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

## Context Report

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***List of acronyms***

KR - Kyrgyz Republic
HIV - Human immunodeficiency virus
AIDS - Acquired Immune Deficiency Syndrome
IDU - Injection Drug User
SW - Sex worker
PLWHA - People living with HIV/AIDS
MSM - Males having sex with males
STIs - Sexually Transmitted Infections
STD - Sexually Transmitted Diseases
MIA - Ministry of Internal Affaires
GFATM - Global Fund on AIDS, Tuberculosis and Malaria
UNDP - United Nations Development Program
MoH KR - Ministry of Health of the Kyrgyz Republic
MoI KR - Ministry of Interior of the Kyrgyz Republic
CMCC - Country Multisectoral Coordination Committee under the Government of the Kyrgyz Republic on HIV/AIDS, Tuberculosis and Malaria
GHI - Global Health Initiative
CADAP - Central Asian Drug Action Program
UNICEF - United Nations International Children's Emergency Fund
UNODC - United Nations Organization on Drug and Crime Control
UNFPA - United Nations Fund on Population
UNAIDS - United Nations AIDS Program
USAID - United States Agency on International Development
DFID - Department for International Development of the United Kingdom
CARHAP - Central Asian Regional HIV/AIDS Program
PLHA - People living with HIV/AIDS
PSHA - People suffering from HIV/AIDS
WB - World Bank
WHO - World Health Organization
HIV-infection - Disease caused by human immunodeficiency virus
IOM - International Organization on Migration
CAAP - Central Asia AIDS Project
CA - Central Asia
IEC - Information, education and communication
UN - United Nations
ToT - Training of Trainers
SNEP - Syringe/needle exchange point
ARV - Anti-retroviral therapy
VCT - Voluntary counseling and testing
MST - Methadone Substitute Therapy
M&E - Monitoring and Evaluation
NGO - Non-government Organization
HR - Harm Reduction
MCTP - Mother to Child Transmission Prevention
CDC - Center for Disease Control
HLS - Healthy Lifestyles
KSMA - Kyrgyz State Medical Academy
KSMIR - Kyrgyz State Medical Institute for Retraining
MoD KR - Ministry of Defense of the Kyrgyz Republic
MESYP KR - Ministry of Education, Science and Youth Policy of the Kyrgyz Republic
MLSP KR - Ministry of Labor and Social Protection of the Kyrgyz Republic
MoJ KR - Ministry of Justice of the Kyrgyz Republic
OI - Opportunistic Infection
PCR - Polymerase Chain Reaction
NDVD - National Dermatovenerologic Dispensary
NNC - National Narcological Center

# 1. Background information

## *1.1. Economic trends*

Kyrgyzstan is a small, landlocked country in Central Asia that became independent in 1991 following the collapse of the Soviet Union. It is one of the poorest countries in the world with a gross national income (GNI) per capita of 440 USD (Atlas method), small production base, and high external debt (WDI Database, see Table 1). As the Table below demonstrates, although the absolute poverty rate, defined as having consumption below the level needed to obtain the proper amount of food as well as other, basic non-food items and services, has been declining for the past few years, it still remains close to half of the country's population, or 46%. Extreme poverty rate, defined as the proportion of the population with insufficient expenditures (or consumption) to purchase the food basket of 2100 calories, is also high (13%).

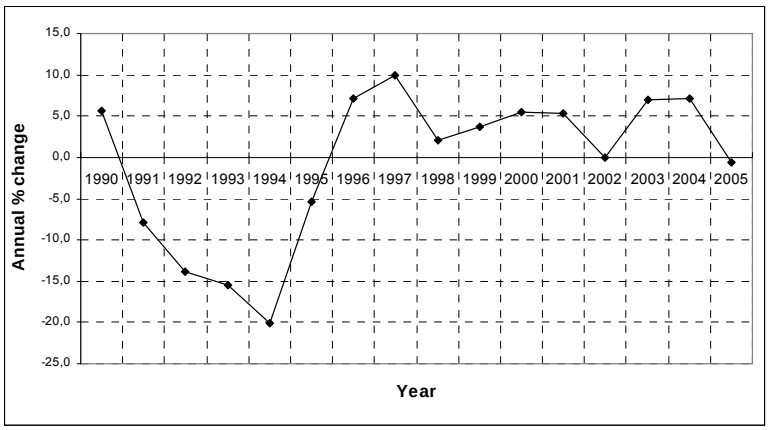
**Table 1: Key economic trends, 1998 – 2005:**

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

***Source***: NSC; WDI and WB Country Economic Development Update for inflation figures, WB Country Economic Development Update for external debt for 2005.
***Note****:* Official unemployment figures are collected from labor force and household surveys using the ILO definition of unemployment. They differ significantly from the registered unemployment rate, which shows only those who are registered with the Unemployment Fund and are eligible for unemployment benefits.

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

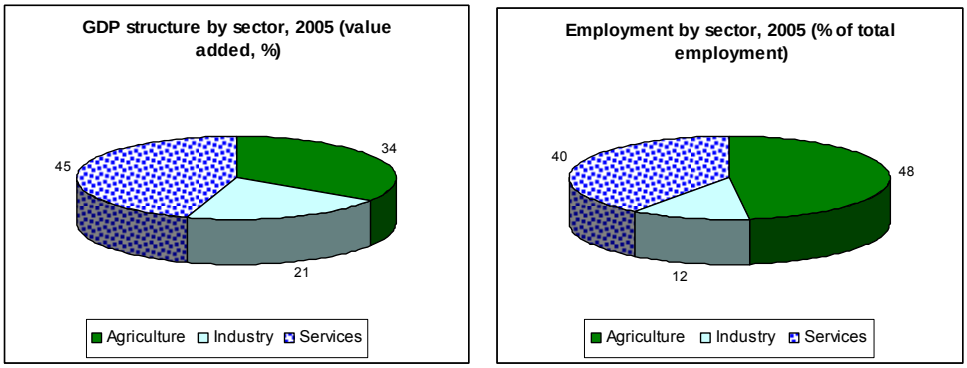
**Figure 1: GDP real growth (annual %), 1990 – 2005**




***Source***: WDI

A large share of the economy is concentrated around an extractive gold-mining industry: In 2005, gold exports represent 34 percent of total exports, or 287 million USD out of 733 million USD (World Bank Country Economic Update 2006). At the same time, the mining industry accounts for only 0.4 percent of the total employment. Apart from gold, Kyrgyzstan relies on few other exports such as cotton, electricity (bartered for natural gas and coal) and tobacco, making it vulnerable to changes in commodity prices. As the Figure 2 below shows, only 12 percent of total employment is in the industrial sector as compared to 48 percent - in the agricultural sector, which traditionally has a low productivity and consequently, low wages (NSC 2006).

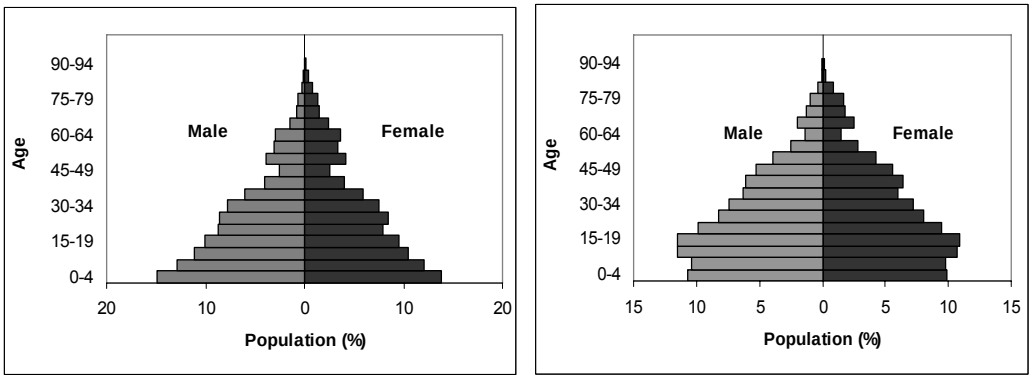
**Figure 2: GDP structure and employment by sector, 2005:**



### *1.2. Demographic and epidemiological trends*

As the Figure below shows, although Kyrgyzstan still has a young population, it is considered to be ageing. According to the National Statistical Committee, the share of the population under 15 years of age declined from 37.5% in 1990 to 33.2% in 2005, while during the same period the share of the population 65 and older slightly increased from 5% to 5.5 %.

**Figure 3: Population pyramids, Kyrgyzstan 1990 and 2005:**




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

To a large extent, this is due to the declining birth rate: Over the past 15 years, it decreased from 29.5 to 21.4 per 1000 population (NSC). However, the observed decline took place in early transition years because toward the end of the 1990s, it started to actually increase. According to the European Observatory for Health Systems, the declining trend that started in 1988 was most likely part of the general reaction to the worsening socioeconomic situation seen throughout the Soviet Union (HiT 2005). Life expectancy at birth also fell in the early transition years from 68.6 years in 1987 to 66 years by mid-1990s (MOH Statistical Bulletin). According to NSC, the death rate reached its highest level in 1995, after which it started declining. As described in the first section, during the period between 1991 and 1995 the country was undergoing severe economic decline as indicated by the continuous negative economic growth figures (see Figure 1 on GDP growth). Since 1997, the key demographic indicators have either improved or stabilized (see Table 2).

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

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

***Source***: RMIC Database

As the table below shows, cardiovascular diseases account for 17% of total years of life lost due to premature mortality and disability as measured by DALYs. These are flowed by neuropsychiatric conditions and injuries. Cardiovascular diseases are also the leading cause of mortality: They account for almost half of the total number of deaths. Cancerous diseases account for the second largest share of total deaths, or 9%, followed closely by respiratory and infectious and parasitic diseases, each accounting for 7% of all deaths. Thus, according to the recent research led by the World Bank team, the largest gain in life expectancy in the

Kyrgyz Republic will come from reducing cardiovascular disease mortality (4.52 years gained, if it reached the EU levels) (World Bank 2004).

**Table 3: Leading Causes of Mortality and Disability, 2002:**

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

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

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

**Table 4: Incidence of TB (per 100 000 population), 1997 – 2005:**

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

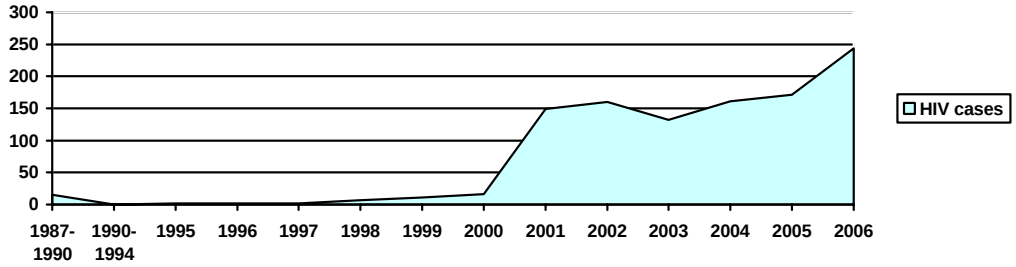
***Source**:* RMIC Database

## 2. Epidemiological situation on HIV&AIDS

### *2.1. Data on HIV&AIDS*

First cases of HIV infection were registered in the country in 1987, with foreign citizens prevailing among infected. In 1996 there was the first case of Kyrgyz citizen infected. Currently HIV incidence rates are of great concern. Within 2001 to 2006 the number of officially registered HIV infection cases increased by 15 times compared to 2000 (Figure 4).

**Figure 4. Number of newly revealed HIV infected in the Kyrgyz Republic:**




As of 1 January, 2007, 1070 HIV infection cases had been registered, with 970 (90,7%) of them being Kyrgyz citizens (Table 5). Higher prevalence is among men (778 persons or 80,2%) and young people. Majority of HIV infected are aged at 20-29 (50%), 35,4% are aged at 30-39 and 10% are over 40 y.o.[1]. HIV incidence rate is 15,5 per 100,000[2]. Thus, despite the not high prevalence of HIV infection in the Kyrgyz Republic, the epidemiological situation is progressing very severely.

**Table 5. HIV infection in the Kyrgyz Republic as of 1.01.2007:**

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

***Source:*** Kyrgyz National "AIDS" Centre

The predominant HIV transmission form in Kyrgyzstan is injection drug use (80,4%) among young males. The Table 6 illustrates the percentage of revealed HIV infection in overall IDUs tested within 1997 to 2005.

[1] www.theglobalfund.kg

[2] Data from Kyrgyz National "AIDS" Centre

**Table 6. Registered cases of HIV infection among IDUs, %:**

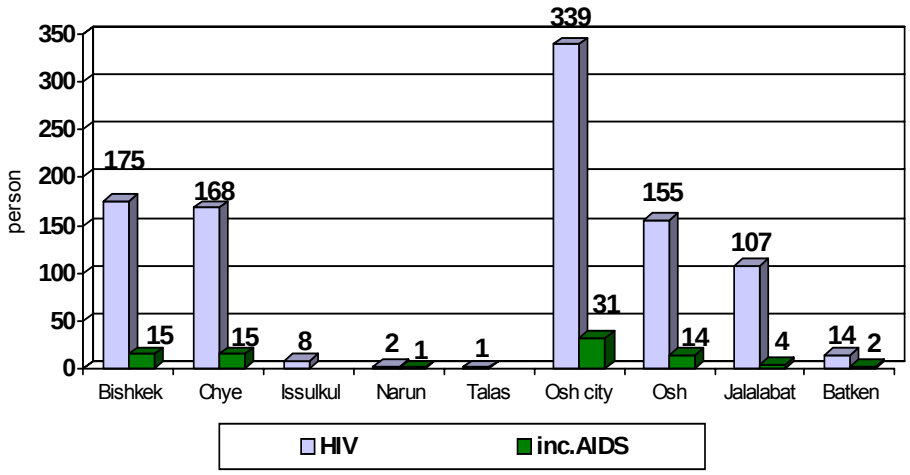
| Years | Number of HIV infected, percent |
|---|---|
| 1997 | 50 |
| 1998 | 33.3 |
| 1999 | 80 |
| 2000 | 87.5 |
| 2001 | 95.9 |
| 2002 | 78.7 |
| 2003 | 85.6 |
| 2004 | 76.3 |
| 2005 | 61.9 |

***Source:*** Kyrgyz National "AIDS" Centre

Over recent years there is a trend towards increased heterosexual transmission of HIV (from 3,3% in 2001 to 21% in 2002, 13% in 2003, 23.6% in 2004), which testifies the extension of the infection from drug users to general population[3].

HIV infection has been recorded in all regions of Kyrgyzstan. (Figure 5).

**Figure 5. HIV infection cases in Kyrgyzstan by regions**




This geographical distribution can be justified with that the Southern region is a transit point for drug traffic from Afghanistan through Tajikistan, Osh oblast of Kyrgyzstan and, subsequently, to abroad. According to international experts estimates, up to 10 percent of drugs transported tends to "stick" the transiting country. That is a reason why the numbers of individuals involved in drug business and suffering from drug use are increasing. In the Kyrgyz Republic for last 10 years the number of drug users has increased by over 6 times[4]. Subsequently, especially sharp increase in new HIV cases is observed in the south of Kyrgyzstan (51% of overall registered new HIV cases).

In addition, there have been cases of in-hospital HIV infection of children when undergoing medical interventions in pediatric hospitals of Osh oblast of Kyrgyzstan.

[3] www.theglobalfund.kg
[4]Data from Kyrgyz National Centre for Narcology, 2005.

Out of overall HIV infected 175 individuals have died, including from 72 individuals dying due to AIDS[5].

According to estimates of the Kyrgyz MoH, the number of People Living with HIV/AIDS in Kyrgyzstan is 5 times higher than the officially registered numbers, thus achieving 4,500 individuals[6].

### *2.2. Brief outline of population groups vulnerable to HIV/AIDS*

The main population groups vulnerable to HIV/AIDS, with currently HIV/AIDS infection disseminating within theses groups, are as follows[7]:

Injection Drug Users (IDUs)
6,865 people were officially registered in the National Drug Centre on January 1st 2005. According to a UNAIDS assessment (2002) the actual number of drug users is 80,000 – 100,000 people or 1,644 – 2,054 per 100,000 population and this is 1.5 times higher than in Kazakhstan and 5.6 times higher than in Uzbekistan. About 70% of the drug users – 54,000 people - use drugs through injections. The lack of adequate medical aid and awareness programs and harmful practices of drug use lead to the spread of HIV/AIDS and different types of hepatitis among this group.

Commercial Sex Workers (SWs)
As of November 2005 the number of sex workers was estimated at 4300-4500 at any given time. The majority of the group (about 70 percent) is represented by women selling sex on the street. According to the data of the epidemiological survey of 2005 the prevalence of syphilis antibodies among commercial sex workers in the Kyrgyz Republic varies from 15.5 to 38.9 percent.

Prisoners
As of 1st January 2006 there were 15,758 prisoners. 10% of inmates are sick with different forms of TB forms, 65% of which are drug-resistant. Up to 35% of inmates are drug users and 50% of these are IDUs. Anonymous respondents indicated they use drugs in prisons, while those questioned said that only 59% of them use their own syringes. There are homosexual relationships and tattoos are made using other people's razors. Only 38% have access to disinfectants to clean needles and 41% to condoms. Overall 410 PLWHA are registered in correctional institutions or about 50% of the total HIV cases in the country. As of 1st January 2006, 131 PLWHA were in prison or 685 per 100 thousand of the prison population, which is 52 times higher than among ordinary citizens of Kyrgyzstan.

Patients with Sexually Transmitted Infections (STIs)
During last ten years (1995-2005) according to official data, 44,995 people had syphilis. In spite of a steady fall in new cases, syphilis cases increased by 20 times compared to the data of 1991. There is a high level of unaccounted for STIs cases. So, based on the data of the epidemiological surveillance in Bishkek and Osh cities, positive reactions to syphilis antibodies were detected among 24,4% of the patients of dermatological-venereal clinics and prisoners, 13,6% of injection drug users, 27,2% of the commercial sex workers, and 2,8% of pregnant women. The presence of STIs, on the one hand, considerably increases the risk of HIV infection and on the other hand, demonstrated there is a large group of people who could potentially become HIV infected.

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

Men Having Sex with Men (MSM)

The estimated number of MSM in the country is 18 000 – 36 000. As to the data of the Department of Sanitary Supervision the HIV-infection prevalence among MSM remains undetermined. This creates an impression that all is well. But 9% of tested among MSM has antibodies to syphilis infection and 4% - hepatitis C. Because of public condemnation, MSM are afraid to discuss their sexual behavior and try to avoid situations where HIV/AIDS cases could be detected.

Pregnant

Since 2000-2001 there has been a trend towards increasing HIV cases in females (3 females in 2000, 192 females in 2006). In 2001 this number was 8%, while as of 1 January, 2007 this number increased to 17,9%. These females are typically of reproductive age. HIV is transmitted in majority of cases sexually from a single partner. HIV infection dissemination in females is favoured by generally poor gender practices in the country. So far there have been 44[8] cases of pregnancy registered in HIV infected females, out of them 7 females voluntarily discontinued the pregnancy. 37 infants were delivered by females living with HIV/AIDS. Of them 9 did not confirm the diagnosis, 3 infants were with confirmed "HIV infection" diagnosis, 2 children died. This demonstrates that prevention of mother to child HIV transmission is becoming a priority objectives.

Youth

The number of young people in Kyrgyzstan aged 10 to 24 is 1, 661,604 (30.2 % of the population of Kyrgyzstan), 833,861 males and 823,743 females. Over 60% of the total number of young people in Kyrgyzstan lives in rural areas. The high level of vulnerability of young people to HIV infection is confirmed by a significant number of young people (51%) among men and women living with HIV/AIDS. High-risk behaviour is accompanied by increased numbers of STIs among young people up to 25 years old. Thus, in 2004 there were 642 cases of gonorrhoea and 640 cases of syphilis in the 15 to 24 age group. Annually there are on 800 births to girls under 18 and the same number of abortions is registered and in 25% of cases these are repeat pregnancies. According to experts the average age for first sexual contact is 14 and the minimum age for drug use is 10-12.

Currently in Kyrgyzstan the growing number of homeless children and children forced to work are nationally recognized as a problem, given they need care, regular education and teaching. Annually, mostly due to divorces, in over 4,000 families the children are left with a single parent and 40 parents lose their parent rights. Children with such background become risky groups, given they infringe laws, involve in prostitution, use alcohol and drugs etc.[9] Over a half of sexual violation actions in the country are executed towards the under-age. In 2003 out of 2002 arrested under-age 38 individuals were doing prostitution[10]. Official statistical data of sexual exploitation of children are understated, primarily because these crimes are extremely latent[11].

Mobile groups of citizens

Mobile groups of citizens are people who have left their homes under political and economic pressure for more than 1 month in the previous year. This vulnerable group includes: refugees; internal migrants (settlers); labour migrants - people leaving their residence in search of permanent or seasonal work; "small traders"; truck drivers; train conductors. In 2004 there were about 7,000 refugees and about 260,000 internal migrants. Internal migration covers up to 1.2 million people. External labour migration exceeds 600 thousand people leaving mainly for Kazakhstan and Russia (500 and 100 thousand people respectively). Trafficking also takes place. Information on the size of other subgroups of mobile groups of

[8] Data from Kyrgyz National "AIDS" Centre.

[9] National Program for Children's Rights in Kyrgyzstan "New Generation" to 2010. Approved with the Government's Resolution of 14 August, 2001 № 431.

[10] Data from the Information Centre under Ministry of Internal Affaires, 2003.

[11] International organization ECPAT, in cooperation with the Centre for Public Opinion Research "El-Pikir". Situational Analysis on Commercial Sex Use of Children in the Kyrgyz Republic, 2004.

citizens is lacking. The first study of the awareness and behaviour of migrants and refuges was undertaken in the Kyrgyz Republic in 1997-1998. The assessment of migration behaviour in relation to HIV/AIDS implemented in 2002 showed that a half of rural citizens questioned (men and women) have left their villages for more than 1 month in the previous 12 months and many of them (from 35 to 86%) came back. A low level of knowledge and a significant prevalence of dangerous sexual behaviour were detected among those people. A half (59.3%) of female migrants was forced to have sexual contact and only 4.8% of them sought care. «People in movement» (including migrants inside their own country and those who came from different countries are poorly informed about STIs (2002); 38% of women and 24% of men knew nothing of HIV/AIDS.

### *2.3. Data of sentinel epidemiological surveillance*

In 2004 in Kyrgyzstan there was Sentinel Epidemiological Surveillance (SS) introduced in two pilot cities – Bishkek and Osh. Sentinel groups and sampling criteria are illustrated in Table 7.

**Table 7. Sampling criteria and types of sentinel groups for HIV infection[12]:**

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

HIV infection prevalence in sentinel groups for 2004 and 2005 illustrated in Tables 8 and 9.

**Table 8. HIV infection prevalence in sentinel groups, 2004:**

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

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

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

**Table 9. HIV infection prevalence in vulnerable groups, 2005:**

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

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

As these tables demonstrate, IDUs are the main group with dissemination of HIV within them. HIV prevalence in Osh is substantially higher than in Bishkek. Thus, the epidemic in Osh oblast is considered a concentrated epidemic. In both piloted cites these figures tend to grow.

# 3. Policy environment

## *3.1. Legal and regulatory framework*

### 3.1.1. Stages of policy formation

HIV/AIDS Policy formation can be subdivided by three stages[13].

1989 – 1966
The policy was initiated with establishment of "AIDS" Prevention Service. The focus was on development of medical aspects of HIV/AIDS prevention. Particular attention was paid to blood testing and ensuring safe medical interventions. Responsibility for HIV programs development was assigned to the Health Sector. HIV/AIDS was considered as purely medical problem.
1997 – 2000
The policy focus is on prevention. UNDP HIV/AIDS Program was started. The Law "On HIV/AIDS Prevention" was approved. The 1-st National HIV/AIDS Prevention Program for 1997-2000 was approved. HIV/AIDS prevention activities started becoming intersectoral, with involvement of ministries and agencies in all regions, as well as intrernational and non-government organizations. This was an evidence of serious concern of the county about HIV/AIDS problem and its will to take essential actions to sustain against epidemics. HIV/AIDS is not a medical problem, but social.

2001
This stage was linked to the start of the epidemics in the country. The 2-nd National Program for Prevention of HIV/AIDS, Sexually and Injectionally Transmitted Infections for 2001-2005 was adopted. Particular focus was on development of regulatory and legal framework and sectoral programs for HIV/AIDS prevention (Annexes 1 and 2). This makes it obvious that this is time not only to prevent HIV/AIDS, but to reduce the damage the HIV/AIDS causes to the country.

Kyrgyzstan has ratified over 30 international convents, including the Convention of Human, Women and Children Rights, as well as the Convention of Narcotic and Psychotropic Drugs. The Kyrgyz Constitution recognizes the priority of the international law, and the national legislation regulated their implementation[14]. In addition, Kygryzstan joined a number of international HIV/AIDS agreements and took a number of commitments for global addressing HIV/AIDS and its socioeconomic implications. This is Millennium Development Goals (2000), Declaration of Commitment adopted by the Special Session of the UN General Assembly on HIV/AIDS (2001), Dublin Declaration on Partnership and Cooperation in Europe (2003).

Due to above stated, a number of provisions of the Law of 19 December, 1996 "On HIV/AIDS Prevention in the Kyrgyz Republic" and other regulatory documents did not meet international law, and this substantially limited the efficiency of relevant addressing measures that the government and civil society take.

In 2005 - 2006 the HIV/AIDS legislation and regulation were intensively revised and developed. This was carried out on intersectoral cooperation basis, involving all stakeholders:

- Technical consultative sector on legislation and human rights under the Country Multisectoral Coordination Committee (CICC)[15];

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

- Parliamentarians (Jogorku Kenesh), representatives of the ministries like Health, Justice, Labour and Social Security, Internal Affaires, National "AIDS" Service, Prime minister's Office, Institute for International Research;
- International agencies – UNDP, GFATM, WB, USAID, WHO, Soros- Kyrgyzstan Foundation etc.;
- And representatives of non-government organizations - "Anti-AIDS" Info Centre, NGOs like "Socium", "Tais+", "Adilet" Legal Support Clinic etc.

There is a Law "On HIV/AIDS in the Kyrgyz Republic" amended and approved of 13 August 2005[16] and the Law on amendments and additions to the Law "On state social allowances in the Kyrgyz Republic" of 27 June, 2005. There is 3-rd "National Program for HIV/AIDS Epidemics Prevention and its socioeconomic implications in the Kyrgyz Republic for 2006-2010" developed and approved with the Government's Resolution of 6 July 2006. In addition, there are proposed amendments introduced to the Administrative Law, the Criminal Law, as well as Criminal Code and the Law on Narcotic Drugs. This set of draft laws are currently considered by the Parliament. These laws are of supplementary nature and will significantly facilitate the implementation of actions to sustain HIV/AIDS in Kyrgyzstan.

The following main additions and amendments were introduced in the law "On HIV/AIDS in the Kyrgyz Republic" of August 13, 2005:

- Significant achievement of this draft law bill is specification and expansion of the concept through introducing new definitions to PLWHA, PSHA, obligatory, anonymous, confidential and compulsory medical expert examination for HIV/AIDS, stigma and discrimination;
- Rights and duties of PLWHA, the order of medical expert examination were revised;
- Provides rights to citizens for voluntary HIV testing, provides psychological and social support and preservation of information confidentiality;
- The law provides basis for tolerant attitude to HIV infected and their families through prohibition of limitation of rights and stigmatization towards PLWHA (Article 13);
- Provides access to healthcare for HIV and AIDS patients, according to the Program of state guarantees determined by the Government of the Kyrgyz Republic;
- A more clear mechanism of social protection to PLWHA and issues of responsibility. A prominent aspect was inclusion of social protection of children under 18 months delivered by HIB|V infected mother living with HIV/AIDS is an important aspect;
- The law considers the HIV/AIDS problem as an occupational disease and provides a set of measures for individuals in contact to blood and other biological means from HIV infected;
- Important value is the introduced legal responsibility (disciplinary, administrative, criminal and civil) for infringement of the Law provisions.

The new law approximates the national legislation to international acts signed by the Kyrgyz Republic, provides legislative bases for reduction in incidence rates of HIV/AIDS. Generally, the new draft law follows up the national policy set earlier and will be a basis for comprehensive actions to prevent HIV/AIDS[17].

Development of HIV/AIDS programs are promoted by acceptance of other strategic documents in the country either directly or indirectly specifying the implementation of programs for addressing HIV/AIDS, drug use and other issues. Those are the Concept of

[16] http://www.antispid.kg/index.php?option=com_content&task=view&id=8&Itemid=39

[17] Intersectoral cooperation on HIV/AIDS actions and values of the youth in Kyrgyzstan (on case of Bishkek and Naryn oblast). Report was drafted by the Centre for public opinion research "El Pikir": E. Ilibezova, L. Ilibezova, E. Selezneva– Bishkek: 2005, page 49.

sustaining the distribution of drug use in the Kyrgyz Republic; the National Action Plan for gender equality in the Kyrgyz Republic; National Poverty Reduction Strategy; National Health Reform Program “Manas Taalimi” for 2006-2010 etc. (Annex 3).

But, despite the huge work carried out, some individual legal and regulatory acts related to vulnerable groups, such as SWs, MSM and IDUs, require further improvements. It is necessary to establish the system for legal protection of vulnerable groups and programs to eliminate stigma and discrimination of PLWHA.

### 3.1.2. Political commitment

In the interviews the stakeholders and partners involved in HIV/AIDS actions (Annex 4) expressed an opinion of quite high political commitment to HIV/AIDS in the Kyrgyz Republic. At top political level the HIV/AIDS problem is perceived as one of crucial and top priority problem for the whole society and state that requires take intersectoral actions. The Kyrgyz State Secretary, Prime Minister’s Office, Parliamentarians, ministers of health, justice, internal affaires, Kyrgyz Drug Control Agency, are also committed to HIV/AIDS programs. Kyrgyzstan was perceived a country with relatively advanced status of HIV/AIDS programs compared to HIV/AIDS programs in other Central Asia countries. Hereby, they accounted for intensity of actions to harmonize and humanize the HIV/AIDS legislation, number of active programs, involvement and growing activity of civil society sector in fighting the HIV/AIDS, CMCC practices, development of intersectoral cooperation etc.

At the same time, it has been noticed that the level of commitment cannot be estimated only based on presence of this issue in the policy agenda, but the commitment should be supported by allocation of relevant financial resources. For today the overwhelming majority of actions in the country are carried out due to assistance of international donor organizations. The involved ministries and agencies express concern of this problem, but frequently they have no resources from national budget for implementation of any actions. Within the Ministry of Health the allocated budget funds can basically cover salaries of the personnel of HIV/AIDS specialized institution and relatively insignificant part of preventive and laboratory services

Also it has been noticed that in political plans for recent years Kyrghyzstan moved a little back, which is related to political events of 2005. In the country there is available HIV/AIDS policy, there is a program to 2010 developed, but the question is to which extent it will be implemented. It directly depends on availability of sufficient funds, capacity, experience etc. Deep understanding of the problem and the initiative by political leaders of the country can be crucial.

Another issue is commitment to HIV/AIDS programs of managers and chiefs of departments and divisions, especially government officials in various ministries and departments. This is the level of managers which directly execute and implement the developed programs. “At this level there is some disturbance”. They also recognize the urgency of HIV/AIDS problem. But firstly, the older perception of the problem is still the case when for many years it was considered that all HIV/AIDS issues should be solved within the medical specialized structure, which is the National “AIDS” Service. Secondly, none of managers in public sector have functional duties related to HIV/AIDS actions. Currently in this direction there has been work carried out within the State Committee for Religions, the Ministry of Labour and Social Protection, the Ministry of Education.

There were opinions expressed on declarative nature of individual programs, namely absence of real support to daily tasks in improvement of quality of HIV/AIDS services, safety of personnel, especially in health facilities.

### 3.1.3. Law enforcement and implementation

Majority of key informants considered that the existing HIV/AIDS legislation in Kyrgyzstan and criminal and civil legislations are quite well elaborated and approximated to international requirements. There are no provisions with discrimination of specific groups, including HIV/AIDS vulnerable groups.

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

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

However, there has been a deep analysis of the law enforcement practices, reasons of difficulties, with specific examples to demonstrate them.

On of the problems was that despite the legislation was developed within international standards, some individual provisions and articles are formulated inconsistently, in a way that allows different interpretations. This is a weak point of the legislation, since in these cases it is impossible to achieve clear and strict responses to specific questions and inquires.

It was noticed that "… frame laws are not always supported by regulatory documents, i.e. instruments that provide enforcement of these laws … We can state legislation on Tuberculosis and HIV/AIDS are ideally prepared. But constraints can be due to that these laws which are accepted at national level are not implemented because there are no tools to enforce regulations". For example, prisoners typically do not receive health services in penal facilities. When essential the services should be provided by civil healthcare services. There is interministerial agreement that provides the Ministry of Justice and Ministry of Health will cooperate in provision of health services to prisoner, but the mechanism of financing of such services is not outlined. In practice it is difficult to enforce this agreement because there are no "mechanisms of enforcement of this law".

Another example is some articles of the Criminal Code. " … Use of drugs is not penal, each individual has the right to use drugs or not, but storage in any amount is a penal act, which is a nonsense. It turns out one is allowed to use, while even the rests of drugs in syringe is already illegal, which implicates imprisonment. These articles are quite serious obstacle for expansion and successful functioning of Harm Reduction programs and drug use prevention. Many IDUs are afraid to attend syringe exchange points because the rests of drug in syringe are already the proof. Outreach-workers face the same difficulties.

The difficulties in receiving the state guaranteed privileges by HIV infected are different. "… our people with HIV positive do not want to "expose" their status, but do not want and address to someone. … They are resistive especially in rayons… If you bring your documents, all will know this, they do not trust it what remains in secret. But, with support of nongovernment friendly organizations and regional "AIDS" Centers, we try to somehow bypass and solve this issue for them".

There are cases when departmental regulations contradict to HIV/AIDS programs. Among the Central Asia countries the Ministry of Justice in Kyrghyzstan is a positive example of active cooperation in implementing Harm Reduction programs in penal facilities. At the level of this ministry there is an understanding and support to programs. But at level of executive managers outputs of these programs can be interpreted variously. For example, such

calculation can take place: "… If you changed a certain number of syringes, then a certain amount of heroin was circulated in the prison you administer, since there was no withdrawals". The prison's director is punished for this, resulting in loose of any interest to promote these programs.

### *3.2. Governmental organizations/partners*

Below are key government organizations and partners involved in HIV/AIDS actions in the Kyrgyz Republic:

- Ministry of Health
- Ministry of Education
- Ministry of Defense
- Ministry of Interior Affairs
- Ministry of Justice
- Department of punishment execution
- Ministry of Foreign Affairs
- Ministry of Labor and Social Protection
- Ministry of industry, trade and tourism
- Ministry of Extreme Situation and Ecology
- Public Religion Agency
- Secretariat of National Council on women, family and gender development
- Government Agency on drug control
- Government Committee on Migration and Busyness
- National Statistic Committee
- State TV and Radio company

The outline of health organizations is provided in the Section 8.

### *3.3. Donor and international organizations working on HIV&AIDS*

**Table 10. Global Health Initiatives (GHI)**

| Agency | Timing/ Budget | Activities supported |
|---|---|---|
| **GFATM**[18] | **March 2004 – February 2009**<br><br>US $17 073 306 | 1. Political and legal support to HIV/AIDS programs based on multisectoral approach<br>2. Reducing vulnerability of the youth<br>3. Limitation of dissemination of HIV/AIDS among vulnerable groups:<br>a. Reducing vulnerability of injection drug users<br>b. Reducing vulnerability of sex workers<br>c. Reducing vulnerability of prisoners<br>d. Reducing vulnerability of MSM<br>4. Ensuring safe donor blood<br>5. Ensuring medical and social support to PLWHA |

[18] Report of GFATM "AIDS" Component in the Kyrgyz Republic , March 2004 – March 2006

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|---|---|---|
| **CAAP**[19]<br><br>Funded by WB and DFID<br><br>For 4 CA countries | **May 2005 – 2010**<br><br>WB – US $ 25 mllion<br><br>DFID - £1 million | 1. Regional coordination, capacity building and development of strategies<br>a. Development of approaches to cover risky groups and to reduce dissemination of HIV/AIDS, as well as improving<br>b. HIV/AIDS service quality;<br>c. Contribution to development of the epidemiological surveillance system, development and introduction of electronic screening over HIV cases;<br>d. Joint activities with ministries and parliamentaries for evaluating the acting legislation and strategies.<br><br>2. Central Asian AIDS Fund<br>a. Allocation of small and large grants for working with vulnerable groups and PLWHA, extension of regional, inter- and intrasectoral cooperation.<br>b. Trainings for NGOs and community groups in four CA countries on grant application development, project management, trainings for mass media, establishment of the Regional Centre for Harm Reduction |

**Table 11. Non – Global Health Initiatives**[20]**:**

| Agency | Timing/ Budget | Activities supported |
|---|---|---|
| **UNDP** | HIV/AIDS Programs in Kyrgyzstan since 1996<br><br>Budget for 2007– US $ 390, 000 | ▪ Main focus is on facilitating to coordination and management of the National Program (at central and ast levels), as well as improvement of HIV/AIDS ulatory and legal framework in the Kyrgyz Republic;<br>▪ Support to activities with communities and religiousleaders;<br>▪ Follow-up the HIV/AIDS prevention in military authorities;<br>▪ Participation in development of policy in IEC;<br>▪ Facilitating social support to PLWHA and PSFHA;<br>▪ Assistance to legal advise to PLWHA and PSFHA. |
| **UNAIDS**[21] | Operating in the Kyrgyz Republic since 1996<br><br>Budget for 2007– US $ 70, 000 | ▪ Awareness building on HIV/AIDS;<br>▪ Technical assistance in research, planning and program development;<br>▪ Development of policy, including coordination of strategies and activities through motivating partnership and resource mobilization |
| **UNFPA** | Operating in the Kyrgyz Republic since 1995 | Follow-up the assistance to civil society organizations in HIV/AIDS prevention and ensuring peer education for behaviour change with focus on:<br>▪ Extension of peer education programs to all regions;<br>▪ Introducing standards for peer education;<br>▪ Advocacy campaigns;<br>▪ Capacity building to NGOs in providing client friendly services;<br>▪ Programs for health workers on adolescent health; |

[19] www.caap.info
[20] Donor meeting, January, 2007
[21] AIDS in Kyrgyzstan: Five years of resistance. Bashmakova L.N., Kyrmanova G.U., Kashkarev A.A., National Project Director Shapiro B.M. Bishkek, 2003

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|---|---|---|
| | | Improving the capacity of client friendly advise centers for the youth;<br>▪ Development and introduction of training programs for religious and community leaders on HIV/AIDS prevention in Islam with use of best practices and instruments |
| **UNODC**<br><br>Operating in 5 CA countries and Azerbaijan | **2006 – 2009**<br><br>US$ 5,212,500 (aggregate)<br><br>US$ 2,000,000 (OPEC contribution)<br><br>US$ 2,000,000 (UNODC funds)<br><br>US$ 1,212,500 (Kazakhstan in-kind contribution) | ▪ Increasing access of IDUs to quality HIV prevention, treatment and care services;<br>▪ Increasing access of prison inmates to quality HIV prevention, treatment and care services;<br>▪ Developing guidelines on the standards of adequacy of HIV prevention, treatment and care services for IDUs<br>▪ Developing module curricula for pre- and post-diploma education of selected disciplines re. to the evidence-based HIV;<br>▪ Developing module curricula for pre- and post-diploma education of the selected disciplines re. HIV prevention interventions in penitentiary system developed and submitted for approval |
| **CDC** | USAID funded | ▪ Sentinel surveillance<br>▪ Improving quality of labs<br>▪ Donor blood safety |
| **WHO** | Budget for 2007 – 2008 – US $ 39, 000 | ▪ Activities with prisoners and prison staff: pilot project on Methadone treatment in prisons, TOT, motivational trainings for prisoners on behaviour change;<br>▪ Syringe exchange points;<br>▪ ARV treatment adherence training;<br>▪ Technical assistance in analyzing treatment standards;<br>▪ Pre- and post-test counseling;<br>▪ Mother-to Child transmission;<br>▪ Planning and procurement of pharmaceuticals;<br>▪ Monitoring and Evaluation |
| **FUND «Soros-Kyrgyzstan»**<br><br>Operating in the Kyrgyz Republic since 1997 | **2005 - 2009**<br><br>Harm Reduction Programm<br><br>USAID funded | ▪ Support to preventive interventions in youth, IDUs, SWs, prisoners;<br>▪ Implementation of syringe exchange and Methadone treatment programs;<br>▪ Publications, training of staff of various specialties and operational levels, including decision makers;<br>▪ Activities on legal aspects of HIV/AIDS for vulnerable groups. |
| **USAID**<br><br>**CAPACITY project**<br><br>For all CA countries | 2004-2009<br><br>Budget for 5 years –<br>US $ 13 million | ▪ Facilitating to improved operation of the Country Coordination mechanism;<br>▪ Awareness building activities; improving communication between partners;<br>▪ Monitoring and Evaluation (M&E National system);<br>▪ Development and improvement of regulation;<br>▪ Capacity building to NGOs/ civil society operating in<br>▪ HIV/AIDS prevention in high risk groups;<br>▪ Interaction with civil society groups («Umbrella" NGOs);<br>▪ Improvement of Primary Healthcare, integration to HIV/AIDS programs. |
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| **KFW**<br><br>Operating in the Kyrgyz Republic since 1993 | | ▪ Improved HIV diagnostics (through supplies of lab equipment, including reagents and chemicals for recurrent use);<br>▪ Social marketing of condoms (supplies and selling of condoms, syringes and needles, as well as actions on awareness building, information and communication);<br>▪ Formation of a sustainable mechanisms to ensure safety of medical interventions in health facilities;<br>▪ Safety of donor blood, transplanted organs and/or tissues;<br>▪ Development of the system of psychological and social counseling through establishment of specially designed units and extension of functions of doctors, nurses of<br>▪ Primary Healthcare and specialized health facilities;<br>▪ Improvement of lab diagnostics of HIV |
| **BOMCA/CADAP**<br><br>Funded by EU and implemented by UNDP | 2000- 2008<br><br>So far 200,000 Euro utilized | ▪ Legal advise;<br>▪ Drug control in airports;<br>▪ Drug control in sea ports;<br>▪ Control on land;<br>▪ Software back-up to responsive data collection, exchange and analysis in law enforcement authorities;<br>▪ National system for Monitoring of drugs and drug use;<br>▪ Prevention of drug use in prisons |
| **East-west Foundation (AFEW)** | | ▪ Additions to Instruction for law enforcement authorities on HIV/AIDS / drug use prevention and activities with vulnerable groups;<br>▪ Development of the Module “Socially valuable diseases” for nursery school in Bishkek;<br>▪ Development of HIV/AIDS prevention and psychological and social counseling in law enforcement authorities;<br>▪ Social support to prisoners, program of preparing the prisoners to discharge;<br>▪ Reducing vulnerability of the youth, IDUs, prisoners and prison staff;<br>▪ Improvement of access of SWs to services, support to drop-in centers for SWs in Bishkek and social support to them;<br>▪ Information bulletins on ARV treatment and adherence. |
| **UNICEF** | | ▪ Focus is on prevention of HIV transmission in youth, protection of children from sexual exploitation, rrangement of activities to meet the needs of ildren suffered from HIV/AIDS;<br>▪ Activities on human rights related to HIV/AIDS;<br>▪ Activities to promote health of youth;<br>▪ Prevention of Mother-to Child transmission. |
| **UNIFEM** | | ▪ Support to and development of strategies to protect<br>▪ HIV/AIDS related interests and rights of women;<br>▪ Support to women organizations and NGOs operating in HIV/AIDS for inclusion of gender aspect to fighting the epidemics;<br>▪ Support to trainings on safe sex and sustaining sexual abuse;<br>▪ Partnership programs for masse media. |

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| **SDC-Seca** | | ▪ Improved awareness in youth on HIV/AIDS and drug addiction (in south regions);<br>▪ Safe behaviour skills training;<br>▪ Methodology back-up to teachers at secondary schools on healthy lifestyles;<br>▪ Institutional development of Reinbow Centre. |

### *3.4. Coordination mechanism*

**1996- 2001**
Coordination role for HIV/AIDS programs in Kyrgyzstan was effectively played by UN Thematic Group. This was established in 1996 and lead by UNDP Permanent Representative in the Kyrgyz Republic. The Thematic Group integrated all UN agencies operating in The Kyrgyz Republic Kyrgyzstan and Central Asia, government and non- government and other international organizations. It has played an important role by supporting efforts of the state in development of the national coordinated response to HIV/AIDS. Within the Thematic Group there have been activities to train local experts, consulting in development of laws, 1-st and 2-nd HIV/AIDS programs.

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

The CMCC framework includes Presidium, Technical Secretariat and 6 Technical Sections.

The Presidium is chaired by Vice-prime Minister. This unit includes ministers of Justice, Health, Education, Defense, Vice-mayor of Bishkek, Head of Department for Social and Cultural Development under the Prime minister's Office, Director General of "AIDS" Service, Expert of Sector for HIV/AIDS Coordination and Monitoring of the Department for Social and Cultural Development under the Prime minister's Office, World Bank country representatives, UNDP, DfID, representatives of association of NGOs "Anti-AIDS", Associations of Harm Reduction programs "Partner network", "Koz Karash", Azreti Mufti of Religious Department of Kyrgyzstan Moslems, Rector of KSMA.

Department for Social and Cultural Development under the Prime minister's Office implements Secretariat functions for CMCC.

CMCC Technical sectors operate in the following priority directions:

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

At regional, city and rayon levels the CMCC carries out activities through Oblast Multisectoral Coordinating Committees (OMCCs).

Currently the CMCC plans to reorganize its framework. In particular, the composition of the Presidium is growing from 18 to 23 persons due to increase in representatives of civil society sector (from 3 to 6 persons), joining of a representative of a donor organization and an organization working on Tuberculosis. Functions of the Technical sectors are being revised. The actions undertaken are expected to rationalize the activities and promote achievement of CMCC's tasks, including implementation of newly adopted National Program.

## *3.5. Monitoring system on HIV/AIDS*

### 3.5.1. Policy and outline of health information systems

During health reforms there were significant investments in creation of health information systems. It was created based on the concept developed to create and define basic directions of development of the Single Health Information System (SHIS) for 2001-2010. The main intention of the SHIS is information back-up to Kyrgyz health system operation, improvement of quality and acceleration medical service due to computerization and single policy of creation, development and operation of the informational infrastructure.

The SHS framework is determined by the overall structure of health facilities and authorities. Therefore, there was a multilevel information system established:

I level - informational systems of health facilities at rayon and city levels;
II level - informational systems of health facilities at oblast (territorial) level;
III level - national level: Central Information Portal under the MoH, Information and Analysis Centres under MoH.

### 3.5.2 Information flows

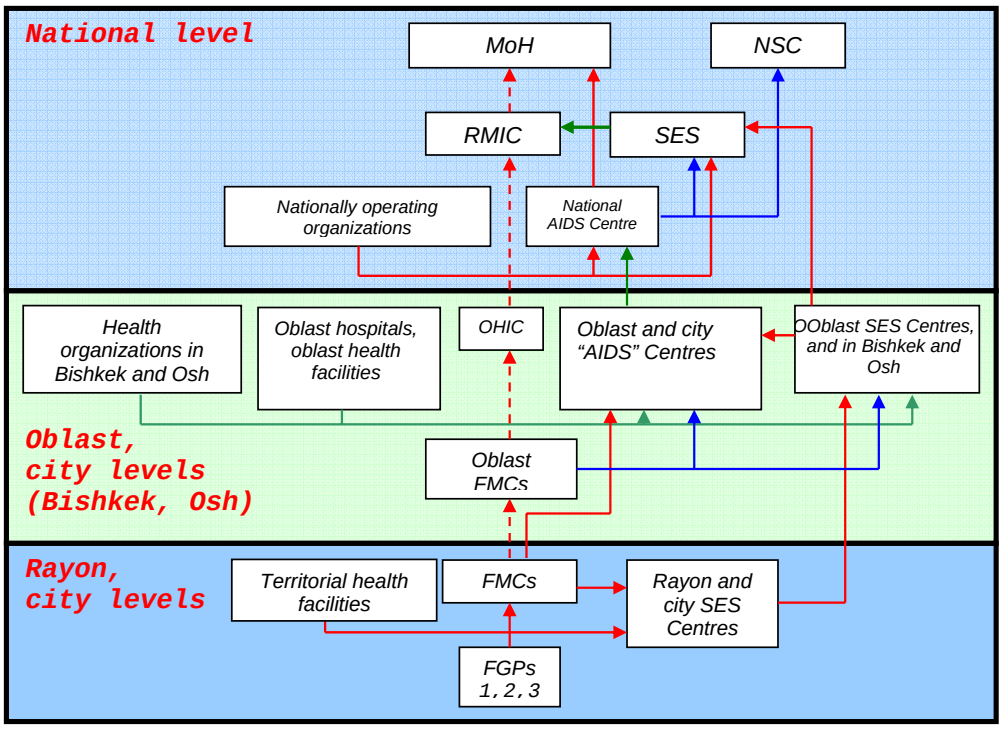
The hierarchy of the information systems has been the same since Soviet times. Information flows start from Field Doctor Units (FAPs). Then this information on performance comes in FGPs that administers the FAP. In rayons and cities the health and statistics information is collected by Territorial Hospitals and FMCs, with subsequent presenting it to Oblast Hospitals and health information divisions in Oblast FMCs. In oblasts there are two structures responsible: Oblast Health Information Centres and Oblast SES Centres. The summary information is then transformed into electronic format and submitted to national level. At national level the National Health Information Centre of the MoH collects the information from as follows:

1. Departments and divisions of MoH

2. Health facilities and authorities of national level

Flows of HIV/AIDS data generally correspond to common information flows, namely to infection diseases incidence data flows. The FGP doctor informs the FMC Infectionist on individual suspicious case/ cases and refer the samples for repeated tests to Oblast "AIDS" Centres and, in case of positive test, they are referred further to the National "AIDS" Center, where the test is finally confirmed or denied. Information on each case is referred back to oblast level and primary health facility, with subsequent emergence notifications to Oblast "AIDS" Centres and Oblast SES Centres for registration purposes. National "AIDS" Centre summarizes the overall information and then transfers this to the National Health Information Centre and National Statistics Committee.

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




Since 2007 it has been proposed to introduce the information system for responding HIV/AIDS (CRIS), which was developed with UNAIDS support and customized for the Kyrgyz Republic. It operates on app. 62 indicators. The responsibility and operation are assigned to the National "AIDS "Centre.

Currently it is intended to create the National System for Monitoring and Evaluation of implementation of the National Program for prevention of HIV/AIDS epidemic and its socioeconomic implications in the Kyrgyz Republic for 2006-2010 (National M&E System). The National M&E System involves all stakeholders from public, civil and private sectors and international organizations operating in the Kyrgyz Republic. The Regulation of the National M&E System clearly sets goal, objectives and functions of parties involved in the system operation.

Data for the National M&E System based on national indicators will be collected through epidemiological surveillance over HIV/AIDS, sociological and behavioural studies, monitoring of program and finance administration on the basis of draft plans and programs developed by involved partiers.

The information on implemented activities under the National Program for 2006-2010 will be presented by public organizations, civil and private sectors and international donor organizations, upon consultancies.

Indicators and information floes, periodicity of data collection and outputs distribution will be set according to National M&E plan.

For introduction of the Single Model of Client References and effective monitoring and evaluation of coverage of risk groups with medical, social and legal services, all parties

involved in the National M&E System will be obliged to use by a single unified coding of clients under HIV/AIDS programs.

# 4. Socio-cultural context

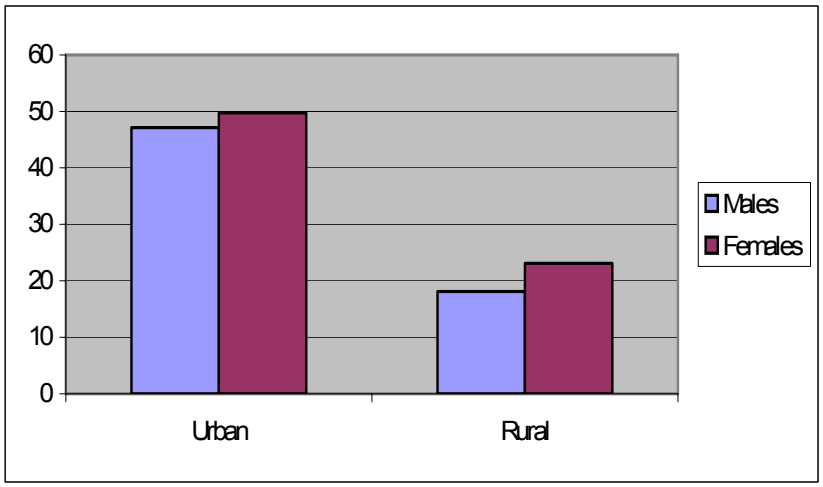
## *4.1. Awareness of the population on HIV/AIDS*

Various NGOs, nternational projects and donor organizations have carried out studies in Kyrgyzstan to identify the level of awareness of population on HIV/AIDS (Bashmakova, 2003, Center of Support to Women, 2003, data by Sentinel Surveillance, 2004, Information and Education Center "Anti-SPID", 2006, annual reports of UNAIDS and WHO etc.). Findings of the studies show that awareness of the population considerably varies depending on such factors as sex, age, social condisions, level of education and place of residing (city / village, region).

Unequivocally that the population yet does not consider HIV/AIDS a priority problem of health and the overall percentage of awareness remains insufficient.

In a recent study[22] it was demonstrated that awareness in cities (males - 47,1 %, females - 49,7 %) is much better than in rural area (males-18,1 %, females-23,1 %); young individuals were much aware compared to senior generation people. Dissemination of the infection is perceived as related to sexual transmission (31,1 %), use of unsterile syringes (22,6 %), mother-to-child transmission (16,9 %), blood transfusion (18,8 %). At the same time such transmission are also indicated as use of common dishes (6,7 %), household contacts (6,0 %), hand shakes and embraces (2,7 %), cough, sneezing (2 %). For the question “Who is more often exposed to HIV infection?” basically two risk groups were indicated - IDUs and SWs. The most often used sources of information were lectures, trainings at secondary and high schools - 26,3 %, newspapers and magazines - 25,4 %, television - 21,7 %. Poor knowledge of legislation, regulation, rights (negative response was given by 75 % of interviewed).

**Fig. 7. Awareness of HIV/AIDS in urban and rural aera in Kyrgyzstan**




Also there are differences in awareness among the high risk groups. According to data Sentinel Surveillance, the awareness of HIV transmission and measures to prevent it among IDUs was 27, 4 %, among SWs making 13,2 %, and 19,8 % among MCM and 0,2 % among pregnant females.

[22] Awareness of the youth in Naryn oblast and Bishkek on HIV/AIDS. Isaev K. And others – Bishkek, 2006.

Generally, the population perceives HIV/AIDS as a heavy, fatal illness. Tolerance to HIV infected is growing, particularly among 15-19 y.o. On average half of interviewed expressed readiness to help PLWHA and PSHA.

Social and economic problems, unemployment, absence of permanent earnings promoted the growth of civil society activities. Currently in Kyrgyzstan there are over 14,000 various NGOs operating that are registered in the Ministry of Justice. Practically in each village there is a public association, women, handicraftsmen etc., who actively work and try to solve problems, including problems of health. They have accumulated certain experiences, prepare grant applications, cooperate with international organizations and local authorities, contribute in responding the HIV/AIDS problem.

After the 90-s the influence and role of religion among population has considerably grown. Obviously the attraction of representatives of religious community could positively influence the fighting HIV/AIDS. Currently the CMCC includes representatives of religious communities (Orthodox, Moslems), the State Agency for Religious Affairs. They actively participate in HIV/AIDS programs, meetings, interconfessional or international events. For March 2007 the regional meeting for discussing HIV/AIDS is planned.

### *4.2. Stigma and discrimination*

Findings of interviews and a number of studies indicate at presence of stigma and discrimination towards HIV infected and IDUs in Kyrgyzstan.

It is worth noting that HIV positive status makes significant changes to a human's life, his/ her moral and psychological condition, social life, values, attitude of family members, attitude of environment. Everything depends on the intensiveness of individual's psychological values, the extend to which the individual can cope with the situation and begin a positive life. Concerning women there is a question, whether she can have children or not. Given there is a growth of the disease among women and the woman is frequently infected by husbands or at medical procedures, there is high focus on special programs for women.

The reasons of stigma and discrimination were indicated as insufficient awareness, distribution of incomplete, deformed or unreliable information. There have been insufficient knowledge of trainers observed, including health both social workers and need to seriously work over the contents of information materials. For example, at schools they carry out the Day of Fighting HIV/AIDS and name it a "celebration", while this is a day of memory of people who died due to AIDS. Or at schools the AIDS materials are usually represented as a skull, or associated with words like "black", "death", "killing" etc. Or they say: "We live in the world where there is AIDS, but it should not be with us … ".

In spite there is number of projects, there is not a certain systematic work on place yet. The people's awareness remains insufficient.

In general the population negatively attitudes to PLWHA, and the reason for this is that the infection is mainly disseminated among SWs, IDUs and MSM, i.e. among "wrong people, who have earned this illness with immoral behaviour"[23]. Some adults intend to isolate them, place them far away and not to communicate with HIV positive, i.e. there is misunderstanding of the HIV/AIDS problem.

There are cases of stigma and discrimination by health workers, staff of law enforcement authorities. In this regard there are ongoing trainings, workshops etc.

[23] Center for Support to Women, Study of Gender and Sex Behaviours contributing to women's vulnerability to HIV/AIDS, 2003.

Stigma and discrimination may have extremely negative implications. Another example is the case in Jalal-Abad oblast, where the imprudent behaviour of a health worker resulted in public exposing of an individual's HIV positive status. In result the patient faced condemnation, prosecution by local community towards himself and family. Mother died from heart attack. The patient died after a month, having refused from continuation of ARV treatment[24]. The fact that materials of this case were claimed to court is the evidence of promotion of protection of rights of HIV infected in the country.

Many grants of international organizations are focused on fighting the stigma and discrimination, there are legal advise organizations launched that directly work with this problem.

It is worth noting that the youth treats the problem with good understanding and is more positive towards PLWHA. It is obvious that the awareness building programs intensively implemented for last years at secondary and high schools work well. People of the senior age still cannot perceive this problem as needed. There was an opinion stated that over time it is quite possible to soften the problem of stigma and discrimination.

[24] Joana Godinho, Adrian Renton, Viatcheslav Vinogradov, Thomas Novotny, George Gotsadze , Mary-Jane Rivers, and Mario Bravo, "Reversing the Tide: Priorities for HIV/AIDS Prevention in Central Asia", The world Bank report №54, Washington DC, March 2005

# 5. HIV/AIDS funds

## *5.1. Health financing in Kyrgyzstan, latest reforms*

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

Kyrgyzstan spent 5.3% of its GDP on health care in 2003, a significant increase from 4.4% in 2000 (Table 12). However, this increase comes entirely from the growth of private out-of-pocket payments. Revenues from general tax have been stagnating as a share of GDP. Mandatory Health Insurance Fund payroll tax revenues have been increasing but due to the small amount of this revenue source, it has little impact on the overall composition of health expenditures. As a result of sluggish growth in public health expenditures, the share of private expenditures is greater in the total financing mix.

The distribution between public and private sources is nearly equal in average for the period 2000-2003 - 44% of health revenues is raised from public sources through taxes and payroll taxes and 56% of health revenues is raised through out of pocket payments of households for visits, drugs, and hospitalizations (Table 12). Low public expenditures on health are often treated as a given constraint that can only be addressed with social and economic growth and a more formal economy. Though looking at structure of total government expenditures the share of health in it has been increasing steadily since 2001 (9.9%) so that in 2004 it was 10.7%.

**Table 12. Revised public-private shares and total health expenditures[25]:**

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

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

Further improvement in the flow of public funds is a precondition for improvement of financial/risk protection and more visible reform benefits for the population. In order to

[25] **Note:** the latest figures are not available to this date. In the next report the figures for 2004-2005 will be included.

increase the share of public health financing and improve revenue collection for health care the following key actions are planned within Manas Taalimi program:

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

Sustainability of the health care system is connected to a considerable degree with effective system of financing, which presumes adequate level of funding allocated to health care, its equitable distribution and rational use. In the first phase of the health care reform the following was achieved: institutional changes were made that led to the split into purchaser and providers of health services in the health sector; the Single Payer system was introduced; a foundation was laid for progressive, output-based methods of financing of health services provided within the State Benefit Package; a health information system was created. The structural changes implemented in the health care sector were institutionalized by three main laws of the Kyrgyz Republic adopted in 2003-2005.

The established legislative foundations and integration of a number of priority (vertical) programs in the overall health delivery system enhance the formation of a financing system based on separation of individual medical services and health care services provided to the whole society, and allow to continue the development of health financing reform with a clear definition of financial flows, roles and functions of all stakeholders of health financing system. Manas Taalimi is another National Program of reforming the health system for the period of 2006 – 2010 which is implemented based on SWAp mechanism.

Based on the nature of health services, beginning from 2006 all services are financed based on the following programs: (i) individual health services provided under the SPB and additional programs (individual services); (ii) high technology (costly) health services (hi-tech services); (iii) health services provided to the whole population (population-based services) (Table 13).

**Table 13. Financing of health services[26]:**

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

[26] Kyrgyz Republic National Health Care Reform Program «Manas Taalimi» (2006-2010), MoH KR, 2005

**Individual health services provided under the State Benefit Package and additional programs**

Individual health services provided directly to every citizen can be provided by the state, agency and private health organizations and are intended to satisfy the needs of an individual citizen. At that, financing of these health services can come from different sources specially appropriated for these purposes:

- Individual health care services provided under the SBP are financed by the MHIF from the state budget and mandatory health insurance funds appropriated for the SBP.
- Individual health services provided under the Additional Mandatory Health Insurance Program "Drug provision to insured citizens at primary care level" and other additional MHI programs are financed by the MHIF from the MHI funds.

**High technology (expensive) health care services**
Health services using high technology are financed from the High Technology (expensive) Health Services Fund financed through the Ministry of Health.

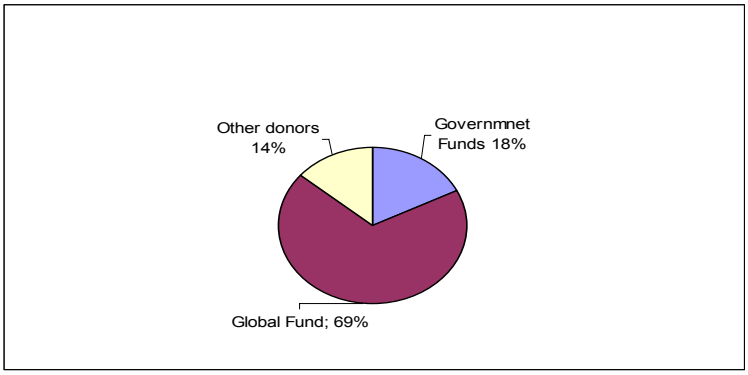
**Population-based services**
Health services provided to the whole population are based on society needs and divided into: (i) public health services and (ii) centralized provision of state health organizations with necessary material resources (drugs and medicines, medical equipment) oriented to satisfy population needs.

## *5.2. HIV/ADIS funding in Kyrgyzstan*

The current part of the report mainly includes a description of the amount of resources providing by the GF, their geographical distribution and type of HIV/AIDS service.
Kyrgyzstan mobilizes financing resources to fight HIV/AIDS from 3 main sources: National (government) budget, other donors and the Global Fund (GF) means[27]. In 2004 the share of funds for HIV/AIDS-related services in total government expenditures was 0.5 % which is 10 529 thousands soms. Within the period 2004–2006 an estimated total of US $ 7.2 million allocated to health sector specifically to pay HIV/AIDS-related services/activities. The vast majority of the total funds to fight HIV/AIDS – 69% (US $ 4.958 mln.) – was spent by Global Fund, whereas the government spent only 18% (US $1.271 mln.) and other donors (WB, UNAIDS, etc.) 14% (US $ 994 thousand) (Figure 7).

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

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

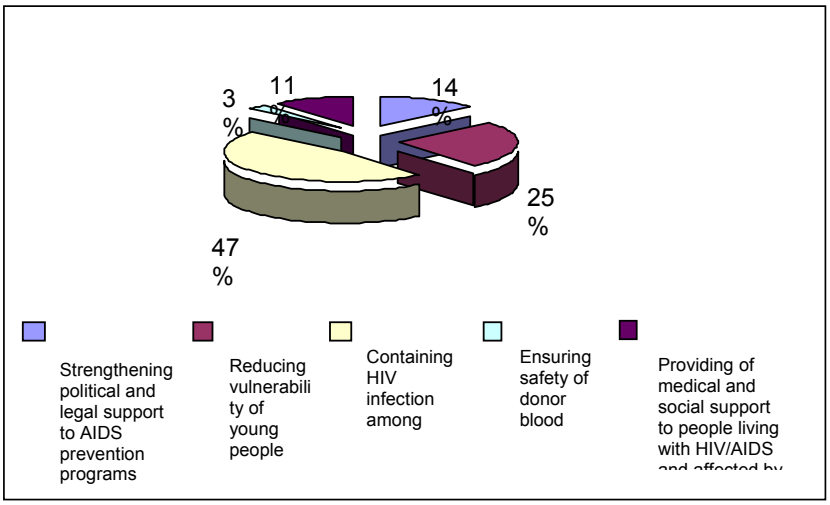



The Global Fund developed 5 strategies to monitor HIV/AIDS services/activities provided by funded NGOs:

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

The vast majority of funds were directed to "Containing HIV infection among vulnerable populations" and "Reducing vulnerability of young people", 47% and 25% respectively (figure 3). In Kyrgyzstan, a vulnerable population group such as prisoners, sex-workers are spreading HIV/AIDS among the population more then other groups. In addition to addressing the problem among these groups it is essential to provide preventive services/activities to youth, particularly because this group is sizable. Certainly, a lot of youths move to the capital from other oblasts to earn money and to improve their quality of life. Figure 8 shows that the share of funds for the 5$^{th}$ strategy ("Provision of medical and social support to people living with HIV/AIDS and affected by them") is only 11% largely due to small numbers of people who live with HIV/AIDS. Moreover, antiretroviral therapy and other supportive activities were a later occurrence in Kyrgyzstan.

**Figure 9. Disbursement of GF's funds by the strategies, 2004 – 2006:**




The provision of HIV/AIDS services were distributed in appliance with the GF strategies described above. The majority of funds was mainly allocated to different preventive activities such as distribution of condoms/syringes, health workers training along with other related activities; over the period of 2004-2006 in average about 70 percent were allotted whereas "Care and support" got only 9 percent (Table 14). Basically, such unequal distribution is due to large number of people, especially youth, at risk to get HIV/AIDS and due minor numbers of people who live with HIV/AIDS as explained earlier. To strengthen political and legal support to HIV/AIDS-related programs some funds had been flowed and it aggregated to about 16% including two activities "Intersectional coordination efforts, legal framework activities" and "Institutional assistance".

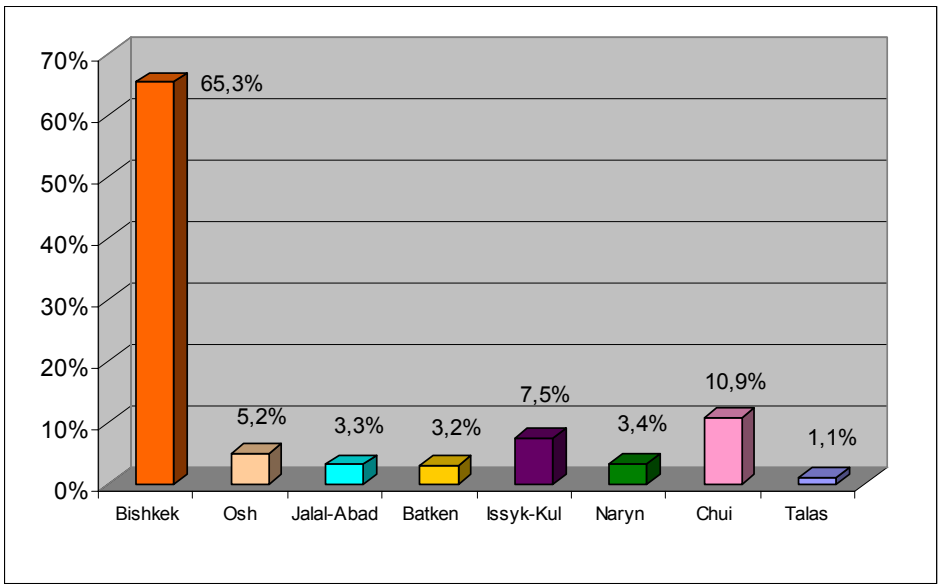
**Table 14. Services provided by NGOs on GF funds, 2004-2006:**

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

Due to the fact that the GF has been created explicitly to provide finance on a grant basis, it disburses funds directly to non-governmental organizations (NGO). A total of fifty one NGOs received funds within the 3-year period, March 2004 – March 2006, across all regions (oblasts) with to fight HIV/AIDS (Figure 10). Almost all NGOs provide services within one region only; however, there are three NGOs “Belyi Juravl’, “Issyk-Kul” and “Sotcium” active in several oblasts simultaneously. Most NGOs provide multi-services to strengthen political and legal support to HIV/AIDS prevention programs based on a multi-sectoral approach as it was mentioned earlier.

Bishkek, the capital of Kyrgyzstan, received the greater part of funds – about 65% and Chui oblast got a bit less then 11% while the remaining oblasts obtained almost less then 8% of total GF’s fund. Such disproportionality could be due to a higher percentage of people at risk of getting HIV/AIDS in Bishkek and who use narcotics. In Osh (southern Kyrgyzstan) the funds are directed to quite narrow services such as prevention and distribution of condoms/ syringes despite the fact that the highest percentage of population with HIV/AIDS in the southern part. In contrast, all range of HIV/AIDS-related services is provided in Bishkek. It means that geographical distribution of HIV/AIDS-related services is unequal. This is the case within the health care system in Kyrgyzstan in general where Bishkek gets more funds then other oblasts. The next national program Manas taalimi set an objective to gradually equalize health financing across regions/oblasts.

**Figure 10. Disbursement of the GF's fund by region, 2004 – 2006:**




To date the data on private funds (out-of-pocket spending by individuals, NGOs that are not funding by GF) and detailed external funding information have not been compiled into one dataset; therefore, such data are not available at this point of research. Further investigation is needed to obtain this necessary information as is tracking of financial resources for HIV/AIDS. This would assist to provide a full picture of expenditures within HIV/AIDS, in turn informing the optimal allocation of resources.

# 6. Service providers

## *6.1. Data collection and limitations*

The data here are collected from though personal discussions with management and technical staff, formal requests for specific documents and documents readily available as reports and data in web-cites. Some limitations the team faced in data collecting are outlined within corresponding paragraphs below.

## *6.2. Range of services and providers*

Generally, services delivered within various projects in Kyrgyzstan are focused at various population groups: PLWHA *и* PSFHA, IDUs, MSM, SW, prisoners, blood donors and recipients, youth, migrants, militaries etc.

We identified the following range of major HIV/AIDS services delivered in Kyrgyzstan:

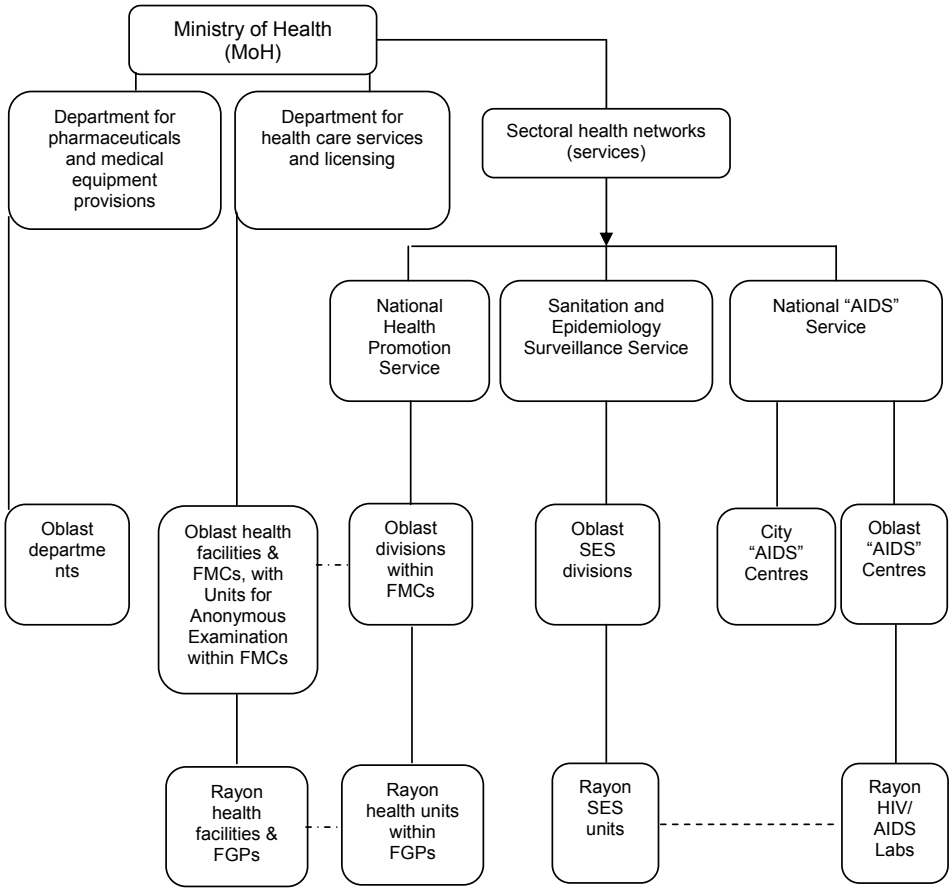
- HIV/ AIDS testing
- HIV/ AIDS treatment (ARVT, treatment screening),
- Blood Sampling for HIV tests provided in facilities other than National “AIDS” Centre
- Testing and treatment of associated diseases (STIs, Viral Hepatitis, addictions),
- Care and support (pre- and post-test counseling, legal advise and medical & social rehabilitation services to discharged prisoners, sex workers, injection drug users, PLWHA),
- Training of health and lab workers,
- Prevention activities including awareness building campaigns and actions, institutional and individual capacity building, training and counseling on HIV/AIDS for risk and marginal groups to particular skills and knowledge
- Assistance to units for HIV-associated diseases (client friendly clinics, units for methadone treatment etc.),
- Distribution of commodities (condoms, syringes etc.),
- Ensuring safety of medical interventions (HIV testing in blood transfusions, drug injections and infusions, surgery)

These services are provided by government, non-government and private organizations. For non-health government authorities acting in responding to HIV/ AIDS epidemics see Section 3.

### 6.2.1 Health government providers

Out of health authorities and facilities the team identified the Ministry of Health central departments, National “AIDS” Service network, National Health Promotion Service network, National Sanitation and Epidemiology Surveillance Service (SES) network, and health facilities like FGPs, hospitals etc.

**Figure 11. Outline of government health organizations responsible for HIV activities:**




National "AIDS" Centre is an organization with vertical framework and specially assigned for addressing medical aspects of HIV/AIDS epidemics response.
This mainly provides

- HIV testing,
- HIV treatment (ARV treatment and treatment screening),
- Registration and dispensary of HIV infected
- Supplies of lab and treatment essentials to health facilities and health divisions under non-health authorities

Sanitation and Epidemiology Surveillance Service (SES) is a vertical network of units, with technical role in regulation and leading role in implementation of infection control and health securing activities. Having the recently reinforced sentinel surveillance infrastructure, this service interacts with the National "AIDS" Service in terms of methodology and reporting sharing.
Due to regular and even daily contacts with communities and close links to SES and "AIDS" labs and Health Promotion Units, the FGPs are of particular role in responding the HIV/ AIDS. They are used for channeling the awareness building means to general population, ARV medicines to HIV infected and treatment to HIV associated diseases (STIs, Hepatitis, addictions etc.) and, additionally, they are involved in data collection for sentinel surveillance.

National Health Promotion Service is a network initially established for providing methodology back-up in awareness building activities. However, recently it has been involved in community-based health promotion and a number of research activities. Along with SES Service, this is undergoing reform and institutional capacity building process. Having its local units operating within FGPs, the Health Promotion Service is expected to boost preventive role of FGPs[28].

HIV/AIDS testing has been provided through National "AIDS" Service's representations across the country. ARV treatment and treatment adjustments are prescribed by 2 national consultants who operate in Bishkek, with consultancy services covered by GFATM. "AIDS" on-cite divisions supply ARV medicines and supervise the treatment. In addition, for specific groups undergoing the ARV treatment (current and discharged prisoners, IDUs and SWs residing in regions), when necessary, the ARV medicines are supplied by health workers operating under corresponding authorities and facilities like Family Group Practitioners, Prison Health Facilities, Narcology Centres/ Hospitals etc. They also supervise the treatment process. The services provided by government facilities specifically under GFATM grant assistance within 2004-2006 are illustrated, where applicable, in the table below:

**Table 15. Services provided by government facilities/ agencies under GFATM by regions[29]**

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

### 6.2.2 Non-government organizations

In addition, civil society organizations like NGOs and public associations are also acting in responding the HIV/AIDS epidemics. There are app. 200 NGOs and other civil society organizations operating in Kyrgyzstan. Out of them 60 have worked under GFATM grant assistance. These figures might already have changed, as in September 2006 there was another Grant Program under GFATM. 9 NGOs were recently selected for small grants program under World Bank Central Asian AIDS Project (CAAP), with half of them having received funding from GFATM as well[30]. Other NGOs have operated and so far working with support from DFID Central Asian Regional HIV/AIDS Project (CARHAP), Soros- Kyrgyzstan Foundation, KfW, HIV Prevention Project by Swiss Agency for International Cooperation (SDC & Seco), UNDP, USAID, East-West Foundation etc[31]. On 29 NGOs data on provided HIV services, based on initial mapping, were unavailable. Presumably, major part of them may provide awareness building services, not being active currently and most likely operating on ad hog basis. During deeper service provider The graph below (Figure11) below illustrates the overall NGO provided services subnational distributions:

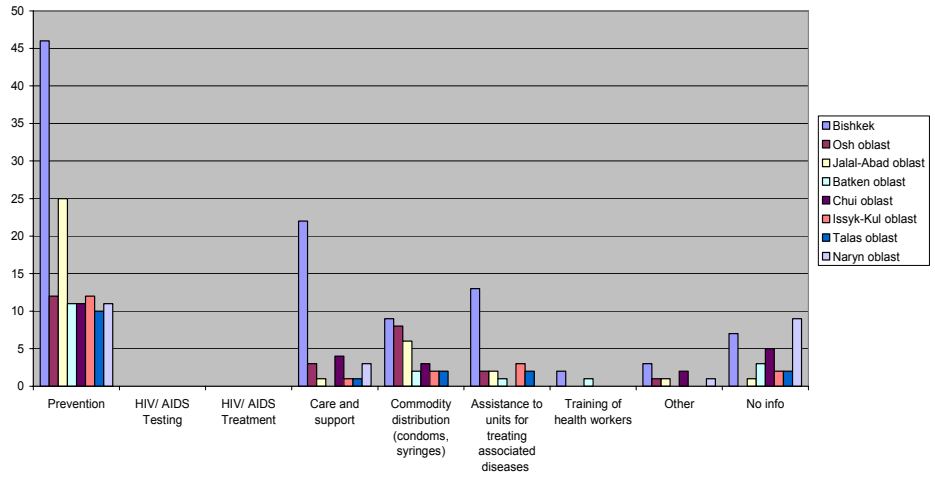
[28] From personal discussions with representatives

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

[30] From personal discussion with CAAP representative

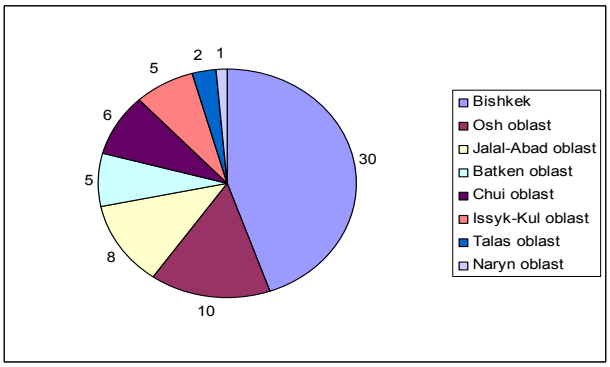
[31] From personal discussions and www.donor.kg

**Figure 12. Overall NGO provided services subnational distributions**




Generally, for "AIDS" Component of **GFATM** within 2004-2006 there were data available on services by 60 NGOs, 13 government organizations, 2 private companies. These services were focused directly on corresponding population groups. The indirectly delivered contracted services by commercial companies under centralized procurements of pharmaceuticals and commodities and equipment (syringes, condoms, blood storing) and consultancies to PIU are not accounted here, likewise the services provided by these organizations outside the scope of GFATM grant assistance. NGOs within GFATM grant are geographically[32] distributed as illustrated in the Figure 12 below[33]:

**Figure 13. Number of NGOs with HIV\AIDS activities under GFATM by regions**




Under GFATM funding, none of the NGOs have provided directly ARV treatment services and HIV/ AIDS testing. There are few NGOs with actual capacities to provide testing and treatment of associated diseases, and they provide blood sampling for subsequent HIV tests in corresponding National "AIDS" Service Labs. Their numbers will be clarified accurately in later stages of the study. Other NGOs do not directly provide these services, instead assisting to Client Friendly Clinics. The Client Friendly Clinics are mostly private health facilities and those

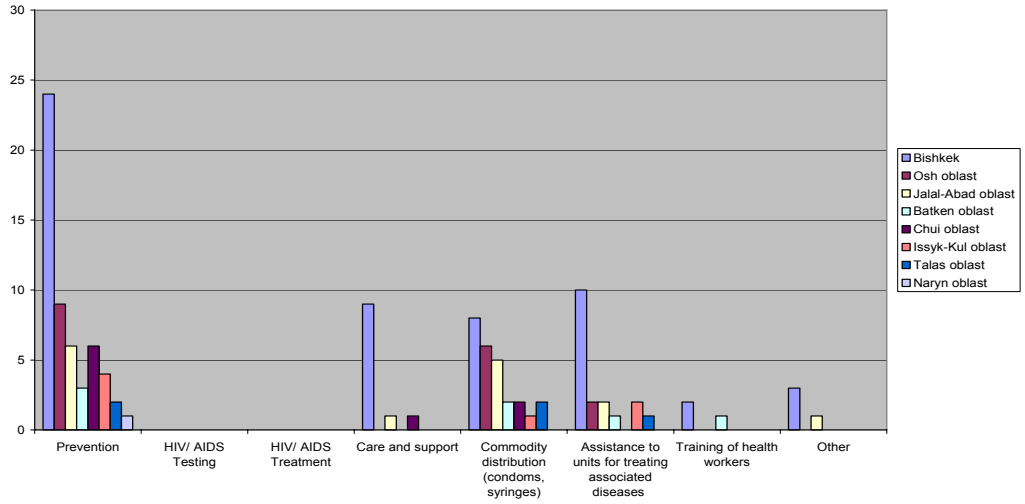
[32] HIV/AIDS service providers might have representations/ service deliveries in regions, at the same time providing various services, which explains why the number of providers in the text will be different from numbers for service distributions and regional representations of providers in tables and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

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

that operate under government health facilities, in overall numbering at least 8, which are supported under GFATM grant program.

Under GFATM the care and support are provided by 10 NGOs, out of them 9 acting in Bishkek, 1 in Jalal-Abad and 1 in Chui oblasts. 52 NGOs provide prevention services, with 24 of them working in Bishkek, 9 in Osh, 6 in Jalal-Abad, 3 in Batken, 4 in Issyk-Kul, 1 in Naryn, 6 in Chui, 2 in Talas oblasts. 22 NGOs provided commodity distribution, 8 of them are in Bishkek, 6 in Osh, 5 in Jalal-Abad, 2 in both Talas and Chui oblasts, and 2 NGO working in Batken and 1 in Issyk-Kul oblasts. Training of health staff was provided by 3 NGOs. Support to client friendly clinics for HIV-associated diseases was provided by 19 NGOs[34].

**Figure 14. Kyrgyz NGO provided HIV/ AIDS services by regions under GFATM as of September 2006**




Under **World Bank Central Asian AIDS Program** (**CAAP**) there are two major programs to support country response, which are so called small and big grant programs. Currently data only small grant program are available, as the others are not formally approved yet[35]. There are 9 NGOs supported by CAAP, out of them 3 are supported under GFATM as well:

**Table 16. Services provided by NGOs under CAAP World Bank by regions**

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

[34] These data are derived from "Report on implementation of 1-st phase of Global Fund to Fight AIDS, Tuberculosis and Malaria in the Kyrgyz Republic for March 2004- March 2006"
[35] From personal discussion with CAAP representative

### 6.2.3 Private providers

Private organizations within GFATM grant program were also involved in providing HIV service. 2 of them has been operating in Bishkek ("Almaz" Broadcasting Company) and Private FGP "Meder and Emb" in Issyk-Kul oblast. The focus is on awareness building through radio programs and training health workers with commodity distribution among youth correspondingly.

Client Friendly Clinics (CFC) are another private actors providing testing and treatment of STIs, blood sampling for HIV tests. The number of private CFCs will be clarified during provider survey.

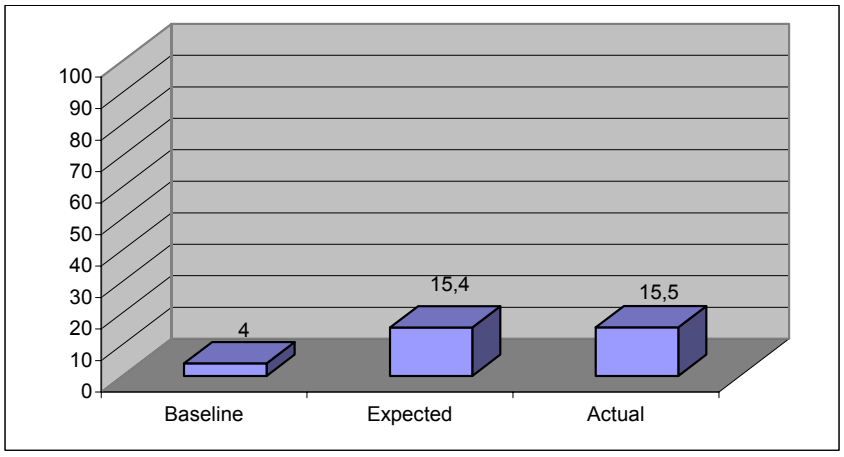
Other private companies are mostly involved in centralized procurement activities of GHI and non-GHI assisted programs as suppliers, providing goods/ hardware and services. The team found it hard to access the data on their particular supplies for this stage of the study[36].

## *6.3 Coverage of population groups*

As of February 2006, during implementation of 1-st phase of the GFATM Project in Kyrgyzstan the coverage was 270,053 persons aged 19-29, which makes 16,7% of overall number of young across the country– 1,608,000 persons. Number of schools where the subject "Healthy Lifestyles" was introduced in curriculum increased by 2 times, currently this subject being delivered in 40,6% of schools. Prevention programs covered 62 % of militaries. Surveys under the Project showed the awareness of youth on HIV-infection patterns makes 60,4 %. Coverage of youth by youth-friendly services increased by 2,5 times compared to 2003 and by 3,5 times compared to 2001. Under GFATM during 2004-2006 of expected 14,450,000 free condoms 7,397,628 were distributed.

Officially as of January 2005 there were 6,865 drug users. But according to UNAIDS studies in 2002 the estimated number of drug users made 80-100,000 persons, with app. 70 % being IDUs. According to report of GFATM, coverage of IDUs with Harm Reduction programs under GFATM made 15,5 % (of estimated 50,000):

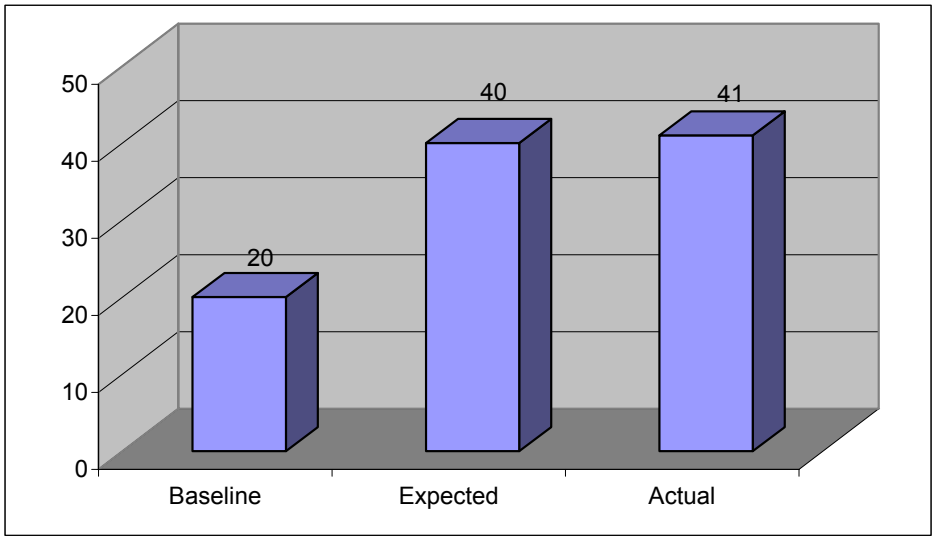
**Figure 15. Percent of IDUs covered with Harm Reduction Programs, including Methadone treatment, of overall estimated number of IDUs (50 000) as of March 2006**




[36] From personal discussion

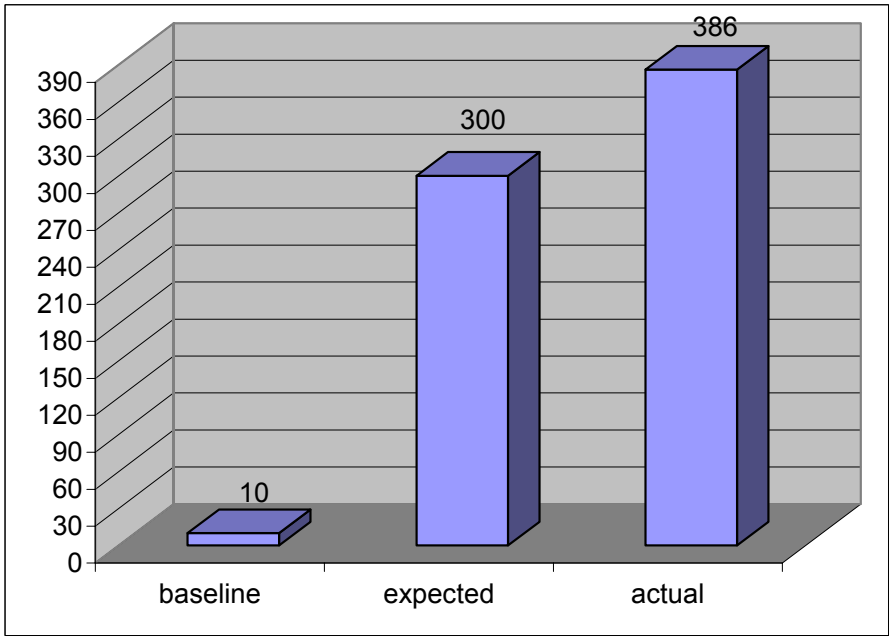
Prisoners coverage made 41 % (of 16,000).

**Figure 16. Percentage of prisoners covered with Harm Reduction Programs out of overall number of imprisoned (16 000) as of March 2006**



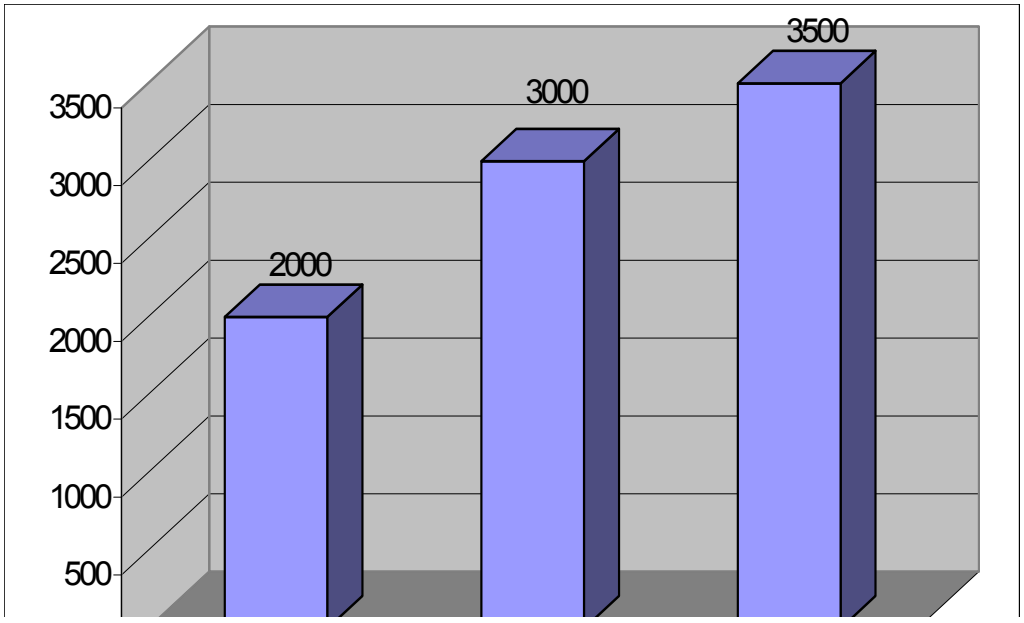

Number of IDUs covered with Methadone treatment made 388:

**Figure 17. Number of IDUs under Methdone substite treatent program withn GFATM as of March 2006**



SWs (including youth-friendly service) – 3,500 of estimated 4,500, MSM – 73% (7,300 of estimated 10,000):

**Figure 18. Number of SWs covered with prevention programs, including Client Friendly Service as of March 2006**




Currently 100% of donor blood is tested for HIV. All HIV-infected pregnant women undergo full preventive treatment course to reduce the risk of HIV transmission to child, which is provided by National "AIDS" Center[37].

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

## *Annex 1*

### Regulatory framework for HIV/AIDS in the Kyrgyz Republic [38]

International regulations

| № | Year | Document | Ratification |
|---|---|---|---|
| 1 | 25.09.1996 | International guidelines on encouraging and protection of human rights related to HIV/AIDS. Adopted by 2-nd Consultation meeting on HIV/AIDS and human rights, arranged jointly by UNHCR and UNAIDS, Geneva 23-25 September, 1996 | Not ratified |
| 2 | 25.11.1998 | AGREEMENT on cooperation in HIV/AIDS activities between CIS states | Approved with the Government's Resolution of 9 October 2000 № 616 The Kyrgyz Republic deposited the notification in 26 October 2000 |
| 3 | 25.11.1998 | Interstate cooperation program in HIV/AIDS prevention and treatment in CIS states up to 2005 | Annex to Agreement on cooperation in HIV infection activities |

Comment [G1]:

Laws of the Kyrgyz Republic

| № | Instrument | Date of approval |
|---|---|---|
| 1 | Law "On HIV/AIDS prevention in the Kyrgyz Republic" | 2 December 1996 № 62 |
| 2 | Law "On HIV/AIDS in the Kyrgyz Republic" | 13 August 2005 №149 |

Government's Resolution

| № | Instrument | Date of approval |
|---|---|---|
| 1 | Government's Resolution on Provisions of Social Protection of HIV infected, AIDS patients, members of their families, as well as health and other relevant staff involved in either care of HIV infected and AIDS patients or working with biological materials | 1 September 1997 №507 (edited in the Government's Resolution of 17 August 2004 №622) |
| 2 | Government's Resolution on Provisions of privileges to staff exposed to HIV infection risk at working palce | 1 September 1997 №507 (edited in the Government's Resolution of 17 August 2004 №622) |
| 3 | Government's Resolution "On measures to prevent AIDS and STIs in the Kyrgyz Republic" | 1 September 1997 №507 (edited in the Government's Resolution of 25 May 1998 №294, 29 October 1998 №704, 13 декабря 2001 года №785, 17 августа 2004 года №622) |

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

| | | |
|---|---|---|
| 4 | Government's Resolution "On approving Rules for medical examination for revealing HIV infected and observation over the HIV infected and AIDS patients in the Kyrgyz Republic" | 1 September 1997 № 507 |
| 5 | Government's Resolution "On approving the Agreement on cooperation in addressing HIV in CIS states" | 9 October 2000 №616 |
| 6 | Government's Resolution "On approving the National Program of prevention of HIV and STIs in the Kyrgyz Republic for 2001-2005" | 13 December 2001 №785 |
| 7 | Government's Resolution Annex to the Government's Resolution of 24 September, 2002 №516-r "Budget for the National Program for prevention of HIV/AIDS, sexually and injectionally transmitted infections in the Kyrgyz Republic for 2001 – 2005" | 24 September, 2002 №516-r |
| 8 | Government's Resolution "On preparation of the climb of internation expedition "Sign" to POBEDA Peak (July 2004) to implement the international campaign for fighting HIV/AIDS | 17.03. 2004 №181 |
| 9 | Government's Resolution "On the draft Law on Ratification of Agreement between the Government of the Kyrgyz Republic and the Government of Germany on Financial cooperation to Prevent HIV/AIDS" (for 2001 – 2002) | 27 October 2004 №783 |
| 10 | Government's Resolution "On establishment of multisectoral coordination committee under the Government to fight HIV/AIDS, Tuberculosis and Malaria? | 2 June, 2005 №204 |

President's Resolutions

| № | Instrument | Date of approval |
|---|---|---|
| 1 | President's Resolution "On ratification of Agreement letter on Grant of the Government of Japan for preparation of Central Asian Regional HIV/AIDS Control Project (Grant №TF053750) | 26 November 2004 № 421 |

Sectoral and intersectoral regulatory instruments

| № | Instrument | Date of approval |
|---|---|---|
| 1 | Order of MIA "On approval of the INSTRUCTION for interior staff on HIV/AIDS prevention among HIV/AIDS vulnerable groups | 20 August, 2003 № 389 №94-03 |
| 2 | Order of the Ministry of Justice, the Ministry of Health, Minitry of Labour and Social Protection "On approval of INTERSECTORAL PROGRAM of interaction of prison and civil health systems" | 17 June, 2004 № 71-04 |

***Annex 2***

**Parallel sector programs for HIV/AIDS prevention:**

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

- Program for prevention of HIV/AIDS and sexually and injectionally transmitted infections of the Ministry of Environment and Emergence of the Kyrgyz Republic and its subdivisions for 2003-2005, adopted by the Order of 30.09.03 № С 432;

- Program of the Kyrgyz Ministry of Internal Affairs for prevention of HIV/AIDS, sexually and injectionally transmitted infections for 2003 – 2005, adopted by the Order of 30.12.02 № 549;

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

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

- Program for prevention of HIV/AIDS and sexually and injectionally transmitted infections of the Department of securing and guarding the condemned persons and prisoners under the Ministry of Justice for 2005, 2006-2010, adopted by the Order of 8.04.2005 № 52.

- Program for prevention of HIV/AIDS and sexually and injectionally transmitted infections in Internal armies of the Ministry of Internal Affairs of the Kyrgyz Republic for 2004-2005, adopted by the Order of 19.02.04 № 19.

- Program for prevention of HIV/AIDS of the Border Guards of the Kyrgyz Republic for 2004-2005, adopted by the Order of 28.04.2004 № 145;

- Program for prevention of HIV/AIDS and sexually and injectionally transmitted infections in divisions of National Guards of the Kyrgyz Republic for 2002-2005, adopted by the Order of 09.08.02 № 116;

- Program for prevention of HIV/AIDS of the Ministry of Education adopted by the Order of 29.07.04 № 449/1;

- Program for prevention of HIV/AIDS and sexually and injectionally transmitted infections of the Ministry of Transport and Communications, adopted by the Order of 17.06.02 № 176;

- Program for prevention of HIV/AIDS and sexually and injectionally transmitted infections of the State Committee for Tourism, Sports and Youth Policy for 2003-2004, adopted by the Order of 12.03.03 № 32-0.

## *Annex 3*

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

The Constitution of the Kyrgyz Republic of 18 February, 2003, №40 (Law in the new edition of the Constitution, Human rights № of articles 15, 16)

**Codes and Laws of the Kyrgyz Republic:**

The Labour Code – of 4 August, 2004 N 106;
The Criminal Code of 1 October, 1997 N 69 (in the Law of 5 August, 2005 N 122 (№ of articles 117, 118, 145);
The Law "On health securing of citizens of the Kyrgyz Republic" of 9 January, 2005 N 6;
The Law "On welfare benefits in the Kyrgyz Republic" of 5 March, 1998 № 15, and in the Law of 13 August, 2005 № 148 (№ of articles 10,11, 11-1, 18);
The Law "On protection and securing the minority rights" of 22 November, 1999 № 126 (in the Law of 17 July, 2004 N 90);
The Law "On basics of the national youth policy" of 26 February, 2000 № 46

**Government's Resolutions:**
The Government's Resolution of the Kyrgyz Republic "On approval of lists of manufactures, works, professions, posts and indicators providing the right for preferential pensions of 1 July, 1996 №298 (in the Resolution of 10.08.2004 N 591);
The Government's Resolution of the Kyrgyz Republic on approval of Regulation "On the order of provision of social insurance benefits" of 8 February, 1995 № 34 (in the Resolution of 11.12.2004 N 680);
The Government's Resolution of the Kyrgyz Republic "On measures to prevent HIV/AIDS, sexual and injectionally transmitted infections in the Kyrgyz Republic" of 13 December, 2001 № 785 (in the Resolution of 2 June, 2005 № 204);
The Government's Resolution of the Kyrgyz Republic "On emergence situation in the country due to the growth of venereal diseases" of 30 June, 1997 №388;
The Government's Resolution of the Kyrgyz Republic "On improvement of the system of social security of needy families and citizens" of 15 May, 1998 № 281 (in the Resolution of 9 July, 2005 № 290).

**Decrees and Regulations**
Regulation of the Government of the Kyrgyz Republic "On Country Multisectoral Coordinaiton Committee of the Kyrgyz Republic to Fight HIV/AIDS, Malaria and Tuberculosis" of 2 June, 2005 № 204

***Annex 4***

## List of interviews

| № | Last Name | Organization / Position |
|---|---|---|
| 1 | Maxim Berdnikov | ICRC |
| 2 | Toktogazy Kutukeev | Head of Dision for Healthcare Management and Licensing, Ministry of Health |
| 3 | Suyumjan Mukeeva | Director of the Association of Family Practitioners KR |
| 4 | Ludmila Komarevskaya | Head of the Analysis and Planning Division, Mandatory Health Insurance Fund |
| 5 | Kuban Jemuratov | Director of the Hospital Association KR |
| 6 | Bakyt Shamyrkanova | Hotline service of Mandatory Health Insurance Fund |
| 7 | Vitaly Maslousky | UNHCR |
| 8 | Abduhalim Raimjanov | President of Tajiks' Association in KR |
| 9 | Alimjan Koshmuratov | Head Of the Human resources and Administration Division, Ministry of Health |
| 10 | Ainagul Jumagulova | Deputy Director, National Center for Cardiology and Therapy |
| 11 | Avtandil Alisherov | National Tuberculosis Institute, Director |
| 12 | Gulnara Oskonbaeva | Head of the Finance Division, Ministry of Health |
| 13 | Mirbek Asangaliev | NGO "Movement of Disabled Youth", Director |
| 14 | Larisa Mirzakarimova | Head of the National Medical Information Centre |
| 15 | Kuljigit Aaliev | National Hospital, Director |
| 16 | Sabyrjan Abdikerimov | Director General of the Department for Sanitation and Epidemiological Surveillance |
| 17 | Ninel Kadyrova | Deputy Director of MHIF |
| 18 | Damira Biybosunova | Project Management Specialist / Health USAID / Kyrgyzstan |
| 19 | Anara Salamatova | UNAIDS Office, Country Manager |
| 20 | Nurisa Muratova | Director of the National Infection Hospital |
| 21 | Tologon Chubakov | Kyrgyz Medical Institute for Retraining, Rector |
| 22 | Damira Imanalieva | National "AIDS" Centre, Deputy Director |
| 23 | Erik Yryskulbekov | "Adilet Legal Advise" NGO, Lawyer |
| 24 | Sagynbek Kaziev | Director of the National Blood Centre |
| 25 | Ainagul Isakova | Head of Sector for HIV/AIDS Coordination and Monitoring of Prime-minister's Office, Country Multisectoral Coordination Committee |
| 26 | Salia Karymbaeva | WHO Office, HIV/ AIDS Coordinator |
| 27 | Iskender Shayahmetov | Bishkek "AIDS" Centre, Director |
| 28 | Saltanat Kerimalieva | CAPACITY Project (USAID) , Program Coordinator |
| 29 | Sergei Ujalovskiy | NGO "Positive Initiative" , Leader |
| 30 | Bolotkan Sydykanov | CARHAP, Coordinator |
| 31 | Aisuluu Bolotbaeva | Soros- Kyrgyzstan Foundation, Health Programs Coordinator |
| 32 | Boris M. Shapiro | National "AIDS" Centre, Director Advisor |
| 33 | Kanchoro Alymbekov | "Issyk-Kul" of "Anti-AIDS" project, Leader |
| 34 | Sherboto Tokombaev | "Ranar" Public Union, Leader |
| 35 | Bonivur Ishemkulov | Specialist on NGO Affaires, Sector for HIV/AIDS Coordination and Monitoring of Prime-minister's Office |
| 36 | Ainura Kadyralieva | National Coordinator of Central Asian HIV\|AIDS Control Project |
| 37 | Mairambek Alumkulov | Center for Health System Development, IT specialist |
| 38 | Nina Golovchenko | National AIDS Center, Laboratory |