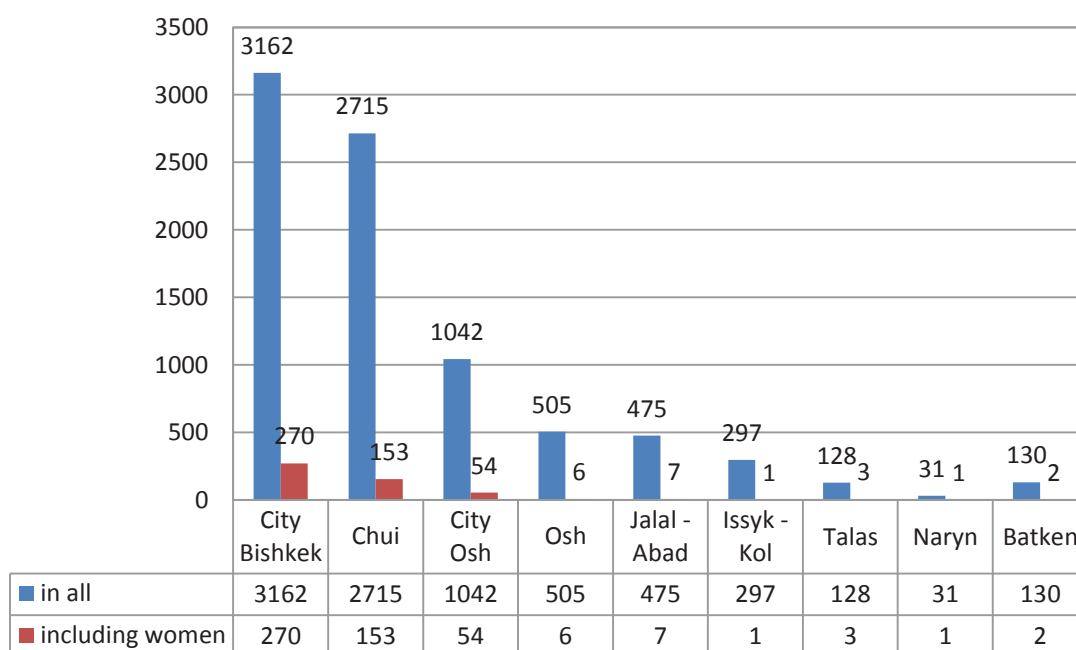


Figure 27: Number of people who use drugs in the Kyrgyz Republic on 01/01/2018 by region <sup>35</sup>

**Table 3** The most common age group is 40 years and older (46.6%). The youngest age from 18 to 24 years old is most represented in Bishkek, Karasu and Jalal-Abad. Most PWIDs were men (90%).

Female PWID are mostly in Bishkek (29%) and Batken Oblast (18%), N = 904.

	18-19 year	20-24 year	25-29 year	30-34 year	35-39 year	40 years and above
City Bishkek	0%	2,1%	8,3%	16,5%	19,3%	53,8%
City Osh	1,1%	7,7%	5,5%	10,7%	20,2%	54,8%
City Tokmok	0%	3,2%	9,5%	14,7%	19,5%	53,2%
City Jalal – Abad	0%	5,0%	10,9%	23,8%	29,7%	30,7%
City Karasu	0%	5,0%	9,9%	15,8%	23,8%	45,5%
Village 5,0%	0%	2,3%	13,7%	26,9%	17,7%	39,4%
Kyrgyzstan	0,2%	3,9%	8,9%	16,9%	20,4%	49,6%

Table 3: Distribution of PWIDs by age group and place of residence

35. [http://afew.kg/upload/userfiles/IBBS\\_report\\_21\\_12\\_2017\\_final.pdf](http://afew.kg/upload/userfiles/IBBS_report_21_12_2017_final.pdf)

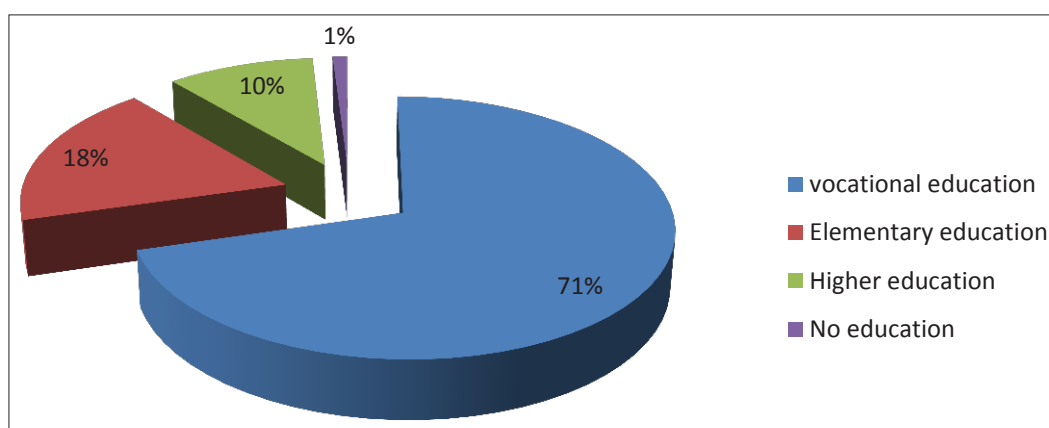


Figure 28: Educational background of PWID in the Kyrgyz Republic

In 74% of the cases, the PWID respondents had secondary and specialized secondary education, the second most frequent group consisted of people with primary education (16%).

Family status: In 43% of those surveyed by PWID, marital status was “married”. Single people were 57%, they are “divorced” (32%), “single / unmarried” (23%) and widowed (2%).

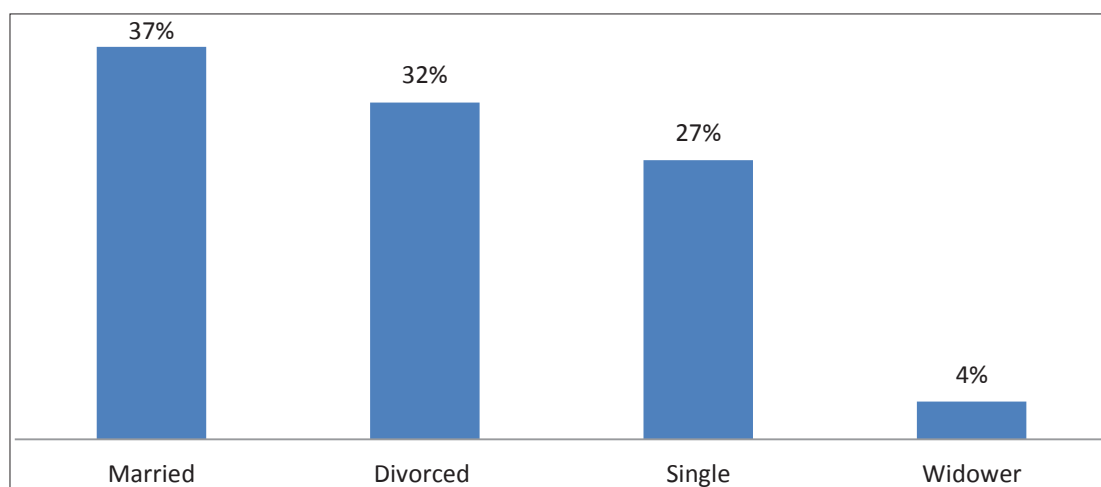


Figure 29: Family status of people who inject injecting drugs, sentinel epidemiological surveillance, 2018

The largest number of married PWIDs is observed in Jalal-Abad, Issyk-Kul and Osh oblasts, the largest percentage of divorced PWIDs in the Naryn region (86%).

With increasing age, the number of family PWIDs is increasing.

### 2.5.2 Nationality of people who inject drugs, (sentinel epidemiological surveillance, 2016)

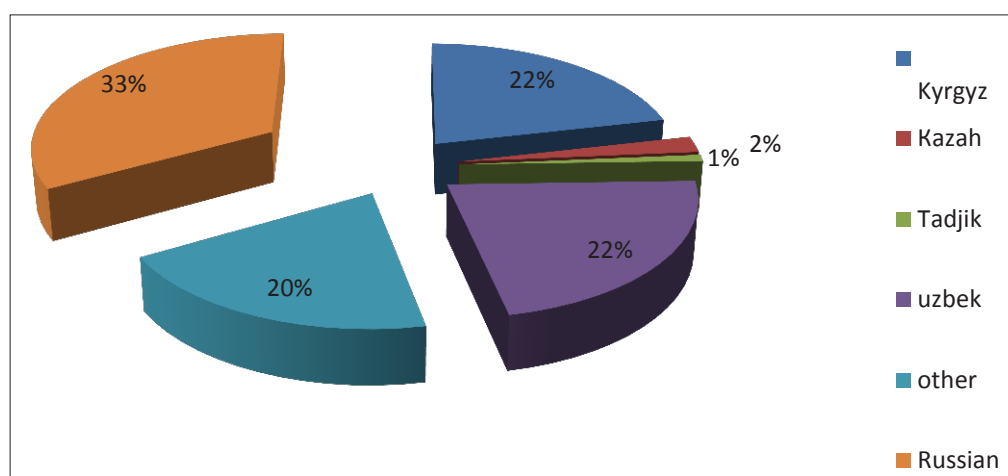


Figure 30: Nationalities of people who inject drugs in the Kyrgyz Republic

By nationality, among PWID there were more Russian (33%) and Kyrgyz (21%) nationalities. In the southern regions, 66% among the PWID were Kyrgyz, Russian and Uzbeks.

Despite **Kazakhstan's** achievements in the prevention of perinatal transmission of HIV infection, family planning for women living with HIV, access to modern contraception and supportive Opiate Substitution Treatment (OST) for women who inject drugs is still relevant. The prevalence of HIV infection among PWID is as follows<sup>36</sup>: According to national monitoring, the estimated number of PLHIV is 26,000. There are registered – 17,958 PLHIV. Men – 10,369 (57.7%); Women – 7,589 (42.3%). The prevalence of HIV infection in the age group 15-49 years is 0.2%. Prevalence among: general population - 0.1%; PWID - 9.2%; MS - 1.9%; MSM - 6.1%; Prisoners - 3.5%.

### 2.5.3 Level of education PWID (%)

Higher education	432
Secondary special education	3,489
General education	18
No education	4
No answer	359

Table 4: Level of education among PWIDs

36. National report on progress made in the implementation of the global response to AIDS Reporting period: 2017  
[http://www.unaids.org/sites/default/files/country/documents/KAZ\\_2018\\_countryreport.pdf](http://www.unaids.org/sites/default/files/country/documents/KAZ_2018_countryreport.pdf)

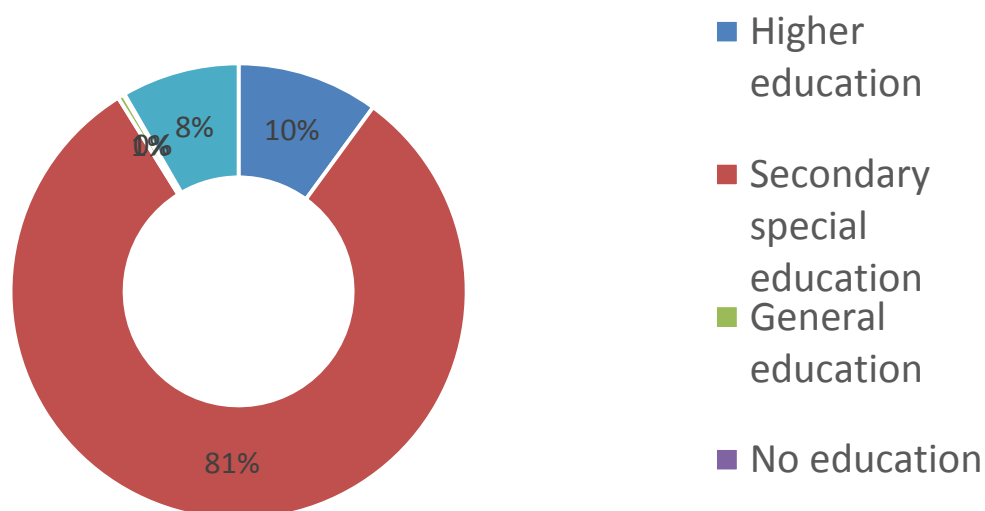


Figure 31: Education level of PWID in Kazakhstan

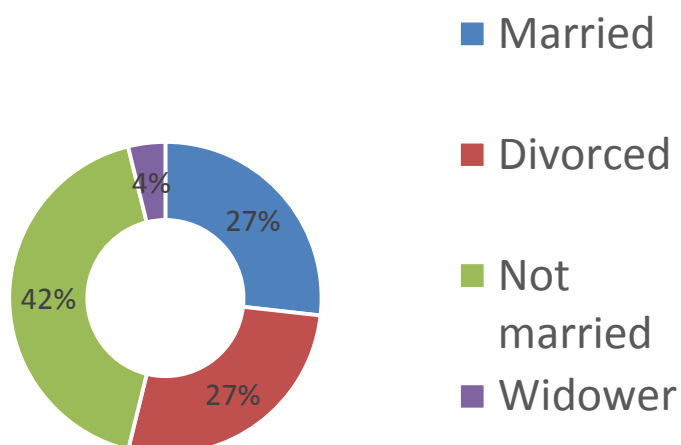


Figure 32: Marital Status of PWID in Kazakhstan

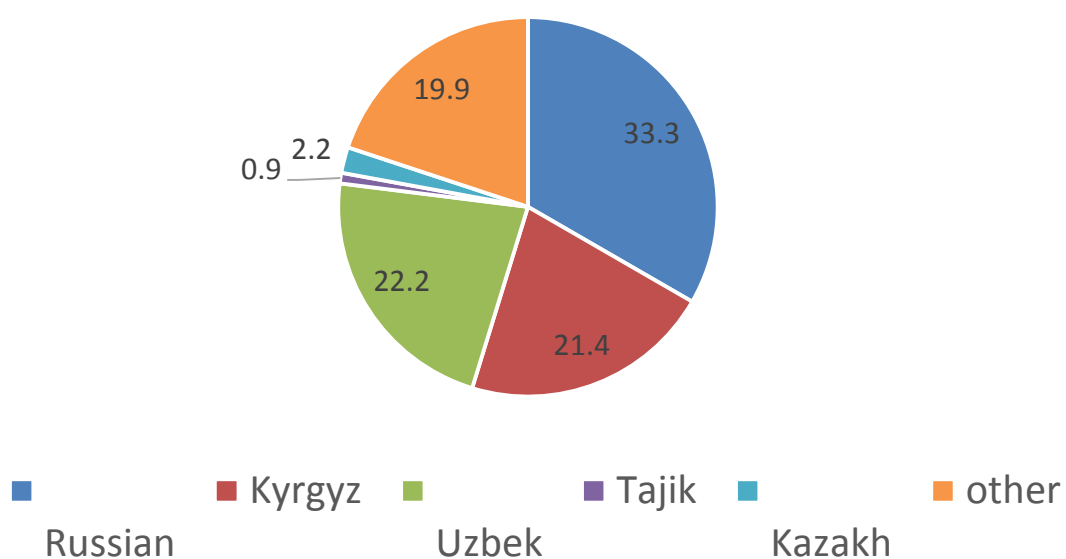


Figure 33: Nationalities of PWID in Kazakhstan

In the initial stages, the HIV epidemic in **Tajikistan** was driven by the spread of infection among people who inject drugs (PWID) as one of the key populations at higher risk. The leading route of HIV transmission, therefore, was in the early 2000s, an injection method of transmission. But in recent years, the situation has changed. Drug users in the structure of new HIV cases in the country was only 12.6% (2016 data), while 5 years earlier, the situation was more serious and they accounted for 20% of all cases.

In RT, the highest HIV prevalence rates are registered in the cities: Dushanbe – 2.473 persons, Kulyab – 693, Rudaki – 683, Vahdat – 466, Khujand - 309, Gisar - 296 Panjakent - 278, Horug - 268, Isfara - 216, Tursunzade - 198, Kurgantube - 163. Indicators of registered HIV-infected in the context of areas (2007-2017):

Khatlon region – 2,444

Sugday region – 1,853

GBO (Gorno-Badakhshan region) - 522

RRS (Regions of republican subordination) - 1.958.

## 2.6 People living in prisons

### 2.6.1 Kyrgyz Republic

The prevalence of HIV depends on the length of stay in prisons. There are 10,959 prisoners in Kyrgyzstan, according to the report of the State penitentiary service. Kyrgyzstan ranks 90th out of 223 countries in terms of the number of prisoners<sup>37</sup>.

There are 323 HIV-infected prisoners in penitentiary institutions of the State penitentiary service of the Kyrgyz Republic (July 5th, 2018). Of these 292 receive ARV therapy<sup>38</sup>.

Mini-training sessions for staff are often organized to improve the delivery of integrated services to prisoners in the prison system. In the process of training, they are introduced to questions about HIV infection, harm reduction programs and modern approaches to the treatment of drug addiction and the processes of social support and adaptation to society<sup>39</sup>. Thanks to cooperation with international organizations, social projects are being implemented in the penitentiary system of the Kyrgyz Republic, which are aimed at the dissemination and implementation of international standards of work with prisoners, prevention and treatment of tuberculosis, drug addiction, HIV/AIDS and other infectious diseases<sup>40</sup>.

As part of the program to prevent the spread of drugs in Central Asia, the state penitentiary service under the government of the Kyrgyz Republic operates the Clean Zone rehabilitation and social adaptation center. Specially trained social workers and psychologists work in the facility for 30 people. With the support of the CADAP program, repairs were carried out in the building, which includes sleeping quarters, a training hall, a dining room, a gym, a small sewing shop, etc. a checkpoint and a greenhouse were also built. Equipment was transferred for the center (video surveillance system, computers, sewing equipment and furniture). Work on the design and construction of the facility began in 2016.<sup>41</sup>

37. [https://24.kg/obschestvo/95053\\_gsin\\_vkyirgyzstane\\_pochti\\_11tyisyach\\_osujdennyih](https://24.kg/obschestvo/95053_gsin_vkyirgyzstane_pochti_11tyisyach_osujdennyih)

38. <http://kabar.kg/news/v-tiur-makh-kr-soderzhatsia-323-vich-infircirovannykh-osuzhdennykh> Speech of the head of the medical Department of the state PENITENTIARY service Nazgul Soltabekova at the meeting of the coordinating Council for the reform of the penal system

<http://zdorovie.akipress.org/news:1458336/?from=zdorovie&place=lastinnews>

39. <https://ru.sputnik.kg/Kyrgyzstan/20160423/1024629817.html>

40. <https://ru.sputnik.kg/Kyrgyzstan/20160423/1024629817.html>

41. The first “clean zone” for convicted women. What it is and what it looks like. Photo essay

[https://kaktus.media/doc/380255\\_pervaia\\_chistaia\\_zona\\_dlia\\_osjdennyh\\_jenshin](https://kaktus.media/doc/380255_pervaia_chistaia_zona_dlia_osjdennyh_jenshin).

The Atlantis Program serves as the only feeder pathway towards entering the “Clean Zone”; there are currently a maximum of 12-24 people in each Atlantis program at 8 colonies where they are seldom at capacity. Most individuals within this program do not transit from the Atlantis Program to the Clean Zone for various reasons:

- 1) insufficient time left on their sentence;
- 2) individual preferences to not participate, primarily due to the restricted nature of the Clean Zone setting or they would become ineligible for early parole; or
- 3) not deemed eligible by Clean Zone staff who assess whether they would be optimal candidates or not;
- 4) many do not complete the Atlantis Program and therefore are not eligible;
- 5) stigma of being associated as “loyal” to the prison administration rather than to other prisoners.

The 100 person capacity of the Clean Zone program, with 19 funded clinical and custodial staff, remains considerably underutilized, with the maximum number of participants in the program at any one time being 45<sup>42</sup>.

There remains no scientifically valid assessment of the Clean Zone’s effectiveness, but interviews with staff and participants suggest that relapse to alcohol and drug use is extremely high and verified by the presence of prisoners in the colonies (especially in the Atlantis Program) who have completed the Clean Zone previously and described their relapse trajectory in which they are released, have no employment or housing and relapse is almost immediate.

A review of the literature suggests that any within prison addiction treatment, especially those that use therapeutic community strategies like those in the Clean Zone and Atlantis, suggest that only those programs that continue engagement with participants for 6 to 18 months post-release have any limited effectiveness – the current Clean Zone as currently constructed, has no aftercare activities.

Extraordinarily hostile and negative attitudes persist among patients in the Atlantis Program and the Clean Zone towards methadone or any other opioid agonist treatment. Such attitudes are inconsistent with the scientific literature of addiction as a chronic, relapsing condition and the available treatments. Consequently, these attitudes undermine evidence-based paths to recovery for opioid addiction and the clash of cultures places addiction treatment with OAT as an inferior treatment, despite the international literature as supporting it to be the most effective treatment for chronic opioid addiction<sup>43</sup>.

### **2.6.2 The Republic of Kazakhstan**

In 2017, in Kazakhstan, the number of intra-institutional HIV cases registered among the special contingent of remand center and correctional institution, compared with 2016, decreased by 3.2 times, and amounted to 5 cases (2016 - 16). HIV prevention programs in prisons in 2017 were implemented in all regions. In total, 710,119 condoms were distributed in places of detention (2016 – 258.467), an increase of 2.7 times. Distributed

42. Report on the “Clean Zone” Prison in Kyrgyzstan. Prepared by: Lyuba Azbel, MSc, London School of Hygiene and Tropical Medicine & Yale University Julia Rozanova, PhD, Yale University School of Medicine, Frederick L. Altice, MD, MA, Yale University School of Medicine and Public Health. P.2

43. Report on the “Clean Zone” Prison in Kyrgyzstan. Prepared by: Lyuba Azbel, MSc, London School of Hygiene and Tropical Medicine & Yale University Julia Rozanova, PhD, Yale University School of Medicine, Frederick L. Altice, MD, MA, Yale University School of Medicine and Public Health. P.3

110,439 IOM (2016 – 55.597), an increase of 2 times. As part of mass campaigns and planned educational work on HIV prevention issues in pre-trial detention centers and correctional institutions, in 2016, 11,967 events were held among special contingents. A positive fact is the absence of identified cases of HIV infection as a result of IBBS (SS) in the female colony and the colony for persons who are serving their first sentence.

### **2.6.3 The Republic of Tajikistan**

In 2018, 30 new HIV-infected people were registered in correctional institutions of the republic. The number of officially diagnosed HIV-infected prisoners is 307, 262 of them are under the supervision of doctors, according to a report released recently by the Commissioner for Human Rights of Tajikistan. The Ombudsman for Tajikistan in his annual report insists on the need to equip interrogation rooms with video surveillance cameras, to provide prisons and pre-trial detention centers with medicines in a timely manner, and to improve sanitary standards in the cells.

Husniddin Nido, an employee of the Office of the Ombudsman of Tajikistan, told Radio Ozodi that monitoring of the situation in closed and semi-closed prisons was conducted in collaboration with non-governmental organizations for the protection of human rights in Tajikistan. According to him, during the monitoring it became known that the incidence of infectious diseases decreased slightly.

The Department for the Execution of Criminal Sentences under the Ministry of Justice of Tajikistan refuses to provide information on mortality and morbidity in institutions under its control. However, Tajik human rights activists say that the number of patients with tuberculosis and HIV-infected in the colonies and pre-trial detention centers exceeds 2,000. They also report high mortality in prisons - annually, according to human rights activists, dozens of prisoners die from various diseases.

The Ministry of Health and Social Protection of Tajikistan assures that prisoners are under the control of doctors, prisons are provided with free medicines in the required amount.

Murodali, a former inmate of Prison No. 1 in Dushanbe, said that the situation in prisons has really improved slightly in recent years. As far as I know, the authorities do not want an extra headache and try to keep the sick prisoners separate,” said Murodali, who was released three months ago after serving a long prison term for drug trafficking<sup>44</sup>.

## **2.7 MSM and Transgender People**

### **2.7.1 Kyrgyz Republic**

According to the size estimate (2013), the number of MSM in Kyrgyzstan is 22,000 people<sup>45</sup>, but the number of practicing risky behavior and those at risk of acquiring HIV may not even reach half of this number. It should be noted that the estimation of the number of MSM was

44. «Office of Human rights in Tajikistan published statistics on HIV-infected in prisons, for the first time», <https://rus.ozodi.org/a/29840674.html>, visit date: 25 march 2019.

45. <http://cbd.minjust.gov.kg/act/view/ky-kg/11590?cl=ru-ru> PROGRAM

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carried out only in the two largest cities of the country (Bishkek and Osh) and amounted to 3,800 people (1.5%) of the sexually active part of the male population aged 15 to 49 years<sup>46</sup>.

### **2.7.2 The Republic of Kazakhstan**

In 2017, preventive work covered 8,548 MSM, 16% of their estimated number (52,800 according to the AIDS Center). 916,398 condoms were distributed to MSM (106 condoms per 1 MSM from coverage, 17 per 1 MSM of the estimated number). 55 outreach workers were recruited to work with MSM on a peer-to-peer basis.

1,839 MSM or 22% of the direct coverage of MSM were examined for HIV infection, including express testing – 1,734 MSM or 94% of the total number surveyed.

To ensure access to vulnerable groups (IDUs, SW, MSM) for the treatment of STIs on a free, confidential and anonymous basis, there are 30 friendly cabinets in the country, 25 of them at AIDS centers, and other medical organizations (skin and venereology clinics, consultations, polyclinics).

In 2017, 28,068 people were registered with HIV<sup>47</sup>. Out of the number of persons who had been registered, 44.7% are people with heterosexual contacts (12,546 people), 4.6% are MSM (1,291 people), 26.4% are PWID (7,410 people), 20.1% are young people (5,642 people) and 4.2% of PLHIV (1,179 people).

In 47.8% (13,416 people) of those who applied, one or more STI syndroms confirmed laboratories were identified. 15.4% (4,322 people) of clients were sent to ARC and women's consultations to clarify the diagnosis. The number of clients surveyed for an STI of 26,074 people, of them, 51.5% were diagnosed with an STI, received treatment from among those in need of DK conditions - 94.3%. 27,304 people received pre-test counseling, of which, express-HIV 66.8% were tested for HIV – 18,239 people. Total in DC was distributed – 127,2615 condoms, 6,071 syringes and 17,941 copies of information material (IOM).

### **2.7.3 The Republic of Tajikistan**

In Tajikistan in 2015 the number of registered infections through unprotected sex is 3,520 (45.6%). The vulnerable groups are still men having sex with men (MSM), sex workers (SW) and in Tajikistan labor migration might be one of the reason of new HIV cases among women<sup>48</sup>.

In May 2015, the Global Fund to Fight AIDS, Tuberculosis and Malaria said that “according to the latest preliminary data, the number of men who have sex with men in Tajikistan is 30,000.” Many men who have sex with men (57.3%) also might have heterosexual relationships, which in turn puts their female partners at risk, which may be one of the factors affecting the increase in the number of people living with HIV, among women, the Global Fund report said. The authors noted that due to the taboo against men who have sex with men, they are rarely willing to seek help from health workers.

Meanwhile, many Tajik doctors believe homosexuality should be treated.

46. <http://cbd.minjust.gov.kg/act/view/ky-kg/11590?cl=ru-ru> PROGRAM

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47. [www.kncdiz.kz/files/00004587.pdf?sid=7vg40k48qom10r22rd09boklp3](http://www.kncdiz.kz/files/00004587.pdf?sid=7vg40k48qom10r22rd09boklp3) Report on the activities of the AIDS service for 2017 - AIDS

48. National report: Tajikistan 2017. P.32



The international human rights organization Human Rights Watch, in its recently published World Report 2019, said that same-sex relationships in Tajikistan are not criminalized, but the LGBT community faces discrimination. “In October 2017, as part of law enforcement operations under the names Morality and Purge, authorities announced the creation of a special registry of 367 individuals whose membership in LGBT people was allegedly “proven,” the report said. (Ombudsman: Tajikistan rejected recommendations on the rights of sexual minorities<sup>49</sup>).

## 2.8 Sex workers

### 2.8.1 Kyrgyz Republic

According to the estimated number (according to official data<sup>50</sup>), in **Kyrgyzstan** between 6,890 people up to 7,316 are engaged in sex work, most of whom work in large cities (Bishkek and Osh). According to IBBS data, in 2013, 2% of SWs were infected with HIV (3.5% in 2010) in the whole country.

According to WHO / UNAIDS estimates, the number of people diagnosed with HIV in 2016 was 8,307 people (PLHIV), or 1.6 times higher than official data (5,158)<sup>51</sup>.

### 2.8.2 The Republic of Kazakhstan

In 2017, 14,756 sex workers were involved in preventive programs - 78% of their estimated number (19,000). To sex workers 5,482.908 condoms had been distributed (289 condoms per Sex Worker from the estimated number and 372 per 1 sex worker from the coverage). 53 outreach workers were recruited to work on the peer-to-peer basis. 11,675 sex workers (61% of the estimated number) were examined for HIV infection; 9.335 MS, or 80% of the total number of sex workers examined, were tested for HIV.

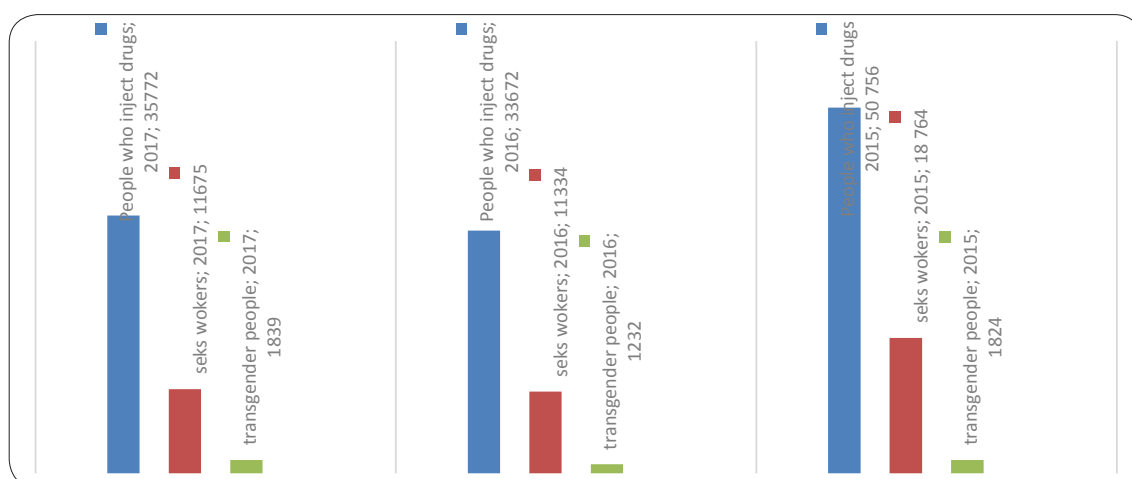


Figure 34: The number of HIV tests conducted among vulnerable groups over the past 3 years in the Republic of Kazakhstan

49. <https://rus.ozodi.org/a/29744170.html>

50. <http://cbd.minjust.gov.kg/act/view/ky-kg/11590?cl=ru-ru> PROGRAM

The Government of the Kyrgyz Republic to overcome HIV infection in the Kyrgyz Republic for 2017-2021 dated December 30, 2017 No. 852

51. [https://itpcru.org/wp.../Plan to increase adherence to HIV treatment in the Kyrgyz Republic Republic in 2018-2021 years](https://itpcru.org/wp.../Plan%20to%20increase%20adherence%20to%20HIV%20treatment%20in%20the%20Kyrgyz%20Republic%20in%202018-2021%20years).

In Kazakhstan, there has been a high growth in the estimated number of PWID (about 13%) since 2015, while the number of MSM has almost doubled over the 3 years of the previous year (from 27,890 to 52,800 people), the number of sex workers remains stable, with minor changes.

### 2.9.1 The estimated number of vulnerable groups

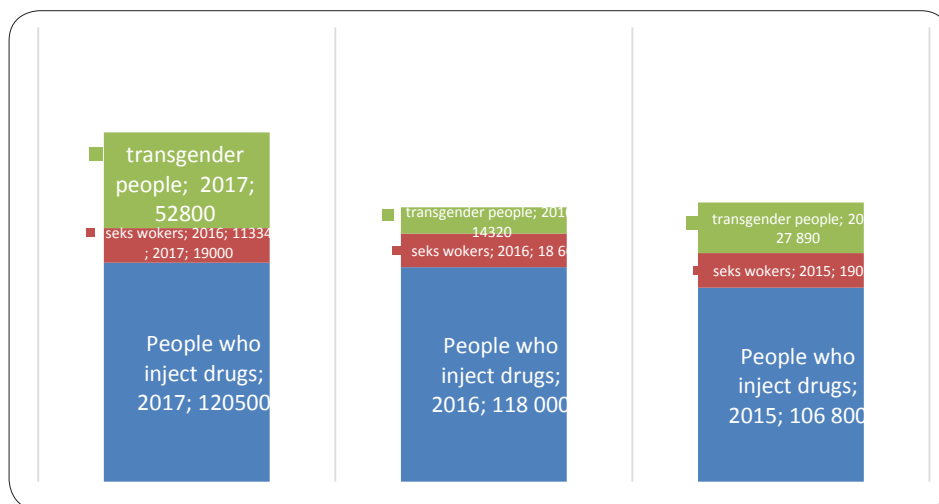


Figure 35: The ratio of the estimated number of vulnerable groups in Kazakhstan over the past 3 years

According to the results of studies conducted by the Republican Center for the Prevention and Control of AIDS of the Republic of Kazakhstan, in the period from 2009 to 2016, HIV detectability among MSM in Kazakhstan increased 5.5 times, while in other groups it did not change or decreased.

The development of the epidemic process of HIV infection in Kazakhstan is in a concentrated stage of the epidemic, the spread of HIV infection is observed mainly in vulnerable groups of the population, such as: people who inject drugs (PWID), sex workers (SW), men who have sex with men (MSM) and prisoners. Most dramatically, the number of new HIV infections is recorded among a group of MSM. If we compare the data on the detection of HIV infection among MSM in Kazakhstan, as one of the largest countries in the region, with the data on HIV prevalence in Eastern Europe and Central Asia (for example, in Belarus – 5.7%, in Kyrgyzstan – 6.6% and 25.1% in Tbilisi, Georgia), it can be seen that they are consistent with each other: an increase in the number of new cases leads to an increase in the prevalence of HIV (an increase in the total number of HIV-positive people) <sup>52</sup>.

Thus, it can be said that the HIV epidemic among men who have sex with men continues to develop, which affects the increase in government spending on treatment, prevention and care for HIV-positive people, leading to an increase in mortality among the population.

The HIV epidemic among MSM is a challenge for HIV service and LGBT organizations in the countries of the region, and emphasizes the need for specific services for gay and other MSM aimed at treatment, prevention, care and support for vulnerable groups of the population.

52. <https://ecom.ngo/kolichestvo-novy-h-sluchaev-vich-sredi-msm-v-kazahstane-velichilos-v-5-5-raz/>

### 2.9.2 The Republic of Tajikistan

According to Tajik specialists, among the key population groups are migrants. The rapid spread of drug use along with drug trafficking, along with active internal and external migration, creates a favorable environment for the spread of HIV, other sexually transmitted infections (STIs), tuberculosis (TB) and parenteral hepatitis in Tajikistan.

Among the new cases of HIV infection on the background indicated above, people who have a history of migration, mainly traveling abroad for work, have become more frequent. But compared to other groups of the population, migrants make up only 14.9% of the total number of infected people. Among them with HIV-positive status are 87% of men and 13% of women. HIV infection in migrants, regardless of gender, occurs predominantly at reproductive age, while this infection is most often found in the age group of 30–39 years (about 47%), which indicates a dangerous practice of sexual behavior among adults. According to a survey of sentinel epidemiological surveillance, conducted 5 years ago, among migrants from Tajikistan more than 80% of respondents (men, women) had sexual contacts, including commercial ones, in receiving countries. Only 50% of men and 25% of women used condoms. Since most migrants are married, this determines the further spread of HIV: in their family<sup>53</sup>.

### 2.10 Features of medical examination for HIV in Central Asia

In the Kyrgyz Republic according to the law of the Kyrgyz Republic of August 13, 2005 No. 149 on HIV / AIDS, the following types of medical examination are provided for in the Kyrgyz Republic:

- Voluntary;
- Required;
- Forced.

Voluntary medical examinations are conducted anonymously and confidentially based on the informed written consent of the person being examined or his legal representative<sup>54</sup>.

The fact of passing and the results of confidential medical examination for HIV are not disclosed and are not transferred to a third party without the prior written consent of the person being examined.

#### 2.10.1 Mandatory medical examinations are conducted confidentially

Forced HIV testing is carried out only by a court decision based on the decision of the investigator, the prosecutor on his appointment. The fact and results of such certification are also confidential, protected by law.

Any HIV medical examination is accompanied by pre-test and post-test psychosocial counseling. The procedure for conducting psychosocial counseling in connection with HIV is determined by the Government of the Kyrgyz Republic.

The inspected person has the right to refuse to conduct a medical examination at any stage, except for a compulsory medical examination.

53. <http://mv.ecuo.org/en/why-hiv-positive-migrants-tend-to-stay-in-russia-illegally/>, visit date 13.10.2019.

54. As amended by the Laws of the Kyrgyz Republic of June 13, 2011 No. 44, April 29, 2016 No. 52. <http://cbd.minjust.gov.kg/act/view/ru-ru/1747/30?cl=ru-ru>

### 2.10.2 Obligatory medical certification for HIV is subject to:

- Donors of blood, biological fluids, organs and tissues;
- Foreign citizens and stateless persons in cases stipulated by international treaties;
- Persons whose professional activities include the mandatory medical examination for HIV.

The list of specialties and positions subject to compulsory medical examination is determined by the Government of the Kyrgyz Republic.

Employers do not have the right to require workers to submit an official medical report of an HIV test, if this is not provided for by the legislation of the Kyrgyz Republic.

Obligatory medical examination is carried out only with the written consent of the subject. (compulsory HIV testing is a medical examination for an HIV infection of a person with his consent, which is a mandatory requirement for certain categories of citizens and certain actions to be taken). The procedure for conducting a medical examination for HIV in the Kyrgyz Republic.

Not any coercion during a medical examination for HIV is allowed, e.g. conducting it without the consent of the subject or using the methods of physical, psychological and moral pressure, as well as using the dependent position of the person being examined.

The issuance of an official medical opinion on the results of a medical examination for HIV at the request of citizens of the Kyrgyz Republic, foreign citizens and stateless persons about the presence or absence of HIV / AIDS is carried out by healthcare organizations licensed and accredited in accordance with legislation.

Information about the infection of a person with a human immunodeficiency virus or about the disease of its HIV infection, AIDS is an official secret protected by law.

Employees of foreign diplomatic missions and consular offices enjoying diplomatic immunity and privileges on the territory of the Kyrgyz Republic may be examined for infection with the human immunodeficiency virus during their treatment.

The rules of HIV medical certification, registration and medical surveillance of people living with HIV / AIDS are approved by the Government of the Kyrgyz Republic.

### 2.10.3 The Republic of Kazakhstan

Citizens of the Republic of Kazakhstan and oralmans<sup>55</sup> have the right to voluntary anonymous and (or) confidential medical examinations and counseling on HIV issues free of charge in the manner determined by the authorized body.

Mandatory confidential medical examinations for HIV infection are subject to:

- 1) donors and recipients of blood, its components, tissues and (or) organs (parts of organs), germ cells;
- 2) Persons on the basis of requests from the prosecution authorities, the investigation and the court;
- 3) Person for clinical and epidemiological indications in accordance with the rules approved by the authorized body.

Foreigners and stateless persons residing in the territory of the Republic of Kazakhstan, in the event of evasion from HIV testing, are expelled from the Republic of Kazakhstan.

55. [http://egov.kz/cms/ru/articles/for\\_foreigners/oralman\\_rk](http://egov.kz/cms/ru/articles/for_foreigners/oralman_rk)

Oralmans are foreigners or persons of Kazakh nationality who do not have citizenship at the time of acquisition of state sovereignty by Kazakhstan and came to Kazakhstan in accordance with the legislation of the Republic of Kazakhstan for permanent residence. [http://egov.kz/cms/ru/articles/for\\_foreigners/oralman\\_rk](http://egov.kz/cms/ru/articles/for_foreigners/oralman_rk)

Employees of diplomatic, representative and consular offices of foreign countries and other persons enjoying diplomatic privileges and immunity in the territory of the Republic of Kazakhstan shall be tested for HIV only with their consent. The proposal on the necessity of their examination is approved by the authorized body with the Ministry of Foreign Affairs of the Republic of Kazakhstan.

Examination of minors and disabled persons is carried out with the consent of their legal representatives or at their request.

Health organizations that have identified HIV infection during medical examinations, notify the patient in writing of the result, inform them of the need to observe precautions aimed at protecting their own health and those around them, and also warn about administrative and criminal liability for avoiding treatment and infecting other individuals<sup>56</sup>.

Clinical and epidemiological indications for the presence of HIV infection by a rapid test, followed by examination in the ELISA include:

- 1) Pregnant women: admitted to delivery with an unknown HIV status; tested for HIV once more than 3 weeks before delivery; admitted to childbirth without an exchange card;
- 2) Victims in emergency situations (to determine HIV status and expected source of infection, assess the degree of risk and prescription of post-exposure antiretroviral prophylaxis);
- 3) Children and parents (with a positive result of the rapid test)<sup>57</sup>.

## **2.11 HIV / TB Co-infection Situation**

Because both HIV and hepatitis C spread through contact with infected blood, people are often “infected” with both viruses. Co-infection creates several special problems. Hepatitis C makes HIV more severe. This may be due to liver damage. However, hepatitis C does not harm antiretroviral drugs (ARVs).

### **2.11.1 Kyrgyz Republic**

The Republican AIDS Center of the Ministry of Health will procure drugs for the treatment of chronic viral hepatitis C. It will spend 2,817.000 thousand soms, the government procurement portal said. Currently, the situation with co-infection is as follows:

In 2017, a decrease in the incidence of viral hepatitis in the Kyrgyz Republic is observed. For 8 months of 2017, compared with the same period last year, in Kyrgyzstan there is a decrease in the incidence of viral hepatitis by 31.3%, including hepatitis A by 32.7%. This was reported in the press service of the Ministry of Health of the Kyrgyz Republic.

“This year 3,494.000 cases were registered (per 100 thousand population – 56.6), and in 2016 – 5,091 cases (84.1). The highest incidence of hepatitis A is recorded in Batken (104.7), Osh (85.4) oblasts and in Osh (101.9),” the message says.

In order to reduce the high incidence rate among the population, the Ministry of Health carries out sanitary explanatory work: Because people need to know information about the sources of infection, ways of transmission and prevention measures.

### **2.11.2 The Republic of Kazakhstan**

In Kazakhstan in 2017, the prevalence of viral hepatitis B among PLHIV is 1.5 per 100 PLHIV, viral hepatitis C 45.5 per 100 PLHIV, combined HBV + HCV 2.3 infection. For 10 years (2007-

56. Order of the Minister of Health and Social Development of the Republic of Kazakhstan dated June 23, 2015 No. 50.

57. Registered in the Ministry of Justice of the Republic of Kazakhstan on July 31, 2015 No. 11803. On approval of the Rules of mandatory confidential medical examination for the presence of HIV infection of persons according to clinical and epidemiological indications

2017), the prevalence of viral hepatitis remains very high among PLHIV, despite a slight decrease in HCV and HBV + HCV.

The Republic of Kazakhstan is classified by the WHO as a country with a high priority for tuberculosis (TB). Kazakhstan is in the list of 15 countries with the highest burden of multi-drug resistant TB (MDR-TB) in the European Region. The TB / HIV response in Kazakhstan follows the recommendations of the WHO TB / HIV policy. When TB is detected in all TB facilities, counseling and testing for HIV infection is provided. In accordance with national indicators, HIV testing coverage in the country reached 98% of all reported cases of TB. Further, if a TB patient continues to be observed in the active TB account group, HIV testing is performed once every six months<sup>58</sup>.

### 2.11.3 The Republic of Tajikistan

Over the past six years in Tajikistan there has been an increase in the number of detected cases of co-infection of TB / HIV from 102 in 2010 to 176 in 2015 (Table 10). In 2015, 9434 TB patients were tested for HIV. HIV infection, however, was detected in 99 people. Testing for HIV positive people in TB has revealed TB in 77 patients<sup>59</sup>.

The years	2010	2011	2012	2013	2014	2015
Number of TB / HIV cases detected	102	115	116	171	156	176

Table 5: Co-infection of HIV and TB in Tajikistan

## 2.12 Detection and monitoring of HIV studies: responsible and results. Activities in identifying people living with HIV

### 2.12.1 Kyrgyz Republic

=The Republican AIDS Center and the Osh Regional Center for AIDS Prevention and Control, when detecting antibodies / antigen against human immunodeficiency virus, report the results of the analysis (positive, negative, questionable) to the electronic tracking system and transmit the data simultaneously to the epidemiological departments of the health organization.

In turn, specialists of the epidemiological department of the Republican AIDS Center, Osh Regional Center for AIDS Prevention and Control, transmit the results in the form of “for official use” to the regional AIDS Prevention and Control Center, City Center for Prevention and struggle against AIDS, further to the specialist of the Center for Family Medicine, who conducted the TC (Annex 2.1).

For every case of HIV infection, the doctor of health care organizations who have identified HIV infection is filled with an “Emergency Notice” (UV No. 058 / u according to Resolution No. 583 of 23.09.2011), which is sent to the city or regional center for disease prevention and state sanitary-epidemiological surveillance. In the emergency notification, the “diagnosis” column is filled in accordance with the ICD-X (B20-B24, Z21), in the column “Surname Name Patronymic” - the number of the ELISA assay (confirming). In the “address” column only the

58. Bayserkin B.S. Epidemiology and organizational issues of care for patients with co-infection

59. REPORT ON ACHIEVED PROGRESS IN COUNTERING THE HIV EPIDEMIC, 2016 Tajikistan Ministry of Health and Social Protection of the Population of the Republic of Tajikistan State institution “Republican Center for the Prevention and Control of AIDS” [http://www.unaids.org/sites/default/files/country/documents/TJK\\_narrative\\_report\\_2016.pdf](http://www.unaids.org/sites/default/files/country/documents/TJK_narrative_report_2016.pdf)



locality is indicated. Further, the territorial centers for disease prevention and state sanitary and epidemiological surveillance transfer information to the regional centers for disease prevention and state sanitary and epidemiological surveillance, which in turn transmit information - to the state sanitary and epidemiological supervision of the Ministry of Health of the Kyrgyz Republic.

Epidemiological investigation of the detected case of HIV infection is conducted by the epidemiologist at the place of detection, regardless of the place of residence of people living with HIV.

Further epidemiologist health organizations (RC "AIDS" / the central AIDS prevention / City Center for Prevention and struggle against AIDS / Center for Disease Prevention and State Sanitary and Epidemiological Surveillance and others) conduct an epidemiological investigation of the case of HIV infection with the aim of identification of a possible source, ways of infection and information are entered in the epidemiological investigation registration card. Epidemiological investigation is conducted in accordance with instruction. An information epidemiologist provides information about a specialist who carries out surveillance, care and treatment with him followed by an escort.

After the epidemiological investigation conducted by the epidemiologist, work is carried out with contact persons-contact establishment, consultation, testing and supervision for 6 months.

Persons with a seropositive and questionable result for HIV are in control of the epidemiologist for a year.

The epidemiologist fills in the statistical report form 4 (Urgent monthly reports on the study of contingents for HIV infection, NSC KR of September 16, 1942 No. 23) and provide the district and city laboratories with HIV diagnostics in the epidemiological department with a regional center for prevention and AIDS / City Center for Prevention and struggle against AIDS. Epidemiological departments which in turn provide these summary reports to the epidemiological department of the RC "AIDS". RC "AIDS" summarizes and provides to the Republican Medico-Information Center of the Kyrgyz Republic within the established deadlines.

A specialist who conducted pre-test counseling and referred for testing also conducts post-test counseling (Appendix 2.4).

Identified people living with HIV are subject to follow-up, care and support at their place of residence, with the exception of foreign citizens.

PLHIV and people with a seropositive and questionable result for HIV infection are permanently suspended from all types of donation.

Annual report on HIV-infected persons on Form No. 4-A and 4B (Resolution of the NSC of the KR dated 16.09.14.№23) is provided by specialists of primary health care in the Regional Center for Prevention and Combating AIDS / City Center for Prevention and struggle against, where the generalized information is sent to the RC "AIDS", then to the RMIC and the National Statistical Committee (NSC) of the Kyrgyz Republic in a timely manner.

Information on people living with HIV is strictly confidential. A person who discovers a medical secret shall be criminally liable in accordance with Article No. 145 of the Criminal Code of the Kyrgyz Republic.

In order to assess the quality of the provision of medical services, it is necessary to collect indicators included in clinical protocols on a regular basis.

### 2.12.2 The Republic of Kazakhstan

The rules of HIV medical certification, registration and medical surveillance of people living with HIV / AIDS are approved by orders of the Minister of Health and Social Development of the Republic of Kazakhstan. The main institute for the control and prevention of HIV / AIDS in the Republic of Kazakhstan are the AIDS centers, which consist of two levels:

- republican
- regional.

The Republican State Enterprise on the right of economic management, the Republican Center for Prevention and Control of AIDS of the Ministry of Health and Social Development of the Republic of Kazakhstan, diagnoses HIV, collects data on the epidemiological situation in Kazakhstan, monitors and evaluates measures for HIV infection, counts clients of preventive programs and also assesses the completeness and quality of the data.

The Republican Center for the Prevention and Control of AIDS also organizes a quality management system and carries out external and internal quality control of laboratory diagnostics of HIV infection and ensures the operation of electronic databases (electronic tracking of HIV cases, epidemiological monitoring of HIV prevalence in vulnerable groups, monitoring and evaluating HIV interventions, accounting for clients of prevention programs), as well as evaluating the completeness and quality of data.

Regional AIDS centers provide accounting and reporting in accordance with the current legislation of the Republic of Kazakhstan. Within their region, the centers conduct epidemiological monitoring of the incidence and prevalence of HIV infection, analyze the epidemiological situation in the region, monitor and evaluate the effectiveness of prevention programs, organize and conduct epidemiological monitoring of the prevalence of HIV infection among vulnerable groups of the population.

In all regional and urban AIDS centers, local networks have been created that allow internal structures to interact with each other, which greatly increases the speed of information transmission and processing.

The AIDS service operates an e-tracking of HIV cases", which is an integrated information system designed to collect laboratory, epidemiological and clinical data on all reported cases of HIV infection and AIDS in order to make timely and informed care decisions. people living with HIV and its assessment.

The electronic tracking system is an integral part of the national HIV surveillance system, it allows monitoring of the epidemic trends, assessing the quality of treatment and care services provided to PLHIV. This system allows to ensure the completeness and timeliness of information about all registered cases of HIV infection, including ART and its effectiveness, TB / HIV co-infection, prevention of mother-to-child transmission.

Electronic tracking acts as a tool for managing the quality of care. Using it reduces the likelihood of medical errors, eliminates redundant or insufficient appointments, determines the completeness and adequacy of the diagnoses.

All organizations of the AIDS service use the services of the republican Virtual Private Network<sup>60</sup> channel. Connecting to a secure communication channel is necessary to ensure the security of the transmission of confidential data to HIV-infected citizens of Kazakhstan. National register of persons screened for HIV (in progress).

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60. Online consultation on the website: <http://www.rcaids.kz/en>



According to the order of the Ministry of Health of the Republic of Kazakhstan No. 540 dated July 20, 2017. "On approbation of the electronic information system" National Register of Persons Examined for HIV Infection "in the East Kazakhstan and Pavlodar oblasts", the approbation of the system was carried out in two oblasts, an action plan was developed to expand the throughout the territory of Kazakhstan, and a working group was created.

The National Register of Persons Examined for HIV will allow for a more detailed analysis of the contingent of individuals being surveyed (gender, age, examination code, place of collection of serum, etc.), calculation of the number of persons examined without repetition. In 2015, with the technical and financial support of the "Assistance / ICAP" project, a mobile application for entering ESD data using tablet computers was developed. In 2016, the Assistance / ICAP project purchased tablet computers for all regional AIDS centers and offices, among PWID was conducted throughout Kazakhstan. Since 2018, ESR among convicted persons due to continuous screening of prisoners has been canceled.

The National Database of Individual Customer Registration is the National Database of individual registration of prevention clients for monitoring and evaluating the coverage of prevention programs for vulnerable groups

The national database of individual customer records allows to:

1. quickly determine the number of CAPs covered by the programs;
2. health care expenditures on inappropriate, expensive, or potentially harmful services.

### **2.12.3 The Republic of Tajikistan**

Research on HIV and hepatitis is conducted in the Republic of Tajikistan Center for AIDS-Republican, regional, city and district AIDS centers. The work on documenting drug use in Tajikistan is being carried out by the Republican Clinical Center for Narcology. Citizens who have drug addiction can apply to the structures of the center where drug users are receiving outpatient and inpatient treatment. An outpatient patient record (No. 025 U) is put on each of them. Then he put on dispensary accounting. Depending on the patient's condition, he is offered inpatient or outpatient treatment.

The collection of statistical data is carried out according to the approved form No. 21 of the state statistical accounting.

# PART II

### 3 Treatment, Coping and preventing of HIV Virus

#### 3.1 Preventive measures to reduce HIV infection

In Kyrgyzstan, Kazakhstan and Tajikistan governmental programs<sup>61</sup> are being implemented to combat HIV infection, which define the goal, objectives and main directions of the state policy to prevent the spread of chronic disease caused by the human immunodeficiency virus.

##### 3.1.1 Kyrgyz Republic

The state policy in the field of HIV infection is based on a multi-sectoral approach, regulated by the legislation of the Kyrgyz Republic; The program of the Government of the Kyrgyz Republic to overcome HIV infection in the Kyrgyz Republic for 2017-2021; The National Program for the Reform of the Health System of the Kyrgyz Republic «Den Sooluk» for 2012–2018; departmental regulatory legal acts.

To achieve the goal and objectives set for the period up to 2021, targeted actions will be taken **in three strategic directions**. Such an approach will ensure maximum effect at all levels of the provision of comprehensive medical services, coordinate health sector activities with other government departments and services, with the non-government sector and communities affected by HIV infection and increase the effectiveness of international technical and financial assistance.

##### Strategic direction 1.

Providing a client-oriented package of diagnostic, treatment, care and support services for key populations on the following points:

- 1.1. Providing quality preventive services for key populations;
- 1.2. Access to voluntary HIV counseling and testing;
- 1.3. Provision of services for the treatment, care and support of PLHIV in accordance with clinical protocols on HIV infection;
- 1.4. Overcoming HIV infection among women and children.

##### Strategic direction 2.

Strengthening the health care system to strengthen measures to overcome HIV infection in the Kyrgyz Republic by 2021

- 2.1. Ensuring effective management and coordination of HIV activities in the health care system
- 2.2. Improved collection and analysis of strategic information
- 2.3. Increasing the availability and high quality of HIV-related medical services

##### Strategic direction 3.

Creating favorable economic, legal and social conditions for overcoming HIV infection in the Kyrgyz Republic

- 3.1. Reduce stigma and discrimination; increase the tolerance of society to PLHIV and key populations.

61. Program of the Government of the Kyrgyz Republic on overcoming HIV infection in the Kyrgyz Republic for 2017-2021. Approved by the Decree of the Government of the Kyrgyz Republic dated December 30, 2017 No. 852.

- On the national program to combat the epidemic of human immunodeficiency virus in the Republic of Tajikistan for 2017-2020. (<http://moh.tj/wp-content/uploads/>)

- On the implementation of measures to prevent HIV cases for 2017-2020. From April 14, 2017

### 3.1.2 The Republic of Kazakhstan

The state program for the development of health care “Salamatty Kazakhstan” for 2011–2015 includes two indicators on HIV: the first is to keep the prevalence of HIV among the general population aged 15–49 at the level of 0.2–0.6% by 2015 and the second - keep HIV prevalence among prisoners at <5%. Currently, measures are being implemented in the Republic of Kazakhstan to prevent HIV cases for 2017–2020, which was approved by an order of the Ministry of Health of Kazakhstan dated April 14, 2017.

For 2013–2015 The Republic of Kazakhstan has got some progress in achieving the goals reflected in the Declaration of Commitment on HIV / AIDS. A number of organizational and legal decisions were taken, as well as measures to overcome the problems identified during the preparation of the previous report on the implementation of the Declaration. Political support and funding from the state budget has made it possible to achieve access to HIV prevention, treatment and care services<sup>62</sup>.

The AIDS Service of the Republic of Kazakhstan has formulated the main directions and activities to fulfill the country’s international obligations to achieve the goals of UNAIDS 90-90-90. These activities included the Roadmap for the implementation of measures to prevent HIV infection in the Republic of Kazakhstan for 2017–2020, taking into account the WHO / UNAIDS strategy, which was approved by Order of the Ministry of Health of the Republic of Kazakhstan No. 164 of April 14, 2017.

### 3.1.3 The Republic of Tajikistan

The Law of the Republic of Tajikistan «On Countering the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome» was adopted in 2005 and amended and supplemented twice (2008–2014). This law is the basis of the country’s response to the HIV epidemic through the implementation of appropriate policy responses.

Currently, the work is based on the program «On the national program to combat the epidemic of human immunodeficiency virus in the Republic of Tajikistan for 2017–2020», approved by Decree of the Government of Tajikistan on February 25, 2017 under No. 89.

The policy responses taken in the country are based on the integrated use of various preventive, therapeutic and social programs and the use of various methods that have proven to be effective in world practice. Among these are: programs aimed at preventing HIV among key high-risk groups, a program of voluntary counseling and testing, educational programs for young people, a program to prevent sexually transmitted infections, a program of blood safety, a program for *after contact prevention*, a program to prevent mother-to-child transmission of HIV, programs for people living with HIV. It also should include a program of joint action against tuberculosis and HIV infection, etc.

Key risk groups for which preventive measures are taken include people who inject drugs (PWID), sex workers (MS), men who have sex with men (MSM), prisoners, etc. Educational programs, a program of voluntary counseling and testing (VCT), harm reduction programs, including programs such as needle exchange and substitution therapy, the distribution of condoms, etc., are involved in working with key groups.

The program for the prevention of mother-to-child transmission of HIV (PMTCT) is aimed at maximizing the coverage of pregnant women with VCT, at providing HIV-positive pregnant women with antiretroviral therapy (ART) and carrying out other necessary preventive

62. [http://www.unaids.org/sites/default/files/country/documents/KAZ\\_final\\_report\\_2016.pdf](http://www.unaids.org/sites/default/files/country/documents/KAZ_final_report_2016.pdf)

interventions for pregnant women and the newborn. PMTCT is carried out in accordance and adapted for the country modern thematic clinical protocol for the European Region of the World Health Organization (10 Prevention of mother-to-child transmission of HIV)<sup>63</sup>.

## **3.2 Collaboration between public health authorities and social partners**

### **3.2.1 Kyrgyz Republic**

In providing services related to HIV / AIDS, a comprehensive client-centric approach is crucial for effectiveness. Clients who turn to AIDS - service organizations, aside from health problems, as a rule, have a whole range of social and legal problems that cannot be solved within one organization. Customer redirection is still one of the most common forms of cooperation between organizations - respondents from all surveyed organizations say that they send their customers to receive additional services. Most often, clients are given referrals for medical services: drug treatment (10 out of 15 organizations), tuberculosis (8 organizations) centers, dermato-venerological clinics (7 organizations) and other public medical institutions (7 organizations), such as laboratories, FMC, maternity homes and hospitals.

### **3.2.2 The Republic of Kazakhstan**

Cooperation has been established between medical and non-medical care centers, as well as collaboration between drug and infectious health care centers (AIDS and drug treatment centers). For PWID, in the centers controlled by AIDS, they carry out preventive measures for the harm reduction program, and also cooperate on Opiate Substitution Therapy (OST) with methadone.

Cooperation between medical and non-medical personnel is carried out by the outreach workers of public organizations. Motivational Interviewing is conducted with clients from vulnerable groups at their visits to the AIDS center laboratory for pre-test counseling and testing for HIV, real situations that happen to migrants.

## **3.3 Implementation of Antiretroviral Therapy in Central Asia**

In the prevention and control of AIDS, the treatment and prevention of HIV infection is the only effective method for the treatment and prevention of HIV infection are antiretroviral drugs (ART) - they fight infection and stop or inhibit the development of the virus and reduce its amount in the body.

### **3.3.1 Kyrgyz Republic**

The number of people receiving antiretroviral therapy in the Kyrgyz Republic has increased, which allows to save the lives of HIV-positive people, as well as to limit the spread of HIV infection. The coverage of ART has been increased 5 times: from 510 people in 2011 to 2,668 PLHIV in 2016. Continuous treatment for 12 months was achieved for 78.8%, the effectiveness of treatment, that is, the suppression of viral load, was 58.4%. However, low coverage of treatment for PLHIV (51.7% of registered and 26% of the estimated number), as well as low effectiveness of treatment remain factors that, together with insufficient coverage of prevention and testing, do not allow to stop the further spread of HIV in the country.

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63. [https://www.unaids.org/sites/default/files/country/documents/TJK\\_narrative\\_report\\_2016.pdf](https://www.unaids.org/sites/default/files/country/documents/TJK_narrative_report_2016.pdf)

ART appointed	4555 PLHIV	ART Receive	3262 PLHIV
Adults	2820	Man	1510
		Women	1310
Children	442	Boys	265
		Girls	177

Table 6: Number of persons receiving antiretroviral therapy on 01.02.2018

1,293 persons are not receiving ART of which: 10% - are not committed to ART therapy, 5% - persons who for some reason stopped ART therapy, 5%.

Among them are the 1,293 individuals not receiving art, due to different reasons:

1. About 40-45% are committed to ART (people who feel well and do not recognize the need for treatment);
2. About 25-30 % received motivational advice and not yet decided to seriously start treatment;
3. About 15-20 % started the course, but due to various circumstances, abandoned or infrequently used drugs;
4. About 5-10 % are in a state of deep depression and stopped treatment.<sup>64</sup>

### 3.3.2 Republic of Kazakhstan

Thanks to Global Fund support an annual increase in the number of respondents and makers of ART. If in 2013, the ART took 3,571 PLHIV, 2017 – 11,482 (an increase of 3.2 times). This increases the adherence of PLHIV to ART (2013 - 74.8%, 2017 – 80,5%). In 2017 for the first time taken on treatment – 4,469 PLHIV, resumed treatment - 1,107 PLHIV. The Republic of Kazakhstan has all the conditions to achieve the 90-90-90 targets: 90% of people will know their status, 90% of PLHIV will receive ART, and 90% of the number of PLHIV receiving.

ART appointed	Amount	ART receive	Amount
Adults	5974	Men	5959
	4841	Women	4823
Children	249	Girls	249
	193	Boys	193

Table 7: Number of persons teaching antiretroviral therapy on 01.02.2018

### 3.3.3 The Republic of Tajikistan

In Tajikistan, according to the information provided by the AIDS center, the number of people who receive antiretroviral therapy was 6,560 HIV cases in 2017.

Antiretroviral therapy is prescribed in AIDS prevention and control centers without delay. The study of the number of CD4 cells is available and is carried out in most cases in a timely manner. In Tajikistan, the treatment adherence rate for identified HIV-positive men is 65% and for women - 100%. This means that women pay more attention to their health. The maximum coverage of HIV-positive people with antiretroviral therapy in Tajikistan is 53%.

64. Republican AIDS Center <http://www.aidscenter.kg>

### 3.4 HIV prevention in the penitentiary system

#### 3.4.1 Kyrgyz Republic

In the penitentiary system of the Kyrgyz Republic, the Atlantis Rehabilitation Center is operating - the Minnesota model for treating addiction. The Atlantis program, based on the Minnesota model for the treatment of alcoholics and drug addicts, is used to treat chemically dependent prisoners.<sup>65</sup>

The objectives of the rehabilitation program are:

- patient's familiarity with addiction;
- creating conditions for starting the process of identifying with the disease and recognizing that the patient has lost control over the use of alcohol and drugs;
- assisting in understanding the psychological mechanism of dependence, to the possible extent.

Indicating to the patient the possibility of a constructive manifestation of his emotions.

The scheme of work with patients is as follows:

- convict entering the rehabilitation center;
- (s)he is interviewed, which determines the diagnosis, motivation, the possibility of participation in therapy and the absence of obstacles;
- examines the terms of the contract, with full agreement with them, signs it;
- after entering the rehabilitation center and signing the contract, the patient is sent to the "introductory group", where he acquaints himself with the rules, feedback methods, gains knowledge and skills of functioning in the therapeutic group, identifying, analyzing and managing the emotional state through the "Diary of feelings"; fills out questionnaires;
- attends all rehabilitation activities in accordance with the schedule of the day, drawn up taking into account multidirectional psychotherapeutic techniques, which has time for rest and independent work, in order to avoid psychological overload;
- learns to constructively resolve emerging issues and interpret their rights and obligations specified in the contract and rehabilitation center rules;
- acquires basic knowledge of dependence and fixes it in group lessons;
- participates in meetings and gets acquainted with positive experience of convalescents.

Each of the initiating patients is assigned to one of the individual therapists. This employee writes a submission to the patient and draws up an individual therapy plan, in which the main problems of the patient, actual goals and objectives with the time frame for their implementation are indicated. After 10 days, the presentation is reviewed at a clinical meeting of rehabilitation center staff. Since the development of individual therapy plan, the therapeutic process has been carried out taking into account the individual characteristics of the patient and is evaluated by the clinical assembly. Individual therapy plan is compiled two weeks in advance.

In the penitentiary system, eight Atlantis<sup>66</sup> rehabilitation centers are open and operational, implementing rehabilitation programs for people addicted to alcohol and drugs.

65. Azbel L et.al.: A qualitative assessment of an abstinence oriented therapeutic community for prisoners with substance use disorders in Kyrgyzstan; In: Harm Reduction Journal (2017) 14:43

66. <http://www.gsin.gov.kg/en/podrazdelenija/atlantis.html>



### 3.4.2 The Republic of Kazakhstan

Over the entire period of the Global Fund grant implementation, 360 employees of the Committee of the Penal System of the Penal System were trained, over 120 outreach workers among those serving sentences in places of detention<sup>67</sup>. In order to study international experience for the Heads of Medical Services of the Penal System, in 2015, a study visit to Moldova was organized, where harm reduction programs (syringe exchange) were introduced in prisons since 1998, and in 2014 and 2016 another study visits had been organized for senior officials (Vice Minister of Internal Affairs) to the Chairman of Penal System in Spain where the introduction of “harm reduction” programs have shown their effectiveness in combating the spread of HIV infection. Despite studying international experience, the Ministry of Internal Affairs categorically denies the introduction of Harm Reduction programs, such as syringe exchange and Opiate Substitution Therapy (OST), while recognizing the need to conduct information and educational activities especially among convicted persons on an equal-to-equal (peer-to-peer) basis, access to condoms and testing. That is why a request was made to allocate rates for outreach workers in 6 pilot regions. From July 1, 2016 to December 31, 2017, 101 outreach workers were allocated among the convicts held in the penitentiary system.: in Almaty region-12 people, Kostanay region-12 people, VKO-28 people, Karaganda region -29 people, Pavlodar region-12 people, South Kazakhstan region-12 people.

More than 120 convicted “outreach workers” were trained by AIDS center specialists on the ways of transmission and prevention measures. The prepared outreach workers conducted interviews, mini-sessions, lectures and individual interviews, answered prisoners’ questions, distributed condoms, brochures, motivated them to undergo testing and start ART for PLHIV. In total, outreach workers covered 13,255 convicts, distributed 93,919 condoms and 15,450 copies of information and education materials. As part of the grant, there were procurement and supply of condoms in the amount of 1,976.12 pieces to 69 institutions of the Ministry of Internal Affairs of the Republic of Kazakhstan, 40,000 copies of information and educational materials were published (10,000 in Kazakh and 30,000 in Russian).

### 3.4.3 The Republic of Tajikistan

In total, there are more than 12,000 prisoners in prisons of Tajikistan. The country’s authorities have repeatedly denied representatives of the Criminal Execution Enforcement Administration under the Ministry of Justice of Tajikistan, which refuses to provide information on mortality and morbidity in institutions under its control. However, Tajik human rights activists say that the number of patients with tuberculosis and HIV-infected in the colonies and pre-trial detention centers exceeds 2,000. They also report high mortality in prisons - annually, according to human rights activists, dozens of prisoners die from various diseases. The International Committee of the Red Cross and Red Crescent visits to prisons for independent monitoring of the situation with respect for the rights of prisoners. “Prison is not a sanatorium,” the official authorities react to criticism of human rights defenders and international organization<sup>68</sup>.

67. Republican centre for prevention and control of AIDS MOH/ Report on grant implementation the Global Fund to fight AIDS, tuberculosis and malaria №KAZ-H-RAC/ 2018

68. «Office of Human rights in Tajikistan published statistics on HIV-infected in prisons, for the first time», <https://rus.ozodi.org/a/29840674.html>, visit date: 25 march 2019.



# PART III

## 4 Special part the clients benefit from Social work for People living with HIV/AIDS

### 4.1 Kazakhstan

#### Summary

#### Attitudes towards people living with HIV

There are signs of positive attitudes from clinic staff when clients come to the polyclinic, ask questions, and try to find the right attitude from a doctor. Lack of information was mentioned frequently. Confidentiality must be maintained at work. It must also be made clear that a positive HIV status does not mean “end of life”.

#### Key groups: Attitudes towards people who use drugs

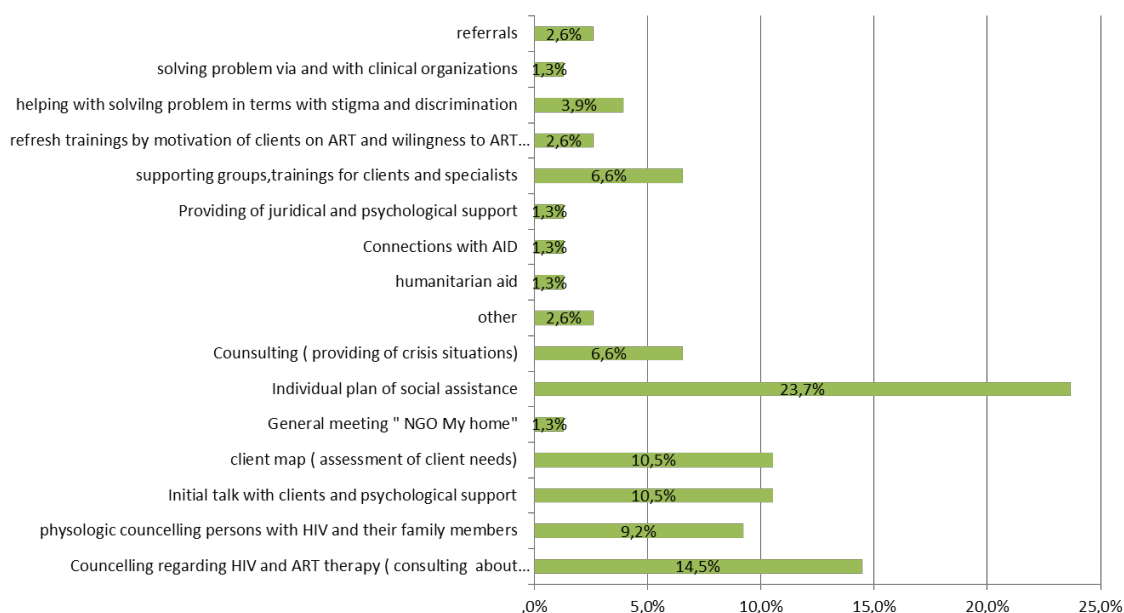
Taking into account that drug-using is illegal in Kazakhstan, the status of such a group as HIV positive clients is ambivalent and full of questions. Some of them want only new syringes, because it is too difficult to get them, they are afraid to go to polyclinics and to friendly cabinet or somewhere to get syringes, they are also afraid of police. But there had been also respondents with a very long history of drug usage, telling that they are no longer addicted anymore, it happens even in regions with very bad HIV and drugs reputation. The reason for this development is not clear, maybe because of family support, internal resources of the client or a good job at a local NGO.

#### Attitudes towards social workers.

Today in Kazakhstan there is a difficult situation regarding the professionalization of social work as a profession. There are several factors that inhibit its development:

- 1) Even if the vacancy of a social work specialist is present in a medical institution, the functions of a specialist is not transparent, it is often performed by specialists with medical education. Therefore, the medical aspect of the work of people living with HIV and drug addiction prevails.
- 2) Another factor is the vulnerability of the profession itself due to its young history in the country. The first branches of social work were opened about 20 years ago, but have not yet received their sustainability in the country. The first doctoral program in social work, PhD, was opened in 2006 at Al-Farabi Kazakh National University in collaboration with the D. Brown School of Social Work, Missouri, USA. This barrier exacerbates the advocacy of social work as an academic discipline and profession. So far there are no faculties and departments of social work, it is always a related discipline with other disciplines in the department. This makes it difficult to develop separate, specialized technologies for maintenance, for example, for working with PLHIV.
- 3) The third factor, one of the most serious barriers, is the low salary of social work professionals working in governmental institutions for social support. This factor impedes the awareness of families, children, clients about the possibilities of social support from the state. What is reflected in the respondents' answers that they do not know where their social protection centers are located in the city or they don't know what kind of rights they have, or they don't know what kind of help they can receive, or they are shy of their status with HIV and don't apply because they are afraid of prejudices or stigmatization. Thus, there is low confidence in specialists due to stigma.

### What can social worker / para-social worker do in NGOs?



The algorithm of the specialist's actions is as follows, for 23.7% this is an Individual Plan for Social Support, 14.5% counseling according to HIV and ART therapy, 10.5% of specialists use a client needs assessment (client card), for 10.5% the work algorithm includes an initial conversation with clients and psychological support; 9.2% psychological counseling for clients with HIV and their family members. It should be noted that the algorithm of the work of a specialist performing the function of a social worker includes elements of case management, such as initial assessment and development of a client card (presumably an in-depth assessment of a client) and most importantly, a specialist develops an individual client support plan.

#### Positive sides

The role of NGOs is growing. An expert reports "I've got the feeling that I improve the lives of people living with HIV every day." Funding for accompanying people with HIV is higher than per capita funding for a person in a clinic. In some cities, there is a "Council of Patients of the Community of People Living with HIV", for example, Ust-Kamenogorsk, whose task is to work with refusals, stigma and discrimination. There are indicators to reduce the types of HIV transmission, and express HIV tests, and a condom distribution program. 144 points of trust for the country."<sup>69</sup>

Antiretroviral therapy is currently free of charge as well as being accompanied by social workers from NGOs to medical organizations.

«We go through the whole algorithm, which is required for admission to a therapist, then to a neurologist. Then, back to the therapist, the social worker, relying on the guaranteed volume of free medical care, justifies the possibility of an expensive diagnosis on the basis of a socially significant disease to get free of charge "as well as "Support for adherence (advice on taking ART, motivation for treatment, referral to treatment for drug and alcohol use", "assistance in the restoration of documents, in employment, rehabilitation, if necessary, self-help groups", "For timely testing for AIDS and HIV", «Conversation with PLHIV, creation

69. [https://www.unaids.org/sites/default/files/country/documents/KAZ\\_final\\_report\\_2016.pdf](https://www.unaids.org/sites/default/files/country/documents/KAZ_final_report_2016.pdf)

of teams for interviews and drug delivery to clients in the community». « Correctly inform clients, motivation, stories from personal experience.»

To effectively prevent sexually transmitted HIV infections, condom distribution programs are an essential component of effective HIV prevention. With proper and consistent use, condoms will remain one of the most effective methods available to prevent the sexual transmission of HIV.

- Separately, it is necessary to note the expert professionalization of social workers, which was expressed in the next response of the respondent “Participation in the development of laws that do not discriminate against PLHIV”.
- Experts from Ust-Kamenogorsk celebrate their best practices “Council of Patients of the Community of People Living with HIV in Ust-Kamenogorsk”, who are working with treatment failures, stigma and discrimination.

**Testing policy and stigma:** “Commercials and stands about the existing ART therapy for PLHIV”. Ensuring coverage of the population with HIV testing - 10% of the population of each region of the republic, Ensuring coverage of vulnerable groups with preventive programs, including rapid HIV testing. The positive point is testing, rapid testing for HIV in a NGO, this is 18.2% of the total number of respondents. 16.7% of respondents from survey reported: AIDS center employees rarely visit prisons, fear of disclosing status, distrust (refusals from the outside), lack of specialists from NGOs and government agencies, stigma, self-stigma and also stigma from medical workers. Strong stigmatization from society and doctors.

**Disclosure status of children living with HIV:** “The disclosure of HIV status to children according to WHO recommendations from 5-6 years old, this process needs to begin. Our children will learn about their status from 10-18 years. What is a turning point in their life. The opinions of experts differ on this issue. No access to work with children. Even before the end, work in this direction has not been debugged. The adult population is reached, and children are left without NGO services».

**Limitations of giving study and questions need to be addressed:** Local NGOs help to recruit people with HIV and drug users in their regions. The main point is a trust relationship. But it is hard to reach people with HIV in rural areas, living with stigma and some kind of victimization. For this reason a strategy was chosen to work with partner organizations such as public funds such as «You are not alone» in Pavlodar or the NGO «Nadezhda nord» at Petropavlovsk. It was difficult to get a picture of the situation from the questionnaires’, more informative and reliable had been in-depth interviews, also because people avoided to respond to some questions, probably more sensitive for them than others.

There had been some other problems with the survey:

- NGOs from some regions rejected from giving survey answers, example Almaty.
- a large territory of the country did not allow in-person meeting with all experts for interviews;
- Among experts mostly NGO workers and outreach workers, less experts from AIDS centers;
- Not all cities representing in giving data, absents data from Aktay, Atyrau, Uralsk, Taraz, Kostanay, Kyzylorda, who did not allow us to extend the results to the whole country;
- Missed question about background/ education of experts;

- A limited number of social support opportunities for clients (housing, empowerment, education, training);
- Lack of services for children with HIV and in families of children with HIV where parents living with HIV live;
- Strong stigmatization by society and doctors;
- Existing laws contradict each other in some cases;
- NGOs are not involved in preparing applications for Antiretroviral Therapy (ART);
- There is no job function for a social worker in inpatient facilities (hospitals), AIDS centers;
- NGO workers in the HIV sector do not have special education in Social Work;
- In AIDS Centers and hospitals, the position of medical workers instead of social workers predominates, as does the medical worker in the positions of social worker and generally prevalence medical assistance instead social assistance, we mean here Social Work;
- Low wages of social workers in medical organizations. Therefore, there is a combination of the work of a social worker and a medical specialist.

## Conclusion

### **The role of social work in HIV / AIDS prevention and the features of social support for PLHIV among injecting drug users**

- Today, the presence of professional social work in HIV / AIDS prevention is represented most of all by NGOs, i.e. at the level of direct social work and work with communities. An expert from Temirtau shared the following: “The Bridge to the Future” adolescent club operates on the basis of our NGO “Center for Development and Social Assistance to the Public Organization My Home”, where a lawyer on the subject “We Know Our Rights” conducts classes with adolescents. We also have a mutual assistance group for PLHIV every Saturday, where we discuss various topics for PLHIV. We have a child psychologist and a psychologist for adults.
- In general, the state of professional social work in HIV / AIDS prevention is unsatisfactory in terms of its state institutionalization, if we talk about the state system of providing social services, as well as the development of education in the field of social work at the level of training of qualified social workers (bachelor of social work, level of “pre- service”).
- If we talk about professional development of specialists who perform the functions of social work and accompany the categories of clients in HIV / AIDS, their professional development is unsystematic, focal and depends on the potential, resources, availability of a grant, and a project for a specific direction. Recruiting as specialists to accompany clients with HIV / AIDS from among former clients / consumers is a positive development, but at the same time it also requires training in the framework of “in-service education”. The experience of acquaintance with the German experience of social support for PLHIV among injecting drug users<sup>70</sup> has shown that having a bachelor’s degree in social work is both a factor in hiring and a key to providing quality support and the quality of services provided.
- Workforce in giving direction represented more by para social workers instead of social workers in educational background, this is an issue;
- The role of a social worker is not stable and seems as reasonably vulnerable in terms of lack of prestige of profession position in Kazakhstan, difficulties with functional duties, lack of professionalization, questions of stigma and biases, often not confidentiality in

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70. Experiences gained in an internship in German drug service facilities

technologies of modern social work technologies;

- People living with HIV really need and are waiting for certain help from social work specialists. However, it needs more knowledge of current methods of social work
- Relevance of the medical model of social work where the absence of social support is implied <sup>71</sup>

## **Recommendations**

### **On the level of city/ country**

- Continuing education programs about HIV for social workers. Transferring people with HIV from the AIDS Center to the clinic. Customers are turning into social workers. “Analysis and solution of customer needs” is a reserve for development. Outreach training opportunities for workers are better to be developed more and make deeper than condom distribution and syringe sharing and HIV testing. Training on HIV prevention and client technology;
- To develop training programs at the postgraduate level (after the bachelor’s level), and for para-specialists who perform the functions of a social worker in a NGO;
- In accordance with international experience in the provision of services for PLHIV, the availability of social work education is a criterion that affects the quality of service delivery;
- To develop support for social work in the form of job descriptions, trainings in the healthcare system, and the penitentiary system.

### **On the NGO level:**

- Trainings for employees aimed at case management based on strengths, empowerment;
- Conducting training courses on case management, which will include knowledge about assessment, the development of interventions and ways to evaluate your practice in social work
- Special courses for people living with HIV with a focus on future outreach work.

### **At the level of the national alliance of professional social workers:**

- Educational programs for in-service education for practical social workers in direction of assessment, elaboration of intervention in each individual cases, evaluation of social work practice.
- Develop continuing education programs as for level of social workers in AIDS Centers, social workers at NGOs and outreach workers and as well for volunteers. In future for social workers in penitentiary system also.

### **At the level of the higher education systems:**

- Elaboration of courses for bachelors in social work in direction of social work with HIV, addiction etc.
- On the Master of Social Work level dissertation around the role of social work in HIV issues, social work in penitentiary system and development of professional social work in giving direction.

## **Challenges**

- consolidation of experts,

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71. [https://www.unaids.org/sites/default/files/country/documents/KAZ\\_final\\_report\\_2016.pdf](https://www.unaids.org/sites/default/files/country/documents/KAZ_final_report_2016.pdf)

- lack of system for professional exchange,
- sharing experiences and best practices around the country,
- lack of knowledge,
- educational background should be responded with training programs,
- special training courses in certain topics,
- strong stigmatization from society and doctors,
- projects to support children with HIV are poorly represented in the NGO sector, only mostly UNICEF health sector projects,
- current laws contradict each other according to experts. NGOs do not participate in the preparation of applications for ART provision.
- only 5% of the participating experts answered that they conduct seminars and trainings for colleagues and clients, which is insufficient and unsatisfactory. There is an interruption in ART, an application for ART is submitted before the New Year, and medicines come by summer only. Due to the lack of prescribed drugs, drug regimens have been replaced.

### **Trends**

The number of patients with HIV is growing, especially in Pavlodar oblast and East Kazakhstan, on 31 of March of 2019 year in Kazakhstan registered 33,900 people living with HIV, and in the whole structure 2,957 cases of people living with HIV in the Pavlodar region (8,7%)<sup>72</sup> and 4,313 people with HIV currently on 30 November of 2019 year as reported by East Kazakhstan AIDS center<sup>73</sup> which will require poly-clinical workers to work with HIV clients. Services for children with HIV meet the needs of this group by no more than 30%. There is no single standard for disclosing a patient with HIV. Only 23% develop and have a support (service) plan for clients, and only 10.5% of specialists from the sample use a needs assessment scale, this work needs to be strengthened.

### **Trends in Social Work in Kazakhstan with HIV**

Social work around HIV is emerging, but quite slowly. It is facing and doing mostly by local NGOs, who are teaching outreach workers.

In April 2019 the national alliance of professional social workers was registered, which is the first association of social work specialists at the national level, which will include 9 branches in the Republic of Kazakhstan, the organization's priority areas are as follows:

- Increasing the importance of social work and public respect for the profession of social work specialist;
- Development and approval of the National Code of Ethics for Social Workers;
- Contributing to improving the quality of education in the field of social work both at the undergraduate, graduate and postgraduate levels, doctoral PhD, qualifications and strengthening the capacity of practical services;
- Meeting the needs of relevant ministries, ministries of health, social protection, education, internal affairs, universities, local executive bodies in the regions for the training, retraining and advanced training of social workers at all levels at the request of these bodies;
- Certification of social workers and equivalent social services specialists;
- The development and management of the institution of supervision in various public

72. <https://kursiv.kz/news/medicina/2019-05/pavlodarskaya-oblast-lidruet-po-reytingu-rasprostranennosti-vich-infekcii>

73. <http://www.vkoaid.kz/ru>



sectors and in the country as a whole by specialists with professional qualifications and having concluded a supervision agreement with the head of the organization;

- Accreditation of social services providing integrated social services to the population.

## 4.2 Kyrgyzstan

### Summary

**HIV trends in Kyrgyzstan.** Kyrgyzstan is witnessing a concentrated stage of the HIV epidemic. Despite the measures taken by government agencies, non-governmental and international organizations (the introduction of new diagnostic methods, information campaigns, preventive measures, etc.), the HIV epidemic continues to spread. This is due to its distribution mainly among key populations at higher risk of infection.

1. The actions taken in the country remain insufficient to prevent the transition of HIV infection to the last - generalized stage, when most of the country's population will be exposed to HIV infection. According to the director of the Partnership Network association Aybar Sultangaziev, the state needs to review and expand HIV detection and treatment programs. The HIV epidemic is gradually moving into the general population, he notes<sup>74</sup>.
2. The spread of HIV infection is mainly observed in populations vulnerable to HIV infection, such as people who inject drugs (PWID), sex workers (SW), men who have sex with men (MSM) and prisoners. According to the AIDS Center, as of 01.01.2017 the proportion of HIV-positive PWID is 48% (3,232 of PWID) of the total number of registered PLHIV in the Kyrgyz Republic, i.e. injecting drug use remains the main route of HIV transmission<sup>75</sup>.
3. In Kyrgyzstan, there is a tendency to increase the number of cases as a result of "unprotected sex and the spread of HIV from an HIV-infected mother to a child"<sup>76</sup>. This indicates that the HIV / AIDS epidemic is beginning to affect not only high-risk groups, but also the general population.

**Testing Policy.** The Republican AIDS Center of the Ministry of Health of the Kyrgyz Republic will ensure coordination of all stages of the provision of continuous services related to HIV infection, from coverage to HIV testing, the organization of prevention programs to early treatment of HIV infection and its effectiveness, that is, reducing the viral load.

HIV prevention measures are being taken to reduce the risk of HIV transmission among key populations, including:

- 1) voluntary HIV testing using rapid tests with pre-test and post-test counseling;
- 2) voluntary testing using rapid tests for parenteral hepatitis, STIs;

Until 2021, counseling and testing for HIV will be expanded to cover 90% of key populations (45,390 people) and individuals covered by the clinical protocols for HIV infection<sup>77</sup>. Counseling and testing for HIV will be expanded on the basis of nongovernmental organizations, followed by

74. <https://ru.sputnik.kg/society/20190528/1044487780/kyrgyzstan-vich-ehpidemiya-vspyshka-risk-mery.html>

75. Results of sentility epidemiological surveillance for HIV infections in the Kyrgyz Republic. IBBS\_report\_21\_12\_2017\_final DEN.pdf

76. From an interview with a specialist of the scientific and practical association "Preventive Medicine" Ismailova A.Zh.

77. Program of the Government of the Kyrgyz Republic on overcoming HIV infection in the Kyrgyz Republic for 2017-2021. dated December 30, 2017 No. 852



social support in healthcare organizations, and a self-test for HIV will be introduced. Pre-exposure and post-exposure prophylaxis services will be provided for those at risk of HIV infection.

Over the past 2 years, HIV testing coverage of key populations has been doubled. However, only 40% of the estimated number of drug users were examined. The total share of key populations was 3.1% of the number of people tested for HIV, in the whole country in 2015. According to a bio-behavioral study in 2016, 43.7% of people who use drugs knew about their HIV status; 49.1% of sex workers and 20.6% of MSM<sup>78</sup>.

**Trust Points and Friendly Accounts.** Trust points operate in Kyrgyzstan, which provide services on a free basis on the principles of voluntariness, confidentiality and anonymity. Back in 2006, the organization of “friendly” skin and venereological services for youth and vulnerable groups of the population began in healthcare organizations, regardless of ownership, in all specialized institutions and in primary care. Since then, in friendly offices and trust points, they have been working to prevent the spread of HIV among people who inject drugs by:

- ✓ providing injecting drug users with sterile syringes, disinfectants, condoms, educational literature, and the collection and disposal of used syringes;
- ✓ providing IDUs with information about HIV infection, sexually transmitted infections, behaviors that reduce the risk of HIV infection, HIV testing;
- ✓ conducting psychosocial counseling on HIV / AIDS, as well as counseling of narcologists, dermatovenerologists, therapists, TB doctors and psychologists, etc.

**Stigma and discrimination.** Reducing stigma and discrimination against key populations and people living with HIV will remove barriers to accessing prevention and treatment services. For this, it is necessary to implement a communication strategy to reduce stigma. Ensuring human rights, PLHIV and key groups should be carried out by training activists, providing counseling and legal support by employees of non-governmental organizations and lawyers. It is necessary to document human rights violations in order to monitor the legal status of these groups. It is also necessary to carry out advocacy campaigns with the wide participation of public leaders, involving print and electronic media.

**Why are NGOs more trustable?** The Kyrgyz Republic has a well-developed sector for the provision of NGO services, which employs qualified staff with relevant specialization, as well as a strong network of well-trained advocacy and social mobilization of NGOs that are involved in the national HIV policy and decision-making process permanently.

In addition to NGOs, clients trust the AIDS Centers for confidentiality. When asked about the most preferred HIV testing and treatment facilities, most respondents chose AIDS Centers. Apparently, the main reason for this choice was the customer’s privacy concerns. In fact, the PLHIV respondents do not know where else to get the necessary treatment and care while respecting the right to privacy and confidentiality<sup>79</sup>.

One of the main activities carried out by NGOs in Kyrgyzstan is the **outreach work** on a “peer-to-peer” basis among the key population groups, including injecting drug users (IDU). It is an outreach worker,

78. Program of the Government of the Kyrgyz Republic on overcoming HIV infection in the Kyrgyz Republic for 2017-2021. dated December 30, 2017 No. 852

79. From an interview with a specialist at the City / AIDS Center Social Bureau

not an AIDS Center specialist, who has access to key groups, provides syringes, condoms, information on HIV infection routes and HIV prevention methods, safe behavior, harm reduction programs, as well as on naloxone use, and “myths” and the reality of Opioid Substitution Therapy, etc.

### Essence of the interview

The issue of social services provided for PLHIV among injecting drug users and an analysis of barriers and opportunities for solving social problems were studied through interviews with specialists.

The methodology for the interviews was prepared taking into account the comments of specialists with extensive experiences of work with PLHIV. The preparation and conduct of the interview were carried out within the period from January to April 2019.

The purpose of the interviews was to study the existing system of providing social services for PLHIV among injecting drug users and to analyze barriers and opportunities for solving social problems.

The average age of the respondents was 37 years. The youngest participant in the survey was 31 years old, the oldest - 69 years old. 12 specialists directly working with PLHIV in the following organizations were interviewed:

No	Organizations providing social services for PLHIV
1	AIDS Fund East-West in the Kyrgyz Republic
2	Social Bureau of the City AIDS / HIV Center
3	“Info Center Rainbow” Public Foundation
4	“SOS Children’s Village, the city of Bishkek” Public Foundation
5	Bishkek Employment Promotion Office
6	“Alternative in Addiction Medicine” Public Foundation
7	“Ranar” Public Foundation
8	“Anti-AIDS in Kyrgyzstan” Association
9	“Socium” Social Fund
10	Association of Social Workers of the Kyrgyz Republic
11	Ministry of Labor and Social Development of the Kyrgyz Republic, Department for the Development of Social Services for Family and Children
12	The Bishkek City AIDS Center
13	Bishkek City Center for Psychiatric and Psychotherapeutic Care
14	“Preventive Medicine” Scientific and Practical Association

### Analysis of the results of the expert interviews

The overwhelming majority of the focus group participants - 70% of the total number - noted that the need for social workers in the field of work with PLHIV is high. Each client needs a set of social services and initial social support. However, the social, medical, psychological, legal needs of most of them remain unsatisfied. The reasons for this situation, according to experts, are due to the fact that social work with this category of population in the country is not up to the proper organizational level. The system of rendering social services specifically for people with PLHIV has not been developed and does not work.

Currently, there does practically no social work exist in this direction in the Kyrgyz Republic, with the exception of NGOs’ activities and self-help and mutual-help groups functioning created on the initiative of citizens. Thanks to the internet, people living with HIV have the opportunity to communicate and support each other, in particular, through NGOs sites. However, all this cannot be considered a full-fledged professional social work due to its irregularity, fragmentation and, often, lack of professionalism.

The main risk factor for HIV infection in the Kyrgyz Republic continues to be intravenous drug administration with non-sterile equipment. According to experts, for more than 50% of HIV-positive patients, the main risk factor for infection was drug use with non-sterile equipment. At the same time, experts note that sexual transmission of HIV infection from vulnerable groups to the general population is increasing. It should be noted that since 2015, women have become infected with HIV mainly through heterosexual contacts, while men have been infected due to intravenous drug administration.

The role of social work in HIV prevention is to provide PLHIV with a set of measures aimed at persuading people to voluntarily and for a long time change their behavior, making it safer. Experts note that a change in behavior occurs through several stages before it reaches the desired condition. At the first stage, the person does not realize the danger of his or her usual behavior, at the second – begins to think about the negative consequences, at the third – prepares for action, at the fourth – starts to behave in a new way, and at the fifth – starts to perceive the improved behavior as the norm.

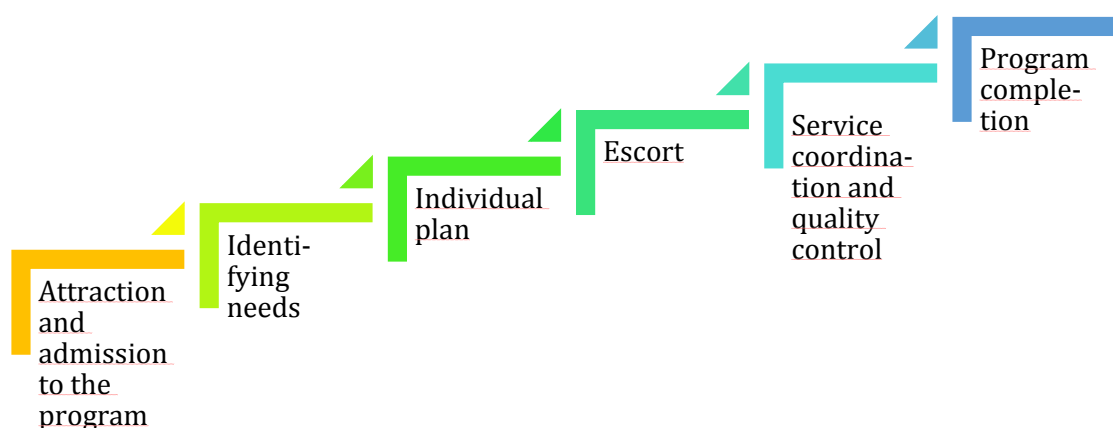
The quality of services provided for PLHIV is defined by their timeliness, benevolence, awareness, comprehensiveness, and accessibility. Employees of both NGOs and government agencies working with people living with HIV try to respond promptly and quickly to clients' problems: delivery of tests results, quick referral, quick appointment of peer advisor, etc. They try to provide assistance immediately after the tests results become known.

The effectiveness and quality of the work of NGOs lies in the fact that the work is carried out according to a proven scheme and through the application of effective mechanisms. For example, the following algorithm for working with PLHIV can be distinguished: admission to the program, conclusion of a contract, provision of information about services, determination/assessment of needs and demands, preparation of an individual support plan, execution of the plan, adjustment of the plan, monitoring of its execution, exit.

The involvement of PLHIV in ART in a NGO is carried out as follows:

1. Consultation for identifying needs and building trust;
2. Motivation for ART, providing correct information on the benefits of ART;
3. Escort to a medical institution;
4. Motivation for consultation of peer advisors;
5. Status Disclosure Training.

**In general, the system works according to the following case management scheme:**



But at the same time, communication processes with many state and non-governmental organizations occur smoothly, in the framework of mutual partnerships. Nevertheless, the analysis showed that it is still necessary to improve relations with government organizations responsible for implementing HIV/AIDS prevention strategies and to develop contacts with local authorities to expand the scope of activities.

During the study, it became clear that the non-governmental sector working with a key category of the population has extensive experiences, which is a good potential and opportunity to create and improve the service sector and to organize and to implement preventive measures. Nevertheless, to avoid duplication of work and to develop common standards for the quality of work, constant cooperation and the exchange of information and experience is necessary.

During the interview, the experts noted the **following barriers** that are often encountered during work:

- ✓ Stigma and discrimination (trainings, press briefings for doctors, police officers, journalists, administration/city hall officers of nearby cities are held);
- ✓ Self-stigma: depression, passivity, low motivation, fear of the fact that others may know, etc., distrust of ART. In this regard, “a peer advisor and self-help group” approach is being strengthened;
- ✓ The complexity of the client’s problems (lack of documents, drug addiction, lack of housing and work, etc.);
- ✓ Lack of medical staff and staff turnover;
- ✓ Reduction in financial support:
  - Staff reductions (“...for the last 4 years, we have been forced to cut our budget within 20%; if 44 people used to work before, now there are only 16 people left...”);
  - Closing down of social dormitories (...“Alternative in Addiction Medicine” - Public Foundation - had space for 12 people, which is now being reduced, and clients remain on the street...”);
  - Misunderstandings and conflicts between customers and employees due to a reduction in motivation packages;
  - Decrease in motivation of medical workers due to a reduction in co-payment;
  - Decrease in advanced training courses;
  - Lack of drugs annotations in Russian;
  - Lack of peer female advisor when working with pregnant women.

However, experts make every effort and take every opportunity to improve the quality of work and allocate the following opportunities and resources that contribute to the continuation of work with PLHIV:

- ✓ Cooperation with partner organizations: a referral system has been established between the Republican AIDS Center, the City AIDS Center, the Chuy Antituberculosis Hospital, such partner organizations as Prosvet, the “Partnership Network” Association, the Global Fund through the local UNDP, the AIDS Fund East-West programs, the Republican Addiction Medicine Center, “Asteria”, etc.
- ✓ The activity of outreach workers and the possibility of rapid testing (it gives a test result within 20 minutes) and further support;
- ✓ High professional potential of the personnel as a result of systematic advanced staff training: participation in international programs, trainings, conferences, etc.;

- ✓ Systematic monitoring and analysis of results (monthly, quarterly, annual reports, compilation of a database);
- ✓ The effectiveness of peer advisors' work contributing to increased motivation for ART.

### Conclusion

The spread of HIV and AIDS has become one of the most serious problems (having not only medical, but also social dimension) of modern society. The epidemic affects all spheres of society. In this context, social work is an extremely important mechanism for reducing tension and for solving problems at the personal, group, and public levels.

HIV-infected citizens belong to the category of citizens who find themselves in difficult life situations. The specificity of this target group lies in the presence of a vitally important simultaneous need both for medical and for socio-psychological support.

**What can social work do?** A social worker can provide the following services to people from key populations:

1. **Implementation of case management.** In Kyrgyzstan, specific steps and actions of a social worker in the process of social support are regulated and specified. The activities of social workers are carried out on the basis of case management. Depending on the needs of key groups and their specific needs, a social support program is developed. The end result of social support is to improve the quality of life of clients. Social support involves compliance with such principles of work as: an individual approach, comprehensiveness, confidentiality, voluntariness, tolerance and inter-disciplinarity.
2. **An interdisciplinary approach and teamwork** helps to increase the efficiency and quality of the services provided. This approach defines emergency intervention, diagnostics and discussion of the case, the coordination of the actions of experts, responsibility and activity aimed at solving problems and the effectiveness of work algorithms. Much attention is paid to establishing contact between specialists and clients.
3. According to social and outreach workers, the technology of social work with key population groups should be focused on **personality change** and reducing the degree of behavioral risks.
4. **The fight against stigma.** Social workers can play an important role in changing public opinion, creating tolerance for HIV-positive people in society, as well as mobilizing and activating people involved in the problem. This can be carried out with the help of high-quality information campaigns targeted at different target groups, involving the media, demonstrating good practices in integrating people living with HIV, individual and group social work to develop people's potential, etc.
5. **The protection of the rights and interests of citizens** is an important area, which can be manifested in different ways: developing policies, lobbying, raising public awareness, public education, conducting campaigns, creating alliances, etc. Social workers provide advisory assistance to clients in case of loss of documents, restoration and paperwork, playing an important connecting and intermediary function between the client and the relevant authorities.
6. **The provision of social services and humanitarian assistance** (providing material assistance, providing services of crisis centers, shelters for victims of violence), assistance in finding employment (vocational training, retraining and advanced training of unemployed citizens, providing information about employment opportunities, employment).

An important area is the activity aimed at protecting the rights and interests of groups of people or individuals who need help (intercession), which can manifest itself in various forms: developing policies, lobbying, raising public awareness, public education, conducting campaigns, creating alliances, etc.

**Kyrgyz NGOs** working in the field of HIV/AIDS differ significantly in program areas, target audiences, sizes, financial opportunities and strategies. The most obvious difference is between state-level NGOs and local-level NGOs. The largest and most famous NGOs are based in Bishkek and Osh.

In Kyrgyzstan, there are more than 70 NGOs<sup>80</sup> working in the field of HIV/AIDS. The NGOs differ in program areas, target audiences, sizes, financial opportunities and strategies. Many of them focus on HIV prevention. While some organizations primarily work with HIV prevention among young people, others specialize in various vulnerable groups, such as injecting drug users, commercial sex workers, men who have sex with men. International funding and assistance have played an important role in the development of the HIV/AIDS NGO sector. The availability of international funding for prevention programs in Kyrgyzstan have contributed to the formation of NGOs in this area and strengthened their organizational capabilities. The support of Western sponsors has significantly influenced the development of health care services and HIV/AIDS prevention programs.

The relationship between civil society and the state is complex. The state determines the conditions for the development of civil society by providing legislation and forms of public participation in decision-making. Its attitude towards civil society is mostly benignant and supportive. Direct cooperation of NGOs with the state structure is observed; it can be useful by providing non-governmental organizations with the opportunity to change practices and use new approaches. However, despite the fact that NGOs working with AIDS play an active role in countering the spread of the epidemic, their ability to effectively influence social policies in this area remains limited.

Kyrgyz NGOs working in the field of HIV/AIDS differ significantly in program areas, target audiences, sizes, financial opportunities and strategies. The most obvious difference is between state-level NGOs and local-level NGOs. The largest and most famous NGOs are based in Bishkek and Osh<sup>81</sup>.

## Recommendations

### 1. To the Ministry of Health of the Kyrgyz Republic<sup>82</sup>

- ensure universal access of PLHIV to continuous preventive care, early intervention, treatment, rehabilitation and harm reduction measures,
- introduce mechanisms of state financial support for public associations and non-governmental organizations working in the field of drug addiction and HIV infection,
- promote research programs in the field of drug policy that respond to the ever-changing drug scene in order to find effective answers to drug challenges,
- develop programs of psychosocial and rehabilitation support for PLHIV and PWUD, as well as for members of their families,

80. NGOs involved in the fight against HIV/AIDS, TB and Malaria. <http://hivtbcc.kg/organizacii/3-nepravitelstvennyye-organizacii-vovlechennyye-v-borbu-protiv-vichspida-tb-i-maljarii.html>

81. NGOs involved in the fight against HIV/AIDS, TB and Malaria. <http://hivtbcc.kg/organizacii/3-nepravitelstvennyye-organizacii-vovlechennyye-v-borbu-protiv-vichspida-tb-i-maljarii.html>

82. From the resolution of the international conference "The Role of Civil Society and Social Work in the Field of Drug Dependence and the Prevention of Infectious Diseases". JANUARY 24-25, 2018. BISHKEK.



- prepare regulatory documents on the organization of a support system for PWID and PLHIV using multi-disciplinary teams (MDT) at medical institutions, guarantee full staffing of MDT (infectious disease specialist, nurse, social worker, peer consultant) and strengthen the capacity of the multidisciplinary team in the existing system medical and social support of the patient,
- systematically improve the qualifications of health workers in order to provide continuity of medical and social assistance, regulate the relationship of the medical community, PWUD, PLHIV,

**2. To the Republican Center for Health Promotion in collaboration with all interested persons, organizations, departments and committees:**

- develop and implement information materials on HIV prevention among women who use drugs,
- strengthen interaction with the media in order to reduce stigma and discrimination in society, disseminate reliable information about harm reduction programs, HIV infection, methods of transmission and treatment.

**3. To Ministry of Labor and Social Development:**

- revise legal documents regulating social work and include PLHIV and PWUD in target groups for social work,
- Strengthen programs to prevent all forms of violence and provide assistance to victims; to develop and maintain special programs and safe places (shelters, social dormitories) for women who use drugs, taking into account the characteristics of their needs,
- study and implement the experience of other countries in using confidential and safe systems for receiving social benefits for a child by an HIV-positive woman and in general for PLHIV,
- systematically improve the skills of social workers in order to provide social services using the Case Management technology, taking into account the particular needs of PWUD, PLHIV.

**4. To Local government bodies:**

- provide premises for social centers (dormitories, rehabilitation centers) for work programs with PLHIV and PWUD,
- provide equity in financing prevention programs with PWUD,
- contribute to the development of labor employment of PWUD: labor workshops, sewing shops, etc.

**5. To Nonprofit organizations and community organizations:**

- strengthen cooperation with representatives of law enforcement, penitentiary and other state bodies in order to create a favorable legal environment,
- establish partnerships and use the potential of human rights public associations to protect the rights of participants in the substitution supportive care program and advocate for the review of legislation related to the provision of drug treatment services,
- strengthen the potential of drug user communities through training, the transfer of experience, active participation in advocacy activities, budgeting, the development of regulatory documents, educational programs and the training of social workers as trainers, i.e. in decision making,

- step up efforts to overcome stigma and discrimination against people who use drugs and other key populations, especially in the education system, healthcare and law enforcement,
- actively participate in the development, implementation, monitoring and evaluation of programs for the prevention, treatment and care of drug addiction and HIV infection to improve their quality, bringing unique knowledge about the needs of PWID,
- cooperate with national, international and other partners in order to improve the access of PWUD to social, medical, legal and other services.

#### **6. To international organizations:**

- promote the adaptation of international approaches and practices for working with PWUD, taking into account local epidemiological, economic, social and cultural characteristics
- support the efforts of the public sector and civil society organizations to protect the rights of vulnerable groups and ensure access to HIV prevention, treatment and care
- contribute to the financing of programs for working with PWUD in the countries of the region and facilitate the gradual transition of programs to stable national funding

#### **7. To Bishkek State University named after K. Karasaev as the base university for the training of social workers in Kyrgyzstan**

- To support cooperation with employers and practice bases for students and undergraduates in the development of social work with PLHIV who inject drugs (Republican, drug treatment center, AIDS Foundation East-West, the prison system, public organizations, healthcare organizations) and strengthen the organization of attracting guest lecturers with the above organizations,
- To intensify the participation of student volunteers studying in the areas of “Social Work”, “Psychology” of students in events, promotions, information companies conducted on the basis of partners – employers,
- Implementation of the course (30-60 hours) “Socio-psychological support of people from key population groups” for students and undergraduates in the areas: “Social Work”, “Psychology” developed by experts from partner organizations,
- Develop and implement an educational program for special training of masters in the narrow profile “Social Work with Dependent People” or “Social Work with Persons from Key Populations”.

### **4.3 Tajikistan**

#### **Summary**

#### **Attitudes to people with HIV infections in Tajikistan**

HIV epidemic in Tajik society find a great reassurance in the last 5 years. The anxious reaction of society has a statistical information that is often published in the independent media. For approval of the Ministry in Tajikistan people who had a diagnosis of HIV / AIDS, more than 77.1% of them are being treated appropriately (in 2013, this indicator was 30.4%)<sup>83</sup>.

#### **Key groups: Attitudes to people with drug addiction**

According to Tajik specialists, among the key population groups are migrants. The rapid spread of drug use along with drug trafficking, along with active internal and external

83. National news agency Khovar, 25.07.2019



migration, creates a favorable environment for the spread of HIV, other sexually transmitted infections (STIs), tuberculosis (TB) and parenteral hepatitis in Tajikistan. Among the new cases of HIV infection on the background indicated above, people who have a history of migration, mainly traveling abroad for work, have become more frequent. But compared to other groups of the population, migrants make up only 14.9% of the total number of infected. Among them with HIV-positive status are 87% men and 13% women. HIV infection in migrants, regardless of gender, occurs predominantly at reproductive age, while this infection is most often found in the age group of 30–39 years (about 47%), which indicates a dangerous practice of sexual behavior among adults. According to a survey of sentinel epidemiological surveillance, conducted 5 years ago, among migrants from Tajikistan more than 80% of respondents (men, women) had sexual contacts, including commercial ones, in receiving countries. Only 50% of men and 25% of women used condoms. Since most migrants are married, this determines the further spread of HIV: in their family.

### Stigma

1. Stigma against human immunodeficiency virus positive people existing in the society and fear that their human immunodeficiency virus status would be revealed somehow;
2. Stigma against human immunodeficiency virus positive people in the society, including stigma against children, and parents' fear that their child's human immunodeficiency virus status would somehow be revealed;
3. Facts of discrimination against PLHIV existing in the society and the fear of their HIV status being somehow disclosed to the public resulting in them losing their jobs;
4. Low level awareness among some people living with the human immunodeficiency virus on issues related to treatment and significant benefits of the letter for the health and wellbeing of an individual;
5. Internal psychological factors that some people living with the human immunodeficiency virus have, which lead to rejection of medical monitoring and treatment as such (mainly before clinical symptoms of the disease become somewhat apparent);
6. Possible bias on the part of some people living with the human immunodeficiency virus with respect to efficacy of existing treatment methods;
7. A sufficiently distinct level of migration (internal, external) of the population in general, which can affect some people living with the human immunodeficiency virus;

According to the results of research conducted in November 2015, “Stigma Index” on the facts there is evidence of discrimination and stigma against people living with the human immunodeficiency virus that exists in the country and results in self – stigmatization:

- Decided to quit a job – 15.4%
- Isolated themselves from the family/kids – 17.4%
- Decided not to apply for work/promotion – 21.4%
- Decided not to attend meetings – 28.9%
- Decided not to continue education/training – 29.5%
- Avoided attending a hospital – 30.2%
- Avoided attending clinic – 32.9%
- Decided not to have sexual contacts – 35.6%
- Decided not to get married – 36.2%
- Decided not to have (any more) children – 53.7<sup>84</sup>.

84. National program to fight the human immunodeficiency virus epidemic in the republic in the republic of Tajikistan for 2017 – 2020

### **Trend: Migration as a factor of HIV transmission in Tajikistan**

The official statistics data show an increase of the number former labor migrants among new human immunodeficiency virus cases in Tajikistan: 165 people (151 men and 14 women in 2015), which is 14.3% of the total number of all new cases of infection (65 people - 7.7% in 2012). The main mode of the HIV transmission among former labor migrants in 2015 was the sexual mode of transmission, 151 cases (91.5%). The official statistics for the last several years also shows that almost every HIV positive pregnant woman's husband was an international labor migrant at some point in time and is also HIV positive.

The facts stated above clearly demonstrate that there are certain relations between international labor migration among citizen of the country and increase in detection of new HIV cases. This necessitates categorization Tajik international labor migrants as a vulnerable population and immediate implementation of a whole spectrum of comprehensive human immunodeficiency virus, sexually transmitted infections and tuberculosis prevention activities for them and their sex partners.

An expert, the head of the ShARK research center in Tajikistan, Saodat Olimova, studied the sexual behavior of Tajiks working in Russia and its connection with the outbreak of the HIV / AIDS epidemic in the republic. Previously, the HIV problem in Tajikistan circulated in a relatively small group of drug users and was transmitted mainly by injection. But since 2002, along with the rise in labor migration to Russia, the number of registered cases of sexual transmission among migrants returning from abroad has sharply increased. Practitioners began to sound the alarm, the Ministry of Health appealed to IOM and the Global Fund to Fight HIV / AIDS.

According to the results, it was revealed that Tajik migrants most often use the services of "call girls," whom they invite to their place: in 2010, 52 percent of migrants who used sex services reported this. 16.4 percent of people in this group go home to a sex worker; 9 percent visit dens; 7 percent - massage rooms; 5 percent paid for sex workers in the workplace. The rest called saunas, "special apartments", cars.<sup>85</sup>

Official statistics show an increase in the dynamics of people who have been in international labor migration, among new cases of HIV in Tajikistan. Statistics for recent years increased 7.7% in 2012, changed to 14.9% for the first quarter of 2017. The main route of HIV transmission among people who have been labor migrants has been sexual in the last two years (91.5%). Official statistics from recent years also show that almost every HIV-positive pregnant woman had a husband in the previous years in international labor migration, also HIV-positive.<sup>86</sup>

### **Policies**

The Law of the Republic of Tajikistan «On Countering the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome» was adopted in 2005 and amended and supplemented twice (2008 and 2014). This law is the basis of the country's response to the HIV epidemic through the implementation of appropriate policy responses.

Currently, the work is based on the program «On the national program to combat the epidemic of human immunodeficiency virus in the Republic of Tajikistan for 2017-2020», approved by Decree of the Government of Tajikistan on February 25, 2017 under No. 89.

The policy responses taken in the country are based on the integrated use of various preventive,

85. [https://lenta.ru/articles/2017/10/23/sex\\_tadjiki/](https://lenta.ru/articles/2017/10/23/sex_tadjiki/)

86. file:///C:/Users/User/Desktop/Мджитова%20ВИЧ%20помощь%20мигрантам%20и%20их%20семьи.pdf

therapeutic and social programs and the use of various methods and methods that have proven to be effective in global practice. Among these are: programs aimed at preventing HIV among key high-risk groups, a program of voluntary counseling and testing, educational programs for young people, a program to prevent sexually transmitted infections, a program of blood safety, a program after contact prevention, a program to prevent mother-to-child transmission of HIV, programs for people living with HIV. It also should include a program of joint action against tuberculosis and HIV infection, etc.

Key risk groups for which preventive measures are taken include people who inject drugs (PWID), sex workers (SW), men who have sex with men (MSM), prisoners, etc. Educational programs, a program of voluntary counseling and testing (VCT), harm reduction programs, including programs such as needle exchange and opioid substitution therapy, the distribution of condoms, etc., are involved in working with key groups.

The program for the prevention of mother-to-child transmission of HIV (PMTCT) is aimed at maximizing the coverage of pregnant women with VCT, at providing HIV-positive pregnant women with antiretroviral therapy (ART) and carrying out other necessary preventive interventions for pregnant women and the newborn.

#### **Social worker and NGO:**

On the issue of the role of NGOs, Tajik specialists note that NGOs see a greater role in the protection of rights and social support in the treatment of HIV-infected people. In general, social assistance functions are performed by non-governmental organizations.

In recent years, social work as a profession has been actively introduced into the system of social protection and social services for the population of Tajikistan. One of the important areas where the services of social worker were in demand in the practice of Tajikistan was social support. Social support is an important link in the provision of social services to a priority group of users, which allows organizing their access to social and medical institutions. Social support is usually carried out by specialists as social work. In Tajikistan, the practice of involving social workers in the preventive work process of PWID appeared relatively recently. According to the specialists of the AIDS State Center, after the appearance of the project on attracting social workers (with financial support from the Global Fund) in the social support of PLHIV, the quality of service has improved significantly. But unfortunately the staff of social workers is not funded by the government.

Extensive experiences in attracting social workers in the prevention of PLWH and PWID has been achieved by groups of NGOs in Tajikistan. Among them, it is worth noting the achievement of SPIN + in Dushanbe, Swan + in Kulyab, NGO Dina in Khujand, and NGO Voloenter in Khorog, etc.

It should be noted that the practice of attracting the services of social workers in the process of servicing HIV / AIDS and their social support exists exclusively on the basis of grants from international funds (UNDP Global Fund, USAID, UNICEF, etc.).

During the interview, many employees of state institutions and NGOs expressed their concern that the number of PLHIV has a tendency to increase, respectively, the volume of social services needs will increase, and the state may have difficulties in financing vital social services for this vulnerable category of the population.

## Conclusion

**Preventive programs:** In the Republic of Tajikistan, according to the specialists of the AIDS Center of the RT, preventive programs are being implemented, including a program of harm reduction for people who inject drugs (PWID). The practice of compulsory HIV testing (pregnant women for foreign trips) was answered by the experts that there is no such thing in the Republic.

For the prevention of HIV – infection, measures are being taken to reduce the risk of HIV transmission among key populations, including:

- 1) Voluntary testing for HIV using rapid tests with pre-test and post-test counseling;
- 2) Voluntary testing using rapid tests for parenteral hepatitis, STIs;
- 3) Consultation with the assessment of the individual risk of tuberculosis infection (using questionnaires), motivation to undergo fluorographic examination, if necessary, accompanying to the organization of health care;
- 4) Motivation of persons with positive results of rapid tests for HIV, parenteral hepatitis, STIs to seek medical help, medical examination, if necessary, accompany them in the organization of health care;
- 5) Motivation for regular (every six months) voluntary testing for HIV – infection, tuberculosis, STIs;
- 6) Counseling, including group, on safe sexual behavior, less dangerous behavior when using narcotic, psycho-stimulating substances with the issuance of motivating supplies that contribute to the formation of safe behavior skills (condoms, sterile syringes and needles, alcohol wipes, educational materials);
- 7) Counseling, including with the involvement of an infectious diseases specialist, narcologist, tuberculosis specialist, psychologist, peer counselor, to assess the individual risk of HIV infection, parenteral hepatitis, STIs, tuberculosis, behavioral change opportunities to minimize this risk;
- 8) Social and psychological support, including sexual partners, family members, relatives, close persons;
- 9) The work of psychological support groups, mutual aid groups;
- 10) Work in the field of actual presence of key groups;
- 11) Distribution of informational and educational materials on the prevention of HIV infection, parenteral hepatitis, STIs, and tuberculosis.

At the end of December 2015, 44 HIV/AIDS prevention and control centres, 25 enzyme immunoassay laboratories and 156 HIV testing centres were functioning in Tajikistan. At the primary health care level - 71 AIDS centres - 44 tuberculosis prevention and control centres - 6 drug treatment centres - 12 prisons - 19 service points for women, sex workers, men who have sex with men, migrants – 85 where testing and counselling services were provided<sup>87</sup>.

## Recommendation

- ✓ To develop methodical materials concerning social support of target groups, principles of planning of work with vulnerable category of the population approbation, the edition and distribution of information materials for social workers.

87. Ruziev Murodali Mehemedovic. Medical and Organizational bases of combating HIV Infection the Republic of Tajikistan. Doctoral dissertation for doctor of medical Sciences Dushanbe, 2018. [http://mednet.ru/images/stories/files/replay/Ruziev\\_text.pdf](http://mednet.ru/images/stories/files/replay/Ruziev_text.pdf)

- ✓ Conducting training seminars, trainings and techniques “equal to equal” for social workers (taking into account the level of education, behavioral, ethno-linguistic and cultural characteristics of the group).
- ✓ Ensure interaction between state and non-state structures in the field of medical and socio-psychological services for vulnerable groups.
- ✓ Provide training to medical personnel directly in contact with representatives of vulnerable groups, in the field of basic principles and methods of work with the contingent, its behavioral, social and communicative features.

## 5 General conclusion on Central Asia

The quality of life of HIV-infected patients is significantly influenced by the following indicators: general well-being, family status, emotional sphere, social contacts, living environment, level of education, level of stigma and discrimination, as well as the availability of both medical and social services. Therefore, people living with HIV urgently need the help of social workers and psychologists. The role of social workers in Central Asia is mainly in the context of changing public opinion, building tolerance towards HIV-positive people in society, and mobilizing and activating people involved in the problem.

It should be noted the effectiveness of outreach work and the use of “Peer to peer” technology. Social work is intensively carried out by outreach workers in the places where the target group is most achievable (basements, prisons, streets, etc.). For social work on the street with injecting drug users, women involved in the provision of sexual services, mobile points (specially equipped buses or minibuses) are most often used, in which primary medical care, testing, psychological counseling, preventive conversations are provided, taking into account individual characteristics of a person.

Central Asia is the development of partnerships between government agencies and nongovernmental organizations, support of non-profit projects by the executive bodies of state power, as well as purchasing services for NGOs in the framework of the state order.

According to the results of our general analysis of the study, it can be noted that there is a partnership between PLHIV clients and employees providing them with social services. This is the result of continuous training, systematic training of medical and social workers, the development of a humanistic approach and compliance with the basic principles of work.

Currently, social work at the state level in all three countries is practically not carried out with a vulnerable category of the population. You can feel the work of NGOs and mutual aid groups created on the initiative of citizens. However, all this cannot be considered a full-fledged professional social work due to its irregularity, fragmentary and, often, unprofessionality.

The conducted research: literature analysis, interviews with experts, focus groups and questionnaires among key population groups showed that social work with them requires well-organized management, a comprehensive approach to solving this problem, systematic training of social workers engaged in social support of vulnerable population, strengthening of interaction between all bodies responsible for HIV prevention, etc.

## 6 Annex

We ask you to take part in a study on the role of social work in HIV prevention. Its results will be taken into account when developing measures aimed at improving the activities in the field of social protection of people living with HIV. We are interested in your personal opinion.

Before answering a question, carefully read the answer options. When filling out the questionnaire, please circle the answer that most reflects your personal opinion. If none of the options suits you, circle the number against the word “other” and write down what corresponds to your opinion in the free line. Please be attentive and frank. The survey is anonymous, and you do not need to specify your last name.

Thank you in advance for your help

### I General part

Nº	Question	Answer Options
1	How old are you full years?	[           ]
2	Your gender	1. Male 2. Female
3	Your nationality?	1. Kyrgyz / Kyrgyz 2. Russian / Russian 3. Kazakh / Kazakh 4. Uzbek / Uzbek 5. Tajik / Tajik 6. Other (specify _____): 7. I don't know / remember 8. No answer
4	What's your education?	1. Primary, incomplete secondary 2. Secondary, secondary special 3. Incomplete higher, higher 4. No education 5. No answer
5	Is your marital status now	1. Single / Single 2. Divorced / Divorced 3. Widow / Widow 4. Married (in a formal, or a civil marriage) 5. No answer
6	What are you doing lately (meaning studying, working)?	1. I study 2. I work 3. I work and study 4. I do not work and do not study 5. No answer
7	Please indicate the result of your last HIV test.	1. Positive 2. Negative 3. Uncertain / doubtful 4. I don't know / remember 5. No answer
8	Are you registered with the AIDS Center?	1. Yes 2. No 3. I don't know / remember 4. No answer
9	Where do you register at the dispensary for HIV infection?	1. at the city's AIDS center 2. at the AIDS center of another region of the Kyrgyz Republic 3. at another country's AIDS center 4. in UCM of a given locality 5. I don't know / remember 6. No answer
10	Do you receive or receive ARV treatment?	1. Yes, it receives at the moment 2. Yes, I received earlier, suspended 3. No, not appointed yet 4. No, I refuse treatment 5. I don't know / remember 6. No answer



	Include the results of your HIV, HCV, and syphilis test	Positive	Negative	Doubtful	Not result
11	HIV	1	2	3	4
	HCV	1	2	3	4
	Syphilis	1	2	3	4
12	Where did you donate blood for HIV testing in the last 12 months? <i>You can mark a few options with the words of the respondent.</i>	1. Drug Dispensary 2. Center AIDS 3. Syringe exchange station 4. Friendly Cabinet 5. Other medical organizations 6. In places of detention 7. I don't know / remember Other (specify) _____			
13	Have you ever faced with an unfriendly attitude towards you of specialists who knew about your positive HIV status?	1. yes, often 2. yes, but rarely enough 3. no, the attitude of the staff towards me has always been benevolent 4. Hard to answer Other (please specify) _____			
14	What was the evidence of the ill-treatment of medical professionals? (there are several possible answers)	1. The doctor tried to "get rid of" me or avoid giving me medical care after learning about my positive HIV status. 2. The doctor reduced the time of admission (in the clinic) or time with me (in the hospital) 3. The doctor was irritable and rude to me. 4. The doctor treated me scornfully and mockingly 5. Other (please specify) _____			
15	How does your relationship with your doctor and / or nurse affect your desire to receive treatment and follow the regimen of medication?	1. The friendly attitude of the doctor and / or the nurse's nurse towards me and trusting relationships help me to follow the regimen of medication 2. Inattentive or unfriendly treatment of my doctor and / or nurse reduces my desire to be treated. 3. no, my relationship with the doctor and / or nurse does not affect my desire to be treated 4. Hard to answer 5. Other (please specify) _____			
16	Was the conversation comfortable with medical professionals and other professionals?	1. Yes 2. No 3. I don't know / remember 4. No answer Other (please specify) _____			
17	When did you get your HIV test result?	1. I do not remember 2. On the next visit to the LC 3. In a week 4. In a few days 5. On the second day 6. On the same day 7. Other (please specify) _____			
18	What social assistance opportunities do you know?	1. employment, 2. facilitating access to medical and social assistance, 3. assistance in the preparation of documents and cash benefits 4. legal advice 5. informational assistance 6. psychological support. 7. Other (please specify) _____			
19	Do you know where the territorial centers of social protection?	1. Yes 2. No 3. I don't know / remember 4. Other (specify) _____			

20	Is there any need for help from social workers?	1. Yes 2. No 3. I don't know / remember Other (specify) _____	
21	Did you seek advice from social work professionals?	1. Yes 2. No 3. I do not know what I have the right to 4. I am afraid of breach of confidentiality 5. Hard to answer 6. Other (specify) _____	
22	Which of the most common social services did you use?	1. employment, 2. facilitating access to medical and social assistance, 3. assistance in the preparation of documents and cash benefits 4. legal advice 5. informational assistance 6. Psychological support.	
23	Do you have children?	1. Yes 2. Not 3. No answer	
24	Do you receive any social support due to the presence of HIV infection in you / your child?	1. Yes 2. No 3. Other (please specify) 4. I don't know / remember	
25	Describe the reasons why you do not receive social support due to the presence of HIV infection in your child?	1. I do not know what I have the right to 2. It is difficult to collect all the documents to get help. 3. I am afraid of breach of confidentiality 4. Appealed, but was refused. Describe how the refusal was justified: _____ 5. Did not apply, because I do not need help 6. Other (please specify) _____	
26	Is there a need for specific types of assistance?	1. Medical 2. Psychological 3. Social 4. Other (please specify) _____	
<b>II Additional</b>			
27	Are you currently registered with a narcologist on intravenous drug use?	1. Yes 2. No 3. I don't know / remember 4. No answer	
28	Where are you registered with drug treatment?	<b>Yes</b>	<b>No</b>
	READ ALL ANSWERS OPTIONS	1	2
	On the territory of this settlement	1	2
	Indicate the name in another area) _____	1	2
	In another country, specify the name) _____	1	2
29	In what year were you first put on record at the drug dispensary?	Year [                   ] 1. I don't know / remember 2. No answer	
30	Have you been tested for HIV by a narcologist (or by direction) in the last 12 months?	1. Yes 2. No 3. I don't know / remember 4. No answer 5. Other (please specify) _____	
31	In the last 12 months, have you always had the opportunity to buy or	1. Yes 2. No 3. I don't know / remember 4. No answer 5. Other (please specify) _____	



32	<p>If not always, for what reason?</p> <p><i>You can mark a few options with the words of the respondent.</i></p>	<ol style="list-style-type: none"> <li>1. No money</li> <li>2. Far syringe exchange point</li> <li>3. Did not receive (a) syringes in a timely manner from employee outreach / volunteer</li> <li>4. Far pharmacy</li> <li>5. I fear police</li> <li>6. I do not consider it necessary to buy / receive new syringes</li> <li>7. I don't know / remember</li> <li>8. No answer</li> <li>9. Other (please specify):</li> </ol>
33	<p>Remember: where did you buy, or from whom did you get new syringes in the last 12 months?</p> <p><i>You can mark a few options with the words of the respondent.</i></p>	<ol style="list-style-type: none"> <li>1. At the pharmacy</li> <li>2. At the syringe exchange point</li> <li>3. At outreach workers</li> <li>4. Other drug users</li> <li>5. Did not buy (a) and did not receive (a) syringes</li> <li>6. I don't know / remember</li> <li>7. No answer</li> <li>8. Other (please specify): _____</li> </ol>

**Thanks for participating!**

**Coordinator:** \_\_\_\_\_ **Date:** / \_\_\_\_ / \_\_\_\_ /  
 \_\_\_\_\_ /

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