STATE PROGRAMME ON HIV/AIDS EPIDEMIC PREVENTION AND ITS SOCIAL-ECONOMIC CONSEQUENCES IN THE KYRGYZ REPUBLIC FOR 2006-2010
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GLOSSARY
LIST OF ACRONYMS

PMO KR - Prime-Minister’s Office of the Kyrgyz Republic
ARV - Anti-retroviral therapy
RHA - Reproduction Health Alliance
HAART - High active anti-retroviral therapy
WB - World Bank
GDP - Gross Domestic Product
HIV - Human immunodeficiency virus
HIV-infection - Disease caused by human immunodeficiency virus
WHO - World Health Organization
MDPE MoJ KR - Main Department of Penal Execution of the Ministry of Justice of the Kyrgyz Republic
GFATM - Global Fund on AIDS, Tuberculosis and Malaria
VCT - Voluntary counseling and testing
DNA - Deoxyribonucleic acid
DFID - Department for International Development of the United Kingdom
HLS - Healthy Life Style
MST - Methadone Substitute Therapy
IEA - Immune-enzyme analysis
IEC - Information, Education and Communication
IEP - Information and Educational program
IDUs - Injection Drug Users
STIs - Sexually Transmitted Infections
IC - Informational Center
CARHAP - Central Asian Regional HIV/AIDS Programme
KSMA - Kyrgyz State Medical Academy
KR - Kyrgyz Republic
PLWHA - People living with HIV/AIDS
PSHA - People suffering with HIV/AIDS
MoH KR - Ministry of Health of the Kyrgyz Republic
MoI KR - Ministry of Interior of the Kyrgyz Republic
M&E - Monitoring and Evaluation
MIC - Medical Informational Center
MoD KR - Ministry of Defense of the Kyrgyz Republic
IOM - International Organization on Migration
MESYP KR - Ministry of Education, Science and Youth Policy of the Kyrgyz Republic
MSM - Man having sexual relations with man
MLSP KR - Ministry of Labor and Social Protection of the Kyrgyz Republic
MoJ KR - Ministry of Justice of the Kyrgyz Republic
NGO - Non-government Organization
IAU - Internal Affairs Unit
MCHP - Mother and Child Health Protection
OI - Opportunistic Infection
PO - Public Organization
UN - Unite Nations
PF - Public Foundation
PAS - Psychoactive Substance
SNEP - Syringe/needle exchange point
MCTP - Mother to Child Transmission Prevention
UNDP - United Nations Development Programme
PCR - Polymerase Chain Reaction
RDVD - Republican Dermatovenerologic Dispensary
RA “AIDS” - Republican Association “AIDS”
RNC - Republican Narcological Center
HR - Harm Reduction
CMCC - Country Multisectoral Coordination Committee under the Government of the Kyrgyz Republic on HIV/AIDS, Tuberculosis and Malaria
AIDS - Acquired Immune Deficiency Syndrome
SW - Sex worker
UN GASS - United National General Assembly Special Session
CDC - Center on Disease Control
ToT - Training of Trainers
CC - Criminal Code of the Kyrgyz Republic
EEB - Expert Editorial Board
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 Programme
USAID - United States Agency on International Development
INTRODUCTION

“The AIDS pandemic has to be recognized as one of the most serious threats to our future progress and stability along with such extraordinary threats as a nuclear weapon or global climate change. Hence, this pandemic also requires specific responses… This pandemic is unique as no one can see it being stabilized, its severity and strong impact, and also because of the challenges it represents in terms of implementing efficient public actions”.

Peter Piot, Executive Director of the Unified UN Programme on AIDS.

HIV infection and AIDS are global crises for mankind, which threaten human life, and impede socio-economic development and threaten the national security of the worst affected countries. Combating HIV/AIDS is one of the eight Millennium Development Goals (MDGs) adopted at the Millennium Summit in 2000. This year, for the first time in history, the UN Security Council held a meeting fully dedicated to health issues. This meeting recognized that the world community has failed to combat AIDS in sub-Saharan countries in Africa where the problem has become a national catastrophe. These factors were the reason for holding the Special Session of the UN General Assembly on HIV/AIDS. The declaration to combat HIV/AIDS approved at that session, stated that measures should be taken to prevent HIV infection.

In the last four years, the focus has shifted to the countries of Eastern Europe and Central Asia where the highest growth rate of new HIV/AIDS cases has been observed. According to a UNAIDS assessment the total number of people living with HIV/AIDS in this region is 0.9 percent of the adult population. Higher rates have only been registered in Africa and Caribbean basin countries. HIV infection is spread mainly among the under 30-age group and is affecting more and more women and children. Similar trends have been observed in the Kyrgyz Republic although the scale of the epidemic is much less. The main driving force of AIDS in the Kyrgyz Republic is drug use.

According to WHO and UNAIDS data, about 2% of adults of the Kyrgyz Republic inject drugs, huge potential exists for the rapid and wide spread of HIV infection. 910 cases of HIV infection have been officially registered in the Kyrgyz Republic (as of May 1st, 2006), half of which were detected in Osh city and Osh oblast.

Eliminating HIV infection and its socio-economic consequences is one the priority health protection objectives of the Government of the Kyrgyz Republic. The country has adopted effective response measures against the disease. The Law “On HIV/AIDS in the Kyrgyz Republic” was approved in 2005 and the State Programme on AIDS, STIs and ITIs Prevention for 2001-2005 was finalized (hereinafter – the State Programme on AIDS Prevention for 2001-2005).

The priorities of that programme are the reduction of HIV infection growth through targeted measures among the most vulnerable groups of the population. The nine programme strategies have ensured a comprehensive multisectoral approach with participation of the Government, representatives of key ministries and institutions, civil society, and communities including both the vulnerable groups and religious leaders.
In spite of these efforts, the rate of growth of HIV infection is still high throughout the country. The second – concentrated – stage of HIV infection was detected in Osh oblast where HIV/AIDS infection among injecting drug users is 13.6% according to data of the epidemic surveillance service.

Implementation of the State Programme on AIDS Prevention for 2001-2005 was limited to coverage of representatives of the vulnerable group. Basically, measures were undertaken in Bishkek and Osh cities and were not really conducted at oblast level. These factors did not influence the rate of growth of HIV/AIDS.

The State Programme on AIDS Prevention was completed in 2005. The Intersectoral Working Group to elaborate the State Programme on HIV/AIDS Prevention and elimination of their social-economic consequences in the Kyrgyz Republic for 2006-2010 (hereinafter – the State Programme on HIV/AIDS for 2006-2010) was set up by the Government of the Kyrgyz Republic under support of international agencies, in order to regulate HIV/AIDS prevention. The relevance and need to develop a new State Programme on HIV/AIDS for 2006-2010 were determined by the following:

- Continued spread of HIV/AIDS in the country.
- Need to strengthen institutional measures combating HIV/AIDS in the Kyrgyz Republic.
- Increase the efficiency of the national response through improving the state programme on HIV/AIDS management system and a multi-sectoral approach.

Based on expert assessments of the State Programme 2001-2005, own experience and available international initiatives, the multisectoral working group has developed a draft of the state programme 2006-2010.

State Programme on HIV/AIDS for 2006-2010 anticipates a comprehensive, multisectoral approach to HIV/AIDS prevention aspects and interlinks with other national and state programmes on public health development, and reflects main trends, strategic goals and objectives of the state policy on HIV/AIDS for 2006-2010.

The main goal of the State Programme on HIV/AIDS for 2006-2010 is to improve the response of the Kyrgyz Republic to HIV infection and limiting its spread and reducing its socio-economic consequences through organizing systematic sustainable measures among the vulnerable groups and providing support to people living with HIV/AIDS.

Its implementation will be based on national legislation of the Kyrgyz Republic, human rights priorities, eliminating stigma and discrimination and partnership development in accordance with international commitments of the Kyrgyz Republic.

The State Programme on HIV/AIDS for 2006-2010 will be implemented by developing appropriate sector based plans, improving the regulatory-legal basis, management mechanisms, and solving other challenges related to combating HIV/AIDS.
1. Background Information

1.1. Situation Analysis of HIV/AIDS in the Kyrgyz Republic

The State Policy of the Kyrgyz Republic on HIV/AIDS is being implemented based on a multi sector response assuming joint activity between the government and non-government sectors, people living with HIV/AIDS, and the interaction of various stakeholders within the framework of the state programme. The Kyrgyz Republic has signed a number of strategic international documents with regard to HIV/AIDS including the Millennium Development Goals (2000), the Declaration on Combating HIV/AIDS adopted by the Special Session of the UN General Assembly (2001) and the Dublin Declaration on Cooperation and Partnership in Europe (2003).

Legislation. Kyrgyzstan as international legal relations entity implements its commitments on the international conventions ratified in the country, including the Convention on Human Rights, Convention on Children's Rights and the Convention on Drugs and Psychotropic Substances and other international treaties and agreements. The Constitution of the Kyrgyz Republic recognizes the priority of international law and each approved law complies with it.

Economy. The Kyrgyz Republic gained its independence in 1991 and it is facing severe socio-economic problems. In spite of economic growth of 7% in 2003-2004, the country still has low level of economic development. State expenditures in the public health sector were 2.6% of GDP. Almost half of the population (45.9%) lives below the poverty level. In 2005, 68,500 unemployed were officially registered.

Economic constraints and lack of jobs force a considerable part of the population to look for sources of income in other states with higher level of economic development. Considerable numbers of labour migrants go to countries with higher levels of HIV infection and as a result, have a higher risk of becoming HIV infected. All these factors have led to a growth in infectious diseases, the spread of STIs and new HIV/AIDS cases being registered in the Kyrgyz Republic.

Public Health. Poor financing of health care facilities leads to the threat of HIV infection transmission inside hospitals via blood transfusions and medical examination procedures. Equal access of the poor to medical services declared in the course of health care reforms has not always been implemented in practice. Registration requirements (registration in a medical facility) and absence of a passport or registration form do not allow vulnerable groups to get the free medical services guaranteed by the state. PLWHA are included in the beneficial category; all services for them are funded at expenses of the Global Fund against AIDS, TB and Malaria (GBATM). Individuals are under preliminary investigation and in prison have right to get free medical aid. But quantity and quality of services are limited because of shortage of financing. While drug abuse has been increasing, the number of drug treatment facilities and beds has been reduced by 47.6% compared to 1976.

HIV/AIDS. During the last five years, the total number of officially registered HIV infection cases has increased by 15.6 times in the Kyrgyz Republic. These figures related to citizens of the country increased by 52.6 times, and in the worst affected Osh oblast – by 200 times compared with the previous period of the epidemic (1987-2000). On May 1st 2006, there were 910 HIV/AIDS cases in the Kyrgyz Republic (Figure 1). According to assessment of the
Ministry of Health of the Kyrgyz Republic (hereinafter – the Ministry of Health), the true number of people living with HIV/AIDS in the Kyrgyz Republic is 5 times higher, i.e. 4500 people.

**Figure 1. Number of officially registered HIV infection cases in the Kyrgyz Republic during 1987 - 2005**

HIV infection has been registered in all oblasts of the republic except Talas oblast. The spread of HIV/AIDS is linked mainly to injection drug use; however, an increased number of women living with HIV/AIDS and children born to HIV infected mothers, shows that HIV infection has crossed from the drug use environment to the general population.

The number of women living with HIV/AIDS has increased 43 times during the last five years. 14 HIV/AIDS cases have been registered among children under 18, including seven young children (under 5). The epidemic continues to grow and new cases are expected – to 20% a year with a gradual decline. Thus, number of people living with HIV/AIDS (PLWHA) could reach 9,000 people by 2010.

**Drug Use.** Geographic location of the Kyrgyz Republic in the center of three main narcotic routes from Afghanistan to the Russian Federation and European countries led to increased drug use. During the last ten years, the number of the drug users has increased six times. 6,865 people were officially registered in the Republican 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 programmes and harmful practices of drug use lead to the spread of HIV/AIDS and different types of hepatitis among this group.

**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.

Gender Factors of vulnerability to HIV/AIDS. Gender sensitive legislation is available in the country; however, it is necessary to improve implementation mechanisms to reduce level of women’s vulnerability to HIV/AIDS. Among women in Kyrgyzstan registered as living with HIV/AIDS, 65.9% were infected through sexual contact, 88% of them – from a permanent and in most cases – the only sexual partner.

Cultural factors of vulnerability to HIV Poor quality informational programmes, in particular for adults, lead to misunderstanding of the HIV/AIDS problem. Cultural barriers linked to condoms being forbidden and sexual education of young people still exist.

Special surveys revealed cases of the particular vulnerability of rural citizens because of lack of access to adequate information on the one hand, and harmful sexual practices on the other. At the same time, positive experience of developing comprehensive prevention programmes in rural areas has been seen.

Lack of knowledge, stereotypes and biases related to HIV infection lead to a lot of stigma and discrimination against people living with HIV/AIDS and the legal exposure of vulnerable groups. Also, it limits the access of these people to preventive programmes.

Forced HIV testing, limited access to pre-test psycho-social consultation, fear of disclosure of confidential information due to the lack of efficient support programmes – all these things make life difficult for individuals living with HIV/AIDS, and cases of suicide after HIV infection has been diagnosed.

Factors promoting achieving results

- Availability of a unified state HIV/AIDS policy.
- Legislation of the Kyrgyz Republic, in general, does not contradict to principles and norms of international law.
- Commitment of the state authorities at all levels to the HIV/AIDS prevention programmes.
- Mobilization of efforts of the civil society and efficient cooperation with religious leaders, mass media, and representatives of the vulnerable groups and people living with HIV/AIDS.
- There is capacity (resource and staff) in the state structures and institutions of the civil sector.
- Financial and technical assistance of the donor community.
- Availability of considerable own experience gained by the country in HIV infection prevention.

Factors impeding progress

- Bring some norms and provisions of the legislation in line with principles and norms of international law with regard to human rights compliance and improve enforcement mechanisms
- Cases of gender inequality in families increasing women's vulnerability to HIV/AIDS.
- Wide prevalence of high-risk behaviour.
- Lack of HIV/AIDS prevention programmes at oblast and rayon levels.
• Vagueness concerning confidentiality guarantees concerning services provided related to HIV/AIDS and stigma and discrimination against the vulnerable groups.
• Poor access to information, protection means and services for the youth and vulnerable groups.
• Low involvement and activity of people living with HIV/AIDS and other stakeholders.
1.2. Analysis of the response to HIV/AIDS in the Kyrgyz Republic during 2001-2005

HIV/AIDS measures have been conducted in the Kyrgyz Republic since 1987. They were mostly developed during implementation of the Second State Prevention Programme on HIV/AIDS for 2001-2005, which was implemented based on nine strategic directions.

Strategy 1. Improving the National Policy on HIV/AIDS/STIs problems
Strategy 2. Providing Safe Medical Procedures
Strategy 3. Reducing the vulnerability of young people
Strategy 4. Reducing the vulnerability of Injection Drug Users (IDUs)
Strategy 5. Reducing the vulnerability of commercial sex workers
Strategy 6. Developing information-educational programmes on HIV infection prevention
Strategy 7. Delivery of medical aid to STI patients
Strategy 8. HIV-infection prevention in newborn children
Strategy 9. Providing health and social care to HIV infected and AIDS patients and members of their families

The role of the Government in coordinating the programme has increased. The Unit for coordination and monitoring in HIV/AIDS area was established under the Department of Social and Cultural Development of the Prime Minister's Office in accordance with the UN Three Ones Principles Initiative, which ensures general coordination of measures on HIV/AIDS.

In June 2005, the Country Multi-sectoral Coordinating Committee on HIV/AIDS, tuberculosis and malaria under the Government of the Kyrgyz Republic was established (hereinafter – CMCC). Due to structural changes, it became more flexible in terms of decision making approved by the Presidium, which unified the key partners from the state, international and public organizations and agencies including people living with HIV/AIDS (PLWHA). The professionalism of this structure was improved by forming six technical sections including specialists on the main HIV/AIDS issues. Seven ministries and five administrative institutions have implemented their own AIDS prevention programmes.

Civil society institutions and people living with HIV/AIDS ensure the programmes' implementation among the most vulnerable groups of the population. Considerable financial resources were attracted and technical assistance was received from the Global Fund Controlling HIV/AIDS, tuberculosis and malaria, UN Agencies, USAID and other international donor agencies.

In the course of implementation of the State Programme on HIV/AIDS for 2001-2005, main challenges have been observed in the educational and health care programmes and application of relevant norms. Actually, local state administrations and were not fully involved in those measures. State financing of HIV/AIDS measures has not increased; there is no experience of attracting resources from local business structures and donations from private people for that purpose. The needs of the vulnerable groups are not always taken into account; only a few community representatives are involved in the decision-making process.

There is no unified comprehensive monitoring performed at inter-institutional level. Only the first steps in developing a leadership programme have been undertaken.
Legislation in the area of HIV/AIDS In 2005, a new law On HIV/AIDS in the Kyrgyz Republic was approved. It consolidated the rights and responsibilities of the people living with HIV/AIDS, and children born to HIV positive mothers. For the first time, this law defined the concept of stigma and discrimination and provided liability for such actions. Concepts and actions with regard to HIV testing, psychosocial counselling and the confidentiality of HIV test results were also specified.

Changes and amendments were introduced to the Law On State benefits in the Kyrgyz Republic, which sets out the procedure for obtaining and size of monthly paid social benefits for children living with HIV/AIDS or born to HIV infected mothers.

At the same time, some specific legal acts and law enforcement practices aimed at criminalizing the vulnerable groups (like sex workers (SW), MSM, drug users) do not comply with the legislation of the country and need to be improved. Actually, a system of legal protection for vulnerable groups and a programme to eliminate stigma and discrimination has not been elaborated.

Supporting the HIV/AIDS Programmes. First time special programmes for people forming public opinion were developed within the framework of the state programme on HIV/AIDS for 2001-2005 including specific measures with the mass media participation. A strategy on mass media work in the field of HIV/AIDS was developed and journalists from all regions of the country were trained and involved in the AIDS programme.

The Ulgu NGO held systematic prevention programmes in rural communities in Aksy rayon of Jalalabad oblast. With UNDP and the Global Fund support these measures were replicated in other rayons of the southern region. The Rainbow information centre conducted similar work in Osh, Jalalabad, Batken and Naryn oblasts supported by the Swiss Coordination Office.

Work with religious leaders aimed at supporting HIV/AIDS programmes and form a positive public opinion at local level was conducted by the State Committee on Religious Matters and Religious Department of the Muslims of Kyrgyzstan with UNDP and UNFPA support. Other religious confessions have only just started to become involved in this activity.

In the Kyrgyz Republic, all law enforcement structures are involved in the AIDS prevention programmes and they carry out educational measures and events. Also, they have coordination committees headed by the deputy heads of relevant ministries and institutions. The Defence and Law Enforcement Bodies Unit of the Country Multisectoral Coordination Committee on HIV/AIDS under the Government of the Kyrgyz Republic coordinates work on HIV/AIDS prevention among the personnel of the law enforcement structures – the Ministry of Defence, Ministry of Internal Affairs, Ministry of Emergency Situations, National Guard, National Security Service, Ministry of Justice and the Drug Control Agency of the Kyrgyz Republic. HIV/AIDS issues are incorporated into the compulsory curricula. Training modules and information material have been developed.

The National Drug Control Agency is responsible for coordinating the programmes related to drug use. At present, it is working on improving the laws dealing with drug users. However, a mechanism for interacting with representatives of target groups formed under this policy and measures undertaken to improve the legislation is lacking.

The Ministry of the Interior is carrying out a comprehensive HIV/AIDS programme with UNDP support. Coordination Committee on AIDS headed by the Deputy Minister was set up, which includes all the heads of the Main Department of the Ministry. Training programmes
for the Police Academy and secondary special police school were worked out that integrated issues on HIV/AIDS prevention, legal and social aspects.

Ministry staff have developed and approved guidelines detailing how to work with vulnerable groups. It has been registered in the Ministry of Justice and is based on international legal norms. 150 middle level managers have been trained in how to work with these guidelines.

**The safety of medical procedures** is a strategic objective of the health care system in general and all medical programmes. During the reporting period, the Ministry of Health worked out its policy in the area of HIV/AIDS prevention in hospitals – guidelines and instructions were developed and orders of the ministry were issued regulating the activity and performance of the treatment-prevention facilities concerning the provision of safe medical procedures. HIV testing of donated blood was increased to 99.8 percent (95.2% in 2000).

Computers have been installed in the blood centres, transfusion units and AIDS centres with the financial support of the Global Fund controlling AIDS, tuberculosis and malaria; approaches to testing donated blood for HIV in small laboratories using express tests were changed. The GEM Public Association trained 12 volunteers from Osh, Naryn, Issyk-Kul oblasts and Bishkek in how to receive donated blood with a low degree of risk. 10,000 copies of information-educational materials in Kyrgyz and Russian promoting free blood donation and HIV/AIDS prevention were published and disseminated. With CDC and USAID support, clinicians and nurses and blood centre staff were trained in safe blood donations. Nevertheless, problems with regards to equipping the medical facilities as well as the attitude of the health care staff to their duties remain. Thus, the risk of HIV/AIDS transmission in hospitals is still high.

**Youth programmes** have been developed by the Ministry of Education, Science and Youth Policy, Ministry of Labour and Social Protection, and some NGOs (Rainbow Information Centre, White Crane, ARS, KAPS). The programmes for young officers of the law enforcement structures are implemented by the agencies they serve. Intervention among MSM is being done by the Oasis Public Foundation. A training course containing HIV prevention information has not been integrated into the state education system. A textbook for scholars on a healthy lifestyle (HLS) was rejected by the Ministry of Education in 2003, and a new one has not been designed.

Specialized medical services and providing young people with means of protection are quite limited and sporadically provided by international agencies. The proportion of young people covered by preventive measures and the efficiency of the programme has not been studied. Changes in the behaviour of young people towards reducing risk are not considered on a regular basis. Risky behaviour is still widespread.

**Programmes among drug users** in the Kyrgyz Republic are conducted by the state institutions in partnership with civil sector organizations. Prevention programmes cover Bishkek, part of Chui oblast, Osh and Jalalabad. They are implemented mainly by the Republican Drugs Centre and AIDS Prevention Centre, and the Sotsium, Parents against drugs (Osh) and Ayan Delta NGOs supported by UNDP, Soros Foundation – Kyrgyzstan and GFATM. Harm reduction programmes are also being conducted in all Ministry of Justice of the Kyrgyz Republic penal institutions. The Interdemilge NGO works in this area too. Prisoners receive information about HIV/AIDS, there are syringe exchanges, rehabilitation
Programmes have been launched and methadone replacement therapy is currently being discussed.

There are programmes on self and mutual support and forming adherence to be treated among the PLWHA since 16 of the 47 patients receiving antiretroviral therapy are in prison.

Current programmes on harm reduction cover only 7,300 drug users (13% of the estimated number) and are funded from international humanitarian aid. Methadone replacement therapy programmes serve only 300. Thus, outreach to achieve prevention goals is very low.

HIV/AIDS prevalence among drug users was 6.2% in 2004 above the 5% threshold distinguishing the initial stage of the epidemic from the concentrated one and was increased to 8% in 2005. Community members and co-dependent persons do not fully use their capacity; there are only a few self and mutual support groups and peer-to-peer programmes.

HIV testing takes place without counselling, in particular in the prisons. Harm reduction programmes should be replicated in terms of geography and provided service and they should cover at least 60% of the estimated number of IDUs.

The NGOs Tais-plus in Bishkek, Tais-plus 2 in Jalalabad, Podruga in Osh and other public associations in all oblasts of the republic excluding Naryn and Talas oblasts are involved in working with sex workers (SWs) and their clients. Total coverage of SWs is about 50%. The efficiency of the response is determined by developing a strategy based on skilled expertise and needs assessment of the target group. Free STI treatment ensures wider coverage of sex workers and their clients. The work is based on community mobilization and peer-to-peer training and this ensures successful prevention programmes among sex workers. In spite of considerable changes in these groups (the frequency of declared condom use with the last commercial sexual contact was 87%) there is still high risk behaviour.

**Development of information and educational programmes on HIV infection prevention**

During implementation of the State Programme for 2001-2005, the commitment, competence, activity and efficiency of the mass media were increased. Training courses for journalists and their involvement in preventive activity contributed to the success of the programme.

The strategy for the mass media worked out with the participation of the national and international agencies and journalists represented various media was important. However, because of the lack of a unified structure responsible for coordination and the dissociation of the mass media, this strategy, based on the opinion of international experts, was not approved and implemented. UNICEF and the Global Fund provided concrete financial assistance to some mass media. However, such forms of work are not cost effective and sustainable and do not promote the development and replication of best practices, technologies and commitment fulfilment.

Implemented awareness programmes were limited by providing general information, and not forming safe behaviour. Due to the rapid development of the epidemic in the country, such programmes are not cost effective. Civil society paid a lot of attention to communication networking and partner interaction. There are several associations, NGOs, an AIDS Association website, Service NGOs, expert groups acting within the framework of the
technical sectors of the Country Multi-sectoral Coordination Committee on HIV/AIDS under
the Government of the Kyrgyz Republic.

**Health support provided to STIs patients** is extremely important in prevention of
HIV/AIDS transmitted through sexual way. Dermatovenerologic facilities continue to
provide the population with support improving service quality and increasing accessibility.
Methodological recommendations and clinical protocols on syphilis and gonorrhea cure and
syndrome approach have being developed. Network of private anonymous centers and
facilities (from 8 facilities in 1997 to 19 facilities in 2004) was established; general
practitioners started to cure STIs. Modern methods of STIs treatment are used including out-
patient treatment of syphilis which is 86.4% of cured cases. Free syphilis treatment is
provided for individuals under 18 according to the Programme of State Benefits providing
citizens of the Kyrgyz Republic with medical-sanitary aid for 2006 (Programme of State
Benefits).

Medical support is provided to representatives of vulnerable groups in special STIs
clinics and facilities in Bishkek, Osh, Jalalabad, Karakol and Tokmok at expenses of
international agencies. However, only 29.4% of interviewed representatives of high
vulnerable groups having STIs applied to health care organizations and were given relevant
services on diagnostics, treatment and follow up.

**Health and social support provided to people living with HIV/AIDS (PLWHA)** – During
implementation of the State Programme on HIV/AIDS for 2001-2005, social support was
provided to PLWHA and PSHA. Ministry of Labor and Social Protection has developed its
own programme and Guidelines on social support provision to PLWHA and PSHA.

People living with HIV/AIDS (PLWHA) receive medical aid (ARV therapy) provided by
state institutions). NGOs train consultants and trainers focusing on treatment and psychosocial
counselling. Currently, 47 patients are getting ARV therapy. The number of PLWHA who
need treatment has not been estimated. The life expectancy index is low. Patients get
treatment only in the terminal stage of HIV infection.

**Treatment of PLWHA**, including preventive treatment to prevent prenatal transmission of
HIV infection was conducted, funded by international donors mainly by GFATM. However,
there is a low commitment to treatment among PWLHA and difficulties in establishing
contacts with PLWHA/PSHA continue because of stigma and discrimination caused by HIV-
positive status.

**Issues of management and monitoring of HIV/AIDS programmes.** Since 2004, the
Country Response Information System (CRIS) proposed by UNAIDS has been introduced in
the republic. The specialists responsible for this were selected and trained at national and
regional levels and the equipment was procured and installed. However, this programme
currently covers only institutions of the health care system at national and oblast levels.

Epidemiological surveillance introduced in 2002 among the vulnerable groups of the
population (injection drug users, sex workers, MSM, STIs patients, prisoners) and pregnant
women, has enabled the prevalence of HIV infection (serological examination) to be studied
and define the behaviour contributing to the spread of HIV infection (behaviour study) in
these groups.
These interventions were supported by WHO and CDC/USAID and Global Fund. At present, the epidemiological surveillance covers only the two big cities – Bishkek and Osh. Data of the surveillance is used to prepare the Country Analytical Report of the Kyrgyz Republic on the implementation of the Declaration of Commitment to Combat HIV/AIDS submitted to UNAIDS (Geneva, Switzerland) and estimate the number of people living with HIV/AIDS in each observed group and in the country in general.

Studies conducted by various organizations (international projects, NGOs) are not systematic, poorly coordinated and patchily implemented. Scientifically sound methodologies of data collection or own experiences of their implementation are not used on a regular basis. Often it is done only for interim or final project reports in big cities and covers one vulnerable group. Reports of these studies are published in limited numbers and they are not available for the state and non-government organizations working in the field of HIV/AIDS and, finally, they are not included in the national database.
Basic principles determining actions in response to HIV/AIDS in the Kyrgyz Republic within the State Programme are:

- Ensure leadership of the Government and coordination of its measures in response to HIV/AIDS at national level.
- Guarantee human rights in accordance with the legislation of the Kyrgyz Republic and international treaties and agreements Kyrgyzstan is a part, and elimination of stigma and discrimination related to HIV/AIDS or belonging to vulnerable groups.
- Ensure gender equality in prevention programmes implementation; reduce vulnerability of women to HIV/AIDS through elimination of all forms of women discrimination.
- Establish social, legal and political environment enabling measures for responding to HIV/AIDS.
- Ensure a multi-sectoral approach to solving the HIV/AIDS problem; enhance the partnership between the state and civil sectors.
- Wide involvement of civil society (community based organizations, NGOs, religious confessions), PLWHA and the private sector in activities aimed at preventing HIV/AIDS.
- Improve preventive measures and a comprehensive approach to the epidemic considering the prognosis of its development.
- Ensure a multilateral approach to reduce risk (knowledge and behaviour) and vulnerability.
- Direct main activity towards vulnerable groups and people living with HIV/AIDS.
- Ensure reporting through an efficient system of monitoring and evaluation.
- Carry out activities suitable for the local population and acceptable to the national strategy.
- Ensure access of the population and vulnerable groups to systematic treatment and care including psychosocial support.

Commitment to these principles is an important element in achieving the main goal of the State Programme on HIV/AIDS for 2006-2010 which meets the global Millennium Development Goals and aims to prevent HIV/AIDS prevalence in the Kyrgyz Republic through development of a comprehensive prevention system at national level.

**Programme Components**

1. **Improve state policy in the field of HIV/AIDS in the Kyrgyz Republic**

Elaborate a state policy based on a multi-sectoral approach and strengthening the coordination of activities in the field of HIV/AIDS is an essential part of a comprehensive approach to the problem. Within this component, the main efforts will be aimed at:

- Coordination and management of the State Programme for 2006-2010.
- Improving the legislation with regard to HIV/AIDS and relevant problems in the Kyrgyz Republic.
- Involving the population, community and religious leaders in HIV/AIDS programmes' implementation.
- Developing HIV/AIDS prevention programmes in the law enforcement structures.
- Developing information, education and communications policies.
2. **Targeted comprehensive programmes for the most vulnerable citizens**
Interventions made during the initial or concentrated stage of the epidemic are the cornerstone of an efficient national response. Efficient implementation of planned measures allows limiting HIV/AIDS prevalence and stabilizing situation in the country. Vulnerable groups require specific targeted interventions since the prevention programmes designed for the general populations are not able to cover category of people under high risk and do not meet their needs.

The main strategies of this component are aimed at:
- Reducing the vulnerability of young people
- Reducing the vulnerability of IDUs and co-dependent people
- Reducing the vulnerability of prisoners and the staff of penal institutions to HIV infection.
- Reducing the vulnerability to HIV infection of sex workers and their clients.
- Reducing the vulnerability of MSM.
- Reducing the vulnerability of mobile groups of the population.
- Activating people living with HIV/AIDS (PLWHA) and people suffering with HIV/AIDS (PSHA).

3. **Ensuring safe and accessible services in HIV/AIDS environments**
Because of the HIV/AIDS prevalence in the Kyrgyz Republic, demand is increasing for the provision of accessible and safe services for the citizens of the country, and representatives of the vulnerable groups and PLWHA/PSHA.

This component will be designed to improve outreach to the vulnerable groups and living standards of PLWHA/PSHA through the provision of the following services:
- Improving the diagnosis, treatment and care related to HIV/AIDS
  - Ensuring safe medical procedures
  - Improving psycho-sociological counselling and testing for HIV infection
  - HIV infection prevention in newborn children.
  - Provision of health care to persons living with HIV/AIDS.
  - Ensuring health care for STIs.
- Social support of PLWHA/PSHA.
- Legal support of PLWHA and representatives of vulnerable groups of citizens.
Component 1. Improving state policy in the field of HIV/AIDS in the Kyrgyz Republic

Strategy 1.1. Coordination and Management of the State Programme for 2006-2010

Problem description. The State HIV/AIDS Programme for 2006-2010 is managed by the Government of the Kyrgyz Republic through the Republican Multi-sectoral Coordination Committee on AIDS Prevention (RMCC), oblast multi-sectoral committees and also intersectoral committees (councils) on AIDS prevention. The State system for coordinating activities in the field of HIV/AIDS is put in accordance with three key UN principles: unified agreed policy; unified national coordination unit and unified monitoring and evaluation system.

About 88 percent of planned activities was fulfilled due to available human capacity, approved political decisions, technical support and received financial resources. Such priority activities as education of young people and testing donor blood for HIV/AIDS have not been properly addressed in the State Programme on HIV/AIDS for 2001-2005. The multi-sectoral committee and its technical sectors have been involved in decision-making and implementing activities mainly in Bishkek. The funding for HIV/AIDS programmes from the state budget has not increased and funds allocated by international donors have not always been spent efficiently and have not been coordinated. Prevention programmes are still being implemented in pilot areas, mainly in Osh and Bishkek and to a lesser degree in Chui and Jalalabad oblasts.

Existing monitoring and evaluation system of prevention interventions shall be transformed into unified comprehensive system taking into account modern methods of survey and monitoring, clearly defining role of the Government of the Kyrgyz Republic in assessment of carried out measures. It is necessary to envisage system of independent expertise considering efficient use of funds.

Required condition to increase efficiency of the State Programme on HIV/AIDS is to improve management methods based of effective multisectoral approaches, develop implementation mechanisms, coordinate and monitor measures and events, and train professional staff.

Goal: Improve the national response to HIV/AIDS by establishing a comprehensive system of state programme management.

Objectives
1. Improving the state system for managing HIV/AIDS activities.
2. Developing a comprehensive HIV/AIDS monitoring and evaluation system in the Kyrgyz Republic.

Activities
1. Improve the state system for managing HIV/AIDS activities
   1. Establish permanent structures (positions) functioning as the Secretariat for the Country multi-sectoral coordination committee and its technical sub-committees at state, local and agency levels.
   2. Improve the working procedures of the Presidium and technical sub-committees of the CMCC, ensuring transparency of their work and decision-making process.
   3. Ensure implementation of the State programme for 2006-2010 at the level of ministries, agencies and also oblast and rayon state administrations and local self-governance bodies.
4. Undertake measures to inform partners on the work of the CMCC and implementation of the State Programme.
5. Ensure the interaction of government agencies with civil sector organizations, representatives of vulnerable groups and people living with HIV/AIDS.
6. Take measures to include HIV/AIDS issues in the prioritised state and national programmes of the Kyrgyz Republic.
7. Establish interaction with the civil sector on HIV/AIDS programme implementation issues.
8. Develop management programmes for decision makers including experience exchange at regional and international level.
9. Ensure conditions for implementing and appropriate control over implementation of the State Programme 2006-2010 at the Government level.
10. Develop draft regulatory and legal acts on state order for state agencies and institutions of the civil society in implementation of priority objectives of the State programme on HIV/AIDS for 2006-2010.

2. Develop a comprehensive HIV/AIDS monitoring and evaluation system in the Kyrgyz Republic
1. Develop an M&E system and action plan to monitor HIV/AIDS programmes and define the state entities and persons responsible for its implementation at the national and local level.
2. Ensure participation of the civil sector in implementing monitoring at the level of planning, implementing and interpreting outcomes.
3. Train experts involved in the collection, analysis, storage and dissemination of HIV/AIDS information from state agencies and NGOs.
4. Carry out a sentinel epidemiological surveillance of HIV/ADS in all regions of the Republic and implement it at the recommended frequency.
5. Develop a unified system of HIV/AIDS research planning and a mechanism to coordinate it in order to avoid duplication and ensure continuity of research.
6. Create a database of all HIV/AIDS studies in the Kyrgyz Republic and ensure it is accessible to all partners.
Strategy 1.2. Improving the legislation of the Kyrgyz Republic in the area of HIV/AIDS and related problems

Problem description. Development and protection of human rights are the important components of preventing HIV transmission and reducing the consequences of the HIV/AIDS epidemic. The legislation should not only eliminate the obstacles, but also create conditions for developing HIV/AIDS programmes, ensuring equal access to treatment of STIs and drug addiction for those who cannot pay.

The efficiency of HIV/AIDS programmes should be ensured by the participation of NGOs based on communities of vulnerable groups; improvements in the way law enforcement bodies operate, excluding suppression and also by providing legal support.

The legislation of the Kyrgyz Republic is continuously being improved and generally corresponds to international law. The implemented reform of the legislation is based on the principles of democratisation, humanization, openness and expediency.

The prison population is increasing and amounts to 247 per 100,000 populations (41st place in the world). This results in high costs from the state budget to run prisons and is accompanied by the real prospect of deterioration in the moral state of society and doesn’t contribute to correction and the prevention of crime.

Drug users being de jure sick people, are recognized to be criminals. Forced to hide the fact of drug use, they avoid seeking health care, harm reduction, drug use treatment and rehabilitation programmes. Being underground they don’t receive the necessary information, have no access to safe injection equipment, which contributes to the quicker spread of HIV and other infections among drug users and creates significant obstacles to developing HIV/AIDS prevention programmes.

Appropriate measures shall be developed and aimed at precluding unlawful acts by officials against people living with HIV/AIDS and persons affected by the epidemics. The possibilities of directly using the standards of international legal documents ratified in the Republic are not used.

Goal: Improving the legislation and law enforcement practices related to HIV/AIDS issues and related problems in accordance with international legal standards for establishing the conditions for focusing on HIV infection in the Kyrgyz Republic.

Objectives:
1. Bringing the regulatory framework of the Kyrgyz Republic and law enforcement practices into compliance with the standards of international law.
2. Establishing a system for monitoring and evaluating the legislation, agency regulations and law enforcement practices in the field of HIV/AIDS.

Measures
1. Bring the regulatory framework of the Kyrgyz Republic and law enforcement practices into compliance with international law standards
   1. Bring the national legislation into compliance with the Law On HIV/AIDS in the Kyrgyz Republic.
   2. Take legislative, information and educational measures to further develop the humanization of criminal punishment related to HIV/AIDS and drug use.
3. Develop and introduce mechanisms for applying alternative punishments for drug related crimes not involving dealing and for possession of small doses of drugs for private use.

4. Ensure the openness of the process of developing and adopting legislation on HIV/AIDS issues, drug addiction and monitoring its implementation and also the participation in this process of civil sector representatives, communities of people affected by the epidemics, persons living with HIV/AIDS and international organizations.

5. Develop mechanisms for the direct use of international law in the law enforcement practices of court state and law enforcement agencies in HIV/AIDS related issues.

6. Strengthen the role of the system of state registration of agency regulations in the justice bodies with the aim of ensuring compliance of these regulations of the Kyrgyz Republic with international legal standards in the field of HIV/AIDS.

7. Introduce special training courses and post-graduate training in legal faculties of Universities on social and legal aspects of vulnerability to HIV/AIDS.

2. Evaluation and monitoring of the legislation of the Kyrgyz Republic and law enforcement practices in the field of HIV/AIDS.

1. Carry out a comprehensive analysis of the legislation of the Kyrgyz Republic and law enforcement practices with the aim of bringing them into compliance with international law standards.

2. Develop a system for monitoring the legislation, the legal situation and law enforcement in the area of HIV/AIDS regarding the observance of human rights.

3. Carry out an analysis of the corpus delecti and accused persons in accordance with the relevant articles of the Penal Code, potentially related to the HIV/AIDS problem.

4. Prepare an economic study of the effectiveness of AIDS programmes compared to the programmes of suppression and/or confinement of representatives of vulnerable groups of citizens.
Strategy 1.3. Involving citizens, communities and religious leaders in implementing HIV/AIDS programmes

Problem description. The adult population is 46% of the total and on 2.35 million people. These are men and women who are not included in conditionally identified vulnerable groups. This is a heterogeneous group that includes people differentiated by sex, age, education level, nationality, economic status, belief, social status, residence, specifics of behaviour and other characteristics. The adult population has a significant impact on the spread of HIV/AIDS.

Thus, according to the data of the National Statistics Committee (NSC) the prevalence of just officially registered STIs is 402.2 per 100,000 of the population (20,674 people). Based on the sentinel surveillance data, syphilis prevalence among pregnant women was 2.8% the same as for hepatitis C. More than a quarter of examined pregnant women have had at least one STI showing in the six months prior to the examination and only half of them knew on the ways of HIV transmission and prevention measures. All this testifies to a real threat of HIV infection for the population in general.

The majority of the population in general supports the development of prevention programmes for young people however, the lower the level of knowledge on HIV/AIDS, the higher the reaction against those programmes and the stronger the discrimination against people living with HIV/AIDS.

As for the programmes for adults, interventions among the general population should be targeted and should be based on the demands of different groups. Due to the multiplicity of the groups and difficulties related to their coverage, the programmes for the general population will be oriented towards on the job training, providing information via the mass media, improving the role of public organizations and local communities and also using religious leaders.

Goal: Improving the awareness of citizens in understanding the problem, developing a responsible attitude to their own health and also creating a favourable environment for implementing HIV/AIDS programmes.

Objectives
2. Developing a strategy for working with citizens in the HIV/AIDS field.
3. Getting religious leaders involved in HIV/AIDS programmes

Measures
1. Create on the job training programmes on HIV/AIDS
   1. Develop and introduce on the job HIV/AIDS training programmes regardless of the types of ownership with the support of the International Labour Organization in agreement with the Federation of Trade Unions of the Kyrgyz Republic.
   2.Train trainers on the issues of the on the job trainers.
   3. Include the issues of HIV/AIDS training as a labour agreement between the employer and employees including legal aspects of HIV infection.
   4. Develop a strategy for working with people in the field of HIV/AIDS.
      5. Establish public councils under ayyl okmotus, village and settlement keneshes to develop HIV/AIDS programmes for rural people
   6. Implement training programmes using trained specialists from government, non-government and community organizations.
7. Interact with and use the existing resource capacity of specialists and volunteers working on other programmes (local self-governance development, poverty alleviation) to promote AIDS related programmes.

8. Develop and disseminate targeted information to various groups of citizens.

9. Expand programmes featuring public leaders and entertainment stars.

3. Invite religious leaders to support HIV/AIDS programmes
   1. Train religious leaders and spiritual youth activists in different aspects of HIV/AIDS including the issues of psychological support of people affected by the epidemics.
   2. Develop systems for disseminating information to religious leaders and students of theological educational institutions regarding the trends for changing the epidemiological situation in the world and in the country and also on social and economic issues of vulnerability to HIV/AIDS.
   3. Strengthen the role of the clergy in forming a positive attitude in believers towards HIV/AIDS prevention and forming a tolerant attitude towards people affected by the epidemics.
   4. Undertake measures related to further supporting the AIDS prevention programme implemented by the Religious Department of Muslims of Kyrgyzstan.
   5. Create conditions for other religious confessions to develop HIV/AIDS programmes
   6. Hold annual inter-confessional conferences on aspects of HIV/AIDS involving all stakeholders, civil society organizations and community representatives.
STRATEGY 1.4. Developing HIV/AIDS prevention programmes in force structures

*Problem description.* Force structures cover military servicemen – citizens of the Kyrgyz Republic on military service in the Ministry of Defence, the National Security Service, the National Guard, Ministry of Emergency Situations, Internal Affairs, The Main Department for the Execution of Punishments and the Department for Protecting and Convoying accused persons of the Ministry of Justice and also the staff of law enforcement agencies - the Ministry of Internal Affairs, the Drug Control Agency of the Kyrgyz Republic, Customs agencies and the financial police.

The probability of HIV infection spreading among military servicemen and law enforcement agencies staff is high. This is conditioned by the significant number of young people, who account for not less than 2/3 of the personnel. There’s a definite risk of being HIV infected during the execution of official duties, during the arrest and searching of offenders, or while in combat. As to the data of the social survey, the majority of military servicemen are sexually active. 65 percent of them have been sexually active before enlisting and another 10 percent become so during the first year of service. However the level of awareness of regular military servicemen of HIV/AIDS prevention remains low among 65 percent of respondents. Only 4 percent of military servicemen who participated in the survey use a condom regularly; 42.5 percent of those questioned do not use a condom with a commercial sex worker and 39 percent irregularly use it with an opportunistic sexual partner.

Law enforcement staff due to their professional duties has more often contacts with representatives of vulnerable groups. Traditional methods of work and cases of discrimination of vulnerable group representatives do not contribute to development of HIV/AIDS preventive programmes. Some contradictions have been observed in strategy implementation by the Ministry of Interior in particular, limited human resources, capacity of trained specialists of the Ministry of Interior is not used in development of training programs.

There is a certain risk of HIV/AIDS transmission to the personnel of the law enforcement bodies during their service, arrest, detention and search of criminals, and combat actions. Confidentiality of diagnosis and opportunity to continue job in case of HIV infection are not solved yet.

Considering above mentioned reasons it is necessary to address measures in order to develop special knowledge and skills on HIV/AIDS prevention on job, and introduction of specific programmes focusing on vulnerable groups and provision of social and legal support in case of HIV infection. At the same time the conditions for carrying out military duties (discipline and good organization) allow preventive measures to be efficiently implemented.

All force ministries and agencies have their own military and medical units with a network of military health facilities outside the civilian health care system, which requires the establishment of relevant conditions to ensure the safety of delivered health care.

**Goal:** Establish a sustainable system to prevent the spread of HIV infection among personnel of force structures.

**Objectives:**
1. Establish a comprehensive system of actions to implement an HIV/AIDS programme in force structures.
2. Develop information and education programmes aimed at establishing safer behaviour among military servicemen.
3. Improve the medical services of force structures and expand the quality and coverage of their health care.

Measures
1. Create a comprehensive set of actions related to implementing the HIV/AIDS programme in force structures

   1. Carry out surveys into the risky behaviour of military servicemen and the situation and vulnerability factors in order to make recommendations related to developing HIV/AIDS programmes in the force structures.
   2. Bring the regulatory framework of force structures and the existing law enforcement practices into compliance with the Law on HIV/AIDS in the Kyrgyz Republic and the international guiding principles. Ensure guarantees of avoiding being tested for HIV as a condition for being enlisted.
   3. Develop regulations pertaining to addressing legal, medical and social issues in relation to the personnel of force structures if they become infected with HIV.
   4. Strengthen the operation of existing coordination committees (councils) of force ministries and agencies in the area of HIV/AIDS prevention by improving the capacity of their members on issues of management, leadership, international coordination and partnership and resource mobilization.
   5. Develop a set of activities related to implementation of the State HIV/AIDS programme 2006-2010.
   6. Establish relations with international military projects and also partner relationships with governmental and non-governmental organizations.
   7. Include the issues of HIV/AIDS in training and post-graduate studies of the personnel of force structures, including social and legal issues of HIV/AIDS and interaction with vulnerable groups in executing official duties for law enforcement agencies.
   8. Ensure a set of measures related to protecting personnel and servicemen from being HIV infected in the execution of their duties and everyday life.
   9. Develop a package of instructions and methodological materials for the personnel of force structures on issues of HIV/AIDS prevention, STIs and drug use and working with vulnerable groups of citizens.
  10. Develop and introduce a system of monitoring and evaluating the implementation of measures on HIV/AIDS for force structures.
  11. Create inter-agency educational and methodological centres to develop work methodologies and training of military servicemen and personnel of law enforcement bodies.

2. Develop information and education programmes aimed at establishing safer behaviour among military servicemen.

   1. Introduce mandatory training on issues of HIV/AIDS into military training in force structures.
   2. Develop peer-training programmes among soldiers and young officers of force structures.
   3. Continue to develop and disseminate targeted information and training materials for different groups of personnel of force structures.
   4. Ensure the participation of agency-based mass media in disseminating information on HIV/AIDS and their prevention in force structures.
   5. Improve and expand the use of methods of interactive training to improve the knowledge and create awareness of military servicemen on HIV/AIDS.
   6. Implement work on creating safe sexual behaviour and provision with condoms.
3. Improve the medical services of force structures and expand the quality and coverage of their health care
   1. Ensure the accessibility and confidentiality of voluntary counselling and testing for HIV for the personnel of force structures.
   2. Establish training courses and post-graduate training of medical workers of force structures on issues of STI treatment, voluntary counselling and testing and diagnosis and clinics for HIV infection.
   3. Equip health facilities of force structures with disposable medical instruments, sterilization equipment, medications and disinfectants and means for protecting health workers in accordance with standards approved for civilians related to the safety of medical procedures.
   4. Develop instructions for protecting personnel of force structures from on the job HIV infection.
Strategy 1.5. Developing an information, education and communications policy

Problem description. Informing and educating people can significantly reduce vulnerability to HIV/AIDS. People who are aware are more amenable to safe models of behaviour and are more tolerant, which to a major extent determines the success of prevention. Knowledge on HIV infection changes attitudes to people living with HIV/AIDS, which mitigates the social consequences of the epidemics.

Information, education and communications (IEC) are integrated into the information and education blocks of all strategies of the State Programmes on HIV/AIDS 2006-2010 and require a common approach, methodology and coordination. Over 50 organizations in Kyrgyzstan are working on HIV/AIDS prevention. According to the information of the Ministry of Education, Science and Youth Policy, prevention programmes cover 30 percent of schools and special health promotion classes are given in the vocational education system.

All health facilities and the mass media are involved in HIV/AIDS information and education programmes. This work has been going on in the country since 1987; hundreds of thousands of copies of information material have been issued and huge sums of money have been spent.

Thus, 9.6 million USD were spent on implementing the State HIV/AIDS Programme in Kyrgyzstan from 2002-2005, of which not less than 30% was spent on information and education programmes. However the print media only fully inform 40% of those questioned and 7% know nothing on HIV/AIDS and a significant number of people have a distorted understanding of the ways HIV is transmitted.

The results of social surveys showed that TV remains the main source of information on AIDS prevention at up to 80% according to various surveys up to 54.9% for young people. Mass media coverage is non-systemic and is limited to individual campaigns dedicated to certain events is not consistent and is not providing in depth information and this results in superficial knowledge, which don’t significantly influence changes in behaviour. Quite a high percentage (84.9%) of people knew on HIV being sexually transmitted but only 18.6% knew that HIV could be spread through using IV drugs.

No comprehensive knowledge assessment has been made in the country, however separate studies have shown that none of the surveyed accused and drug users were able to correctly identify HIV prevention measures and at the same time correctly named the wrong understandings of ways of transmitting the infection, among sex workers this indicator was 1.1% and among MLM – 6.9%. In the meantime dangerous forms of sexual and injection behaviour exists even among people living with HIV/AIDS and about 4% of pregnant women.

Therefore conditions for spreading HIV/AIDS remain, which is confirmed by the high level of viral hepatitis C and syphilis, both among ordinary citizens and vulnerable groups. 2.8% of pregnant women and 27.2% of sex workers had anti-bodies to the syphilis agent; 1.6% of pregnant women and 50.6% of drug users were infected with viral hepatitis C.

Low accessibility and quality of information programs do not influence properly on safety behaviors forming and reducing stigma and discrimination in relation to PLWHA/PSHA.
Goal: Improve the efficiency of HIV/AIDS programmes by creating a common system for informing people based on the needs of target groups and creating sustainable communication links between partners

Objectives:
1. Form an information policy for developing HIV/AIDS programmes.
2. Create sustainable mechanisms for providing information through the mass media.
3. Develop and introduce common methodological approaches in the area of information and educational programmes on HIV/AIDS.

Measures
1. Create information policy on developing HIV/AIDS programmes
   1. Develop a strategy to coordinate and integrate partner activities to improve the efficiency of information and educational programmes.
   2. Create conditions for interaction between partners and experience and information exchange in the field of planning and implementing information and education programmes on HIV/AIDS.
   3. Open an information and methodological resource centre to offer advice on planning, developing and disseminating information.
   4. Carry out training and improve the capacity of government and non-government organization staff on how to develop information programmes on HIV/AIDS at national and regional levels.
   5. Develop approaches and monitor and evaluate implemented information, education and communication measures.

2. Create sustainable mechanisms to provide information through mass media channels
   1. Take measures to achieve consensus with managers of key mass media regarding adopting a common mass media strategy on HIV/AIDS prevention.
   2. Organize work with the mass media on HIV/AIDS prevention at national and regional levels by creating sustainable partnerships, training journalists, introducing modern methods and approaches of working with the mass media, methodological support and a system of incentives.
   3. Include the issues of HIV/AIDS in training and post-graduate training of journalists.
   4. Carry out an annual content analysis of the press at national, oblast and rayon levels.

3. Develop and implement common methodological approaches in the field of educational programmes on HIV/AIDS.
   1. Under the Country Multi-sectoral Coordination Committee (CMCC) establish an Expert Editorial Board (EEB) involving experts from governmental, non-governmental and international organizations with the aim of coordinating the policy for planning, developing and distributing information and educational materials.
   2. Develop methodological approaches on planning, development and testing in target groups and disseminating information and educational materials.
   3. Create a database and revise information and educational materials on sexual and reproductive health and HIV/AIDS for their further promotion.
5. Train HIV/AIDS specialists from governmental and non-governmental organizations on how to prepare information materials.
6. Organize needs assessments of target groups for material, provision with material, quality assessment of published material and its dissemination and also its influence on the level of awareness and decision-making in changing behaviour and attitude to PLWHA and vulnerable groups of citizens.
Component 2. Comprehensive targeted programmes for the most vulnerable citizens

Strategy 2.1. Reducing the vulnerability of young people

Problem description. 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. Over 1.4 million children, teenagers and young people go to primary, secondary and vocational schools. As of 1 January 2005 there were 2,115 general education schools, 112 vocational schools, 75 secondary schools and 49 higher educational establishments in the Kyrgyz Republic.

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.

“Youth” is heterogeneous and includes multiple subgroups differentiated by sex, age, national, religious, regional and other characteristics. The vulnerability reduction strategy was one of the three priorities of the state programme of 2001-2005, which was not fully implemented.

Obligations of the Kyrgyz Republic related to implementing the Declaration on the commitment to combat HIV/AIDS adopted at a special session of the UN General Assembly on AIDS include making information, education and services to reduce their vulnerability to HIV infection available to 90 percent coverage of young men and women aged 15 to 24.

Goal: Restricting the spread of HIV infection, STIs and drug addiction among young people.

Objectives:
1. To provide a comprehensive support to programmes to prevent HIV/AIDS, STIs and drug use among young people.
3. Create safe behaviour skills through raising the awareness of young people on HIV/AIDS/STIs and drug addiction through the state education system.
4. Develop and disseminate informational and educational programmes related to creating safe behaviour skills through raising the awareness of young people on HIV/AIDS/STIs and drug addiction for children and young people with special needs (street children, unorganised youth).

Measures
1. Ensure comprehensive support to prevention programmes on HIV/AIDS, STIs and drug addiction among young people
2. Develop agency regulations defining the procedure and mechanism for putting mandatory training programmes on HIV/AIDS, STIs and drug addiction prevention into the curricula of all educational institutions.
2. Include financing for state guaranteed themed lectures on HIV/AIDS prevention among young students in the Republican, oblast and local budgets.
3. Create support for and understanding of HIV/AIDS training programmes among state, public and religious leaders to create a favourable environment for their development at all levels.
4. Develop and implement training programmes and involve parents in implementing HIV/AIDS prevention measures in educational institutions.
5. Strengthen the capacity of public and community organizations to support educational programmes on HIV/AIDS among young people at local level.

2. Develop the regulatory framework and build the capacity of the Ministry of Education, Science and Youth Policy and the Ministry of Labour and Social Protection
   1. Create an interagency expert council to approve methodological and training manuals on the prevention of HIV/AIDS, STIs and drug addiction.
   2. Develop and implement programmes, state standards and methodological and training manuals on HIV/AIDS prevention and health promotion for students of schools, lyceums, vocational schools and higher educational institutions.
   3. Develop, publish and disseminate targeted information for different groups of young people and their parents on the sexual and reproductive health of teenagers and HIV/AIDS and drug addiction prevention.
   4. Stock libraries of educational institutions with informational educational materials on HIV/AIDS, STIs and drug addiction prevention.
   5. Create a system of training and post-graduate training for teachers and doctors and social workers on issues of HIV/AIDS, STIs and drug addiction prevention.
   6. Based on the Kyrgyz Academy of Education and Kyrgyz Pedagogical University set up resource centres for retraining and qualifications improvement of teachers on issues of reproductive health, HIV/AIDS, STIs and drug addiction prevention.

3. Create safe behaviour skills through improving the awareness of young people on issues related to HIV/AIDS and drug addiction
   1. Include themed lectures on HIV/AIDS prevention in training courses of secondary general, vocational and higher educational institutions considering the needs of young people and national cultural traditions.
   2. Develop and introduce the ABC strategy (consecutive steps of protection: Abstention, Faithfulness to one sexual partner, Condom use) for young people.
   3. Carry out regular monitoring of the level of knowledge, attitudes and practices regarding reproductive, sexual health, HIV/AIDS, STIs and drug addiction prevention issues among young people.
   4. Train volunteer youth leaders and organize information sessions on HIV/IDS/STIs and drug addiction prevention using the “peer to peer” approach.
   5. Ensure the availability of condoms for sexually active young people and develop social marketing programmes.
   6. Develop extra-curricular, extra class activities on HIV/AIDS/STIs prevention for different groups of young people.

4. Develop informational and educational programmes related to forming skills of safe behaviour and HIV/AIDS/STIs and drug addiction prevention for children and young people with special needs.
1. Carry out a study of the level of knowledge, sexual behaviour, consumption of drugs and psychoactive substances among street children, unorganised young people and also need assessments of these groups.

2. Develop a mechanism for developing a sustainable system of awareness and interaction with these groups on HIV/AIDS, STIs and drug addiction prevention.

3. Prepare, publish and disseminate targeted informational materials on HIV/AIDS, STIs and drug addiction prevention, including special material for those who cannot read.

4. Set up centres for street children and unorganised young people, such as shelters and ensure psychosocial counselling and friendly health care and also the possibility of learning to read and write.

5. Ensure training for outreach workers who will do the preventive work with street children and unorganised youth.

6. Establish partnerships with governmental, non-governmental and international agencies working with street children.
Strategy 2.2 Reducing the vulnerability of IDUs and co-addicted persons

Problem description. The main target group is injection drug users (IDUs) – these are men and women using drugs intravenously regardless of the established diagnosis and the stage of drug addiction, duration and frequency of using drugs, their types and doses.

Prioritising IDUs is defined by the size of the group, which is at least 54,000 strong (78.6% of HIV positive cases in the country) and significantly influences the development of the HIV epidemic in the Kyrgyz Republic. There is a high possibility of HIV transmission to the general population and birth of HIV positive children from others living with HIV/AIDS. Thus 65.97% of the total number of registered women living with HIV/AIDS was infected through sexual transmission from their husbands who are drug users.

The vulnerability of IDUs is conditioned by the high level of risky injections and sexual behaviour, the specifics of drug use as an incurable disease, closed access to the group, the high level of stigmatisation and discrimination against drug users existing in society and among officials, strict legislation and legal practices.

The results of studies among IDUs show that only 16.1% of those questioned practice behaviour reducing the risk of HIV transmission, 42.3% of IDUs prepare drugs in ordinary dishes, 18.8% re-use syringes, 45.5% share needles and only 53.6% of those questioned used condoms with permanent partners what is 8% of PLWHA (13.6% in Osh and 2.4% in Bishkek). About half of those questioned knew how HIV is transmitted however nobody could correctly differentiate between real and false ways of transmission.

Changing behaviour patterns requires long-term comprehensive influence, which should include the provision of information, clean needles, and access to anti-dependence treatment and also the development of rehabilitation programmes.

The state programme aims for 60 percent coverage of vulnerable groups with a comprehensive package of effective preventive services in all regions of the country as its priority, which will help prevent the spread of HIV in the Kyrgyz Republic.

Goal: Restrict the spread of HIV among IDUs and co-addicted persons

Objectives:
1. Improve the coverage of IDUs with harm reduction programmes.
2. Improve the role of the community and the co-addicted in the development of HIV/AIDS prevention programmes among IDUs.
3. Expand the range of and ensuring accessibility to medical and psychological, social services and legal support for IDUs.
4. Develop information and education programmes aimed at forming safe behaviour of IDUs.
5. Support and develop treatment and rehabilitation programmes for IDUs.

Measures

1. Improve IDU coverage with harm reduction programmes
   1. Analyse the situation and make a needs assessment of drug users and co-addicted persons in the area of HIV/AIDS.
2. Create new and expand the existing programmes of needle exchange in all oblasts of the country based on governmental and non-governmental organizations; strengthen the capacities of the existing programmes.
3. Motivate civil society, community based organizations, initiative groups of IDUs and co-dependent persons to arrange work following the umbrella model of partnership with the aim of improving coverage to 60% or more of IDUs.
4. Maintain existing replacement therapy programmes and set up new programmes in other regions of the country.
5. Promote the development and expansion of the network of harm reduction programmes by including non-governmental, governmental and international organizations in it.

2. Improve the role of community and co-addicted persons in developing AIDS prevention programmes among IDUs.
   1. Promote the creation of self-help groups, NGOs based on IDU communities and getting them to implement preventive programmes and monitor the implemented interventions.
   2. Develop and implement training programmes for the communities' representatives on training of trainers, improve the theoretical capacity, practical skills and motivation of volunteers on the harm reduction programmes to participate health and rehabilitation activities.
   3. Arrange permanent psychotherapeutic and training sessions for participants of prevention programmes and outreach workers from members of the community and co-addicted persons.

3. Expand the range of and ensuring accessibility to medical and psychological and social services for IDUs
   1. Ensure IDUs have access to diagnoses and treatment (development of friendly services) in specialized and primary healthcare facilities.
   2. Maintain the existing hotlines for drug dependents and set up new hotlines in other villages.
   3. Open temporary shelters for IDUs.
   4. Take measures to develop social maintenance to ensure the success of the work of governmental and non-governmental organizations giving assistance to IDUs.
   5. Create conditions to carry out psychological and social counselling, testing and assistance provision to IDUs in organizations regardless forms of property.
   6. Ensure access of IDUs to legal support.

4. Develop information and education programmes aimed at creating safe behaviour among IDUs
   1. Strengthen the capacities of available resource centres to train staff in harm reduction programmes.
   2. Hold workshops, motivation training and education courses for IDUs, including peer to peer training aimed at forming safe behaviour patterns.
   3. Develop, publish and disseminate targeted informational and educational materials for IDUs.

5. Support and develop health and rehabilitation programmes for IDUs
   1. Develop, approve and implement standards for narcotics-related services at primary, secondary and tertiary level including rehabilitation and harm reduction programmes of for governmental and non-governmental organizations.
   2. Develop existing inpatient and outpatient detoxification and rehabilitation programmes; adopt measures to set up new programmes for IDUs.
   3. Take measures to improve the financing and equipping of drugs treatment institutions.
4. Consider the possibility of expanding services to drug addicts at the expense of the state benefit programme.
5. Ensure conditions to improve the qualifications of doctors treating drug addicts and nursing staff.
6. Ensure the interaction of drug treatment facilities with non-governmental institutions and target communities to develop health and rehabilitation programmes.
Strategy 2.3. Reduce the vulnerability of prisoners and the staff of penal institutions HIV infection

**Problem description.** The penal system of the Kyrgyz Republic comprises 36 institutions, including 6 remand centres, 19 open prisons and 11 corrective prisons, one of which is a women’s and another a training colony for minors.

As of 1st January 2006 there were 15,758 prisoners. The state, by isolating a person from society, undertakes the responsibility of ensuring the appropriate conditions for keeping prisoners and preserving the health of prisoners and prison staff. However prison overcrowding, congestion and poor living conditions for inmates help the spread of infectious diseases.

So, 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.

Sentinel surveillance conducted in 2005 revealed that HIV prevalence among inmates was 0.4% of those inspected. At the same time the number of positive results of viral hepatitis C reached 40.5% and 21.2% had anti-bodies to the syphilis agent.

These data confirm a high level of a risky behaviour and testify to the threat of the spread of HIV-infection both sexually and via injections. Despite the implemented prevention programmes among inmates, there are quite obvious tendencies of increases in infections compared to 2004, which amounted to almost 20% for hepatitis C alone.

Lack of qualified staff in correctional institutions due to low salaries, difficulties of working with prisoners and social problems remain problematic. Risks to medical workers and prison staff on the job remain high.

The priority of this strategy is defined by the possibility of the rapid spread of HIV in prisons, its rapid action and high mortality rates, development of drug-resistant forms (AIDS, TB) and also the spread of the infection to the general population.

Vulnerability arises from unsafe behavioural practices related to drug use and dangerous sexual behaviour. Violence including rape and the dependent position of inmates deprives them of the possibility to choose the way they behave or the use of protective means. Inadequate financing of prisons and their healthcare systems, inadequate supplies of medical equipment and protective means create the threat of HIV-infection spreading in hospitals.

**Goal:** Reduce the spread of HIV/AIDS among inmates and prison staff.
Objectives:
1. Improve the regulatory framework of the Ministry of Justice on problems of HIV/AIDS, STIs and drug addiction.
2. Implement information and educational programmes for inmates and correctional institutions staff.
3. Expand harm reduction programmes in institutions of the Main Department for Executing Punishments of the Ministry of Justice.
4. Improve quality of healthcare and the equipment of the medical unit of the Main Department for Executing Punishments of the Ministry of Justice
5. Ensure social support to people living with HIV/AIDS infected by inmates.

Measures:
1. Improve the regulatory framework of the Ministry of Justice on problems of HIV/AIDS, STIs and drug addiction
   1. Develop and adopt regulations of the Ministry of Justice for the implementation of the State Programme on AIDS for 2006-2010.
   2. Establish an agency council on the implementation of the Programme of the Ministry of Justice on HIV/AIDS.
   3. Train the staff of the Main Department for Executing Punishments of the MoJ and representatives of cooperating NGOs to arrange work with inmates in the area of HIV/AIDS.
   4. Develop leadership, management and partnership programmes for decision makers in the Ministry of Justice system.
   5. Develop and implement monitoring and reporting systems within the framework of the programme of the Ministry of Justice on HIV/AIDS.
   6. Include HIV/AIDS issues in training and retraining programmes for the staff of the Main Department for Executing Punishments and medical workers of penal institutions.
2. Implement information and education programmes for inmates and staff of correctional institutions
   1. Establish an HIV-infection information centre based in the Main Department for Executing Punishments of the Ministry of Justice.
   2. Conduct training of trainers' sessions involving staff and inmates related to establishing the skills and motivation for safer behaviour.
   3. Develop and adapt methodologies for implementing motivation training for inmates related to behaviour change.
   4. Develop, publish and disseminate information and education materials.
   5. Establish conditions for carrying out peer-to-peer training in prisons.
3. Expand harm reduction programmes in institutions of the Main Department for Executing Punishments of the Ministry of Justice
   1. Improve the infrastructure and activity of the needle exchange points.
   2. Introduce replacement therapy programmes for drug users.
   3. Conduct training sessions on harm reduction issues for the staff.
   4. Organize motivation training for inmates on issues of creating safer behaviour and giving up drug use and carry them out systematically in all colonies.
   5. Expand the existing and introduce new effective rehabilitation programmes for IDUs.
   6. Take measures to establish safer behaviour and ensure access to condoms.
4. Improve the quality of healthcare and the equipment of the medical unit of the Main Department for Executing Punishments of the Ministry of Justice
1. Ensure the necessary equipping of health facilities and units of the prison system in accordance with the standards approved for the civilians ensuring the safety of the medical procedures.
2. Develop the instructions on protection from HIV-infection in the workplace of the Main Department for Executing Punishments of the Ministry of Justice and the Department for Protecting and convoying of inmates.
3. Ensure access to STIs treatment for inmates and the staff.
4. Create conditions for conducting voluntary testing and psychosocial counselling for inmates and staff of the Main Department for Executing Punishments of the Ministry of Justice.
5. Ensure the implementation of antiretroviral therapy and treatment of opportunistic infections for the needy PLWHA. Ensure the continuity of treatment on being admitted to institutions of the Main Department for Executing Punishments, on being sent to prison and upon release.
6. Develop comprehensive programmes on HIV/AIDS and TB in the prison system.

5. Ensure social support of inmates living with HIV/AIDS
1. Ensure interaction with social support programmes to include PLWHA and participants of prevention programmes in them.
2. Create self-help groups for PLWHA, ensure their interaction with NGOs and religious organizations providing such services in civil society and disseminate information on their activities among inmates and prison staff.
3. Continue the development of programmes of commitment to antiretroviral therapy for needy persons.
4. Organize motivation training to establish safer behaviour for PLWHA.
Strategy 2.4. Reducing vulnerability to HIV-infection of commercial sex workers and their clients

Problem description. 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 and the prevalence of HIV/AIDS varies from 0 to 2%.

The system of monitoring groups and intervention efficiency are poorly developed and the limited coverage of this group (not more than 50% of commercial sex workers are reached by interventions); the almost total lack of awareness of sex workers about HIV/AIDS and the inadequate level of condoms use are the result. STI treatment, social and legal services and also qualitative HIV counselling remain practically inaccessible.

Effective interaction strategies with law enforcement agencies on behalf of HIV/AIDS prevention programmes, state medical institutions, human rights organizations, civil sector organizations and the commercial sex workers group are missing.

The priority of the strategy is mostly conditioned by the fact that the first cases of HIV-infection among sex workers were registered in 2004-2005, the possibility of HIV-infection spreading to the general population via unprotected sexual contacts through multiple clients and the high probability of giving birth to HIV-infected children.

Factors affecting the vulnerability of commercial sex workers are legal, gender and social exposure, young age, low level of education, lack of communication skills, poor attitude to self-protection, high level of violence and limited possibilities to influence the sexual behaviour of a partner.

Goal: Reduce the spread of HIV-infection among sex workers and their clients

Objectives:
1. Improve the coverage of target groups with HIV/AIDS programmes and better satisfy needs and ensure the sustainability of behavioural changes at the expense of community development.
2. Develop information and educational programmes
3. Change behaviour related to the use of condoms.
4. Improve accessibility to and quality and expansion of the service spectrum.
5. Create a set of conditions to ensure safe sexual behaviour based on the principles of human rights protection.

Measures:
1. Increase the coverage of target groups with measures, better satisfy needs and ensure sustainability of behavioural changes at the expense of community development
2. Conduct an assessment of needs experienced by sexual workers in planning and implementing targeted programmes based on a holistic humanistic approach.
3. Evaluate the situation in the area of sex work in Naryn and Talas oblasts.
4. Revise strategies, restructure programmes and develop effective interventions for sex workers in the towns of Cholpon-Ata, Talas and Kara-Balta.

5. Expand prevention and care to all groups of sex workers and their clients within the framework of successfully developing programmes in Osh, Jalalabat, Batken, Chui and Issyk-Kul oblasts.

6. Expand the programmes targeting male commercial sex workers.


2. Develop information and educational programmes

1. Develop a system of information sessions and “peer to peer” counselling in places where people selling sex live and work. Expand the content of information programmes to enable them to provide the information needs of commercial sex workers and their clients.

2. Continue the development and dissemination of information materials in Kyrgyz, Russian and Uzbek.

3. Establish an information and methodological centre for capacity building of organizations working with people selling sex and their close relatives/friends.

3. Behaviour change related to the use of condoms and safe sex promotion

1. Develop an approach to the prevention of HIV transmission in families of commercial sex workers due to risky behaviour by their permanent partners.

2. Develop programmes on the social marketing of condoms.

3. Create a system of community based due diligence of goods and services targeted at satisfying the needs of sex workers, including the quantity and quality of condoms supplied to the country and also the pricing policy in the social marketing programmes.

4. Improve access to, the quality of and expand the service spectrum

1. Create a database on the provision of HIV related counselling and testing in accordance with the legislation of the Kyrgyz Republic.

2. Develop systems of areas and social accompaniment to ensure access to medical, social and other services.

3. Arrange care for sex workers living with HIV at the expense of developing community based care and support programmes, including selecting and training people from the community in commitment to treatment, daily support and palliative care.

5. Establish a set of services to ensure safe sexual behaviour based on human rights protection principles

1. Develop more effective strategies aimed at changing the existing practices of law enforcement bodies. Develop a system of public control over the actions of law enforcement bodies.

2. Develop approaches to form a tolerant attitude to commercial sex workers on behalf of the public.

3. Change approaches to regulating commercial sex work on behalf of the civil authorities.
Strategy 2.5. Reducing the vulnerability of MSM

**Problem description.** The estimated number of MSM (men having sexual contacts with men) in the country is 18 000 – 36 000.

The main problems are connected with both stigma and discrimination by society in general and with pressure from the law enforcement bodies on men openly expressing their homosexual preferences. This results in the situation that MSM are becoming almost inaccessible for prevention programmes. Inadequate professional staff training is a problem for MSM programmes.

The system of studies, documentation or registration of activity doesn’t allow monitoring of the development of programmes and evaluating their efficiency. The overall orientation of the existing interventions to relatively open groups is insufficient to significantly influence the spread of HIV-infection among MSM who are reluctant to disclose their sexual preferences, especially among men of hidden ethnic groups. Programmes for MSM operate only in Bishkek and Kara-Balta. MSM coverage remains limited.

The priority of the strategy is conditioned by the persistent high probability of spreading HIV among MSM, which the existing risky behaviour practices indicate.

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.

Given that not less than 5-10% of all HIV-positive cases in the world are accounted for by sexual transmission from men to men, the seemingly low prevalence of HIV/AIDS among MSM should not limit the development of MSM prevention programmes.

Discrimination by society in general makes MSM most vulnerable. To a major extent this factor impacts the poorest and socially unprotected subgroups. The other serious factor is underestimating the importance of preventive interventions among MSM.

**Goal:** Localize the spread of HIV/AIDS/STIs among MSM.

**Objectives:**
1. Develop the community and reach hidden groups of MSM.
2. Develop thematic information programmes for MSM.
3. Improve access to special medical services.

**Measures:**
1. Develop community and reach hidden groups
   1. Systematically implement technical due diligence in the area of work with MSM. Review HIV/AIDS prevention strategies among MSM based on outcomes of the external reviews of the existing activity.
2. Develop studies to estimate tendencies (in the legal area, public opinion and other important social environment areas in which prevention programmes are developing) impeding the achievement of these programme objectives.

3. Extend support to community based organizations and improve the professional level of the staff of HIV/AIDS prevention projects among MSM.

4. Develop projects among hidden ethnic groups of MSM.

5. Expand interventions among MSM to the southern part of the country starting with Osh and Kara-Suu.

6. Establish conditions favourable for developing prevention programmes based on human rights.

2. Develop thematic information programmes to form safe behaviour

1. Found and support a resource centre to work among MSM in Osh.

2. Develop cultural thematic programmes in community clubs aimed at improving caution in relation to HIV/AIDS and developing a tolerant attitude to HIV-positive MSM by the community.

3. Continue developing and disseminating information in Kyrgyz, Russian and Uzbek.

4. Maintain the development of hotlines for MSM based on existing projects.

5. Develop training programmes aimed at disseminating protected sex practices using positive role behavioural models.

3. Improve access to special medical services

1. Ensure access to especially strong condoms and lubricants.

2. Develop HIV related counselling based in the community by peer consultants.

3. Develop systems for referring MSM to health facilities to seek STI treatment.

4. Create conditions for developing care and support programmes for MSM living with HIV or affected by the epidemics.
Strategy 2.6. Reducing vulnerability of mobile groups of citizens

**Problem description.** 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.

According to the data of the Regional MFPS/BMZ Project for Central Asia in 2004 there were about 7,000 refugees and about 260,000 internal migrants. According to the ILO study, migrants are subdivided into three main groups. 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 citizens is lacking.

The first study of the awareness and behaviour of migrants and refugees 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), who took part in the MFPS study (2002) are poorly informed about STIs; 38% of women and 24% of men knew nothing of HIV/AIDS.

The level of assessing their own contamination risk is similarly low, which creates conditions for the possible quick spread of infection within the group. In 2000 with the support of UNDP, a behavioural study of railway conductors was implemented. It was established that “from 85 to 90%” of conductors have casual sexual relations on the railway. Nothing is known about the behaviour of “small traders” and truck drivers. Thrown upon their own resources migrants add to the number of individuals with high-risk behaviour and commercial sex worker clients. Commercial sex workers are recruited from these people (49% of commercial sex workers in Bishkek are villagers who came to the city in search of a better life; 22% are those who came from small towns) and also potential drug dealers and drug users.

During the implementation of the State AIDS prevention programme for 2001-2005, special activities among mobile citizens were limited to specific interventions among migrants and refugees.

The main problems are mostly related to the lack of information on the specificities of the behaviour of mobile citizens contributing to HIV infection, their needs for HIV/AIDS/STIs prevention and treatment and lack of prevention programmes. The sheer scale of migration, difficulties in accessing the group due to its mobility, lack of shelters and illegal status are very important.

The vulnerability of mobile citizens is related to difficult working conditions contributing to risky sexual behaviour and drug use; limits on their rights due to illegal (semi-legal) and/or HIV status, lack of information, access to protective means and services on HIV/AIDS/STI prevention and the high level of high risk behaviour.
The priority of the group is related to its size and also its potential role in HIV transmission from places with a high concentration of HIV/AIDS to places where the spread of HIV is low.

**Goal:** Reducing the vulnerability of mobile citizens in the Kyrgyz Republic to prevent the spread of HIV/AIDS in the country.

**Objective:** Develop comprehensive information and education programmes for mobile citizens.

**Measures**

1. Study the situation in the group and factors making mobile citizens vulnerable to HIV/AIDS.
2. Develop and implement a strategy for working with mobile citizens to prevent the spread of HIV/AIDS/STIs for citizens in migration loops in Bishkek and Osh and for external labour migrants who live in high-density groups.
3. Take measures to ensure mobile citizens have access to goods and services related to STI treatment, condom supplies, a possibility of receiving psycho and social counselling and voluntary HIV testing and also the compliance of the rights of mobile citizens to migrate and job placement regardless of HIV status.
4. Develop information on HIV/AIDS for different groups of migrants.
5. Support peer-training programmes and also disseminate information through local health facilities.
7. Take measures to establish partnerships inside the country and also transboundary cooperation on issues of AIDS prevention among migrants.
Strategy 2.7. Develop activities for people living with HIV/AIDS (PLWHA) and people suffering with HIV/AIDS (PSHA)

Problem description. The number of people living with HIV/AIDS in the Kyrgyz Republic is continuously growing. Out of 662 PLWHA 124 are women and 13 are children below 18. In addition in 13 children born to HIV-infected mothers the HIV status has not been defined yet and physicians are observing them until they reach the age of 18 months. According to the estimates of experts of the AIDS Republican Association made under the World Health Organization's Spectrum Programme based on the sentinel survey data about 4,500 people may be HIV-infected in Kyrgyzstan.

A high level of stigmatisation and discrimination against PLWHA exists in the country. There have been cases where healthcare has been refused to these people, they have been forced to change jobs and PLWHA themselves who have refused health and social assistance for fear that confidentiality would be broken.

Limited access to pre-test psychosocial counselling or low quality post-test counselling significantly limits the possibilities of establishing trusting relationships with PLWHA. Lack of access to care on overcoming the initial stress of informing people of positive HIV results leads to a high level of suicides.

Lack of information on ways the infection is transmitted and protection methods maintains the presence of dangerous behaviour. Only 41% of PLWHA using drugs have not shared needles in the last month. About a third of respondents practice other risky behaviour contributing to the risk of contaminating their partners and in particular, they use the solution from a shared dish and use shared water for washing out syringes etc. About 10% of PLWHA have a distorted understanding of how HIV is transmitted and ways to prevent it.

Dangerous forms of sexual behaviour, which have already resulted in the infection of 76 women from a permanent sexual partner or husband persist, which accounts for 65.9% of all HIV infection cases among women. Late referral for health care of HIV-positive pregnant women significantly increases the risk of foetal HIV transmission.

The activity of civil sector institutions and community members is extremely poor. During the whole history of the epidemics only a few people have openly declared their status and are working to form and implement the policy. Not a single PLWHA, despite statements about the violation of their rights by officials, have spoken openly against the stigma and discrimination.

The limited number of HIV activists impedes the development of effective peer training programmes aimed at psychological and social support, care and forming a commitment to antiretroviral therapy. Their voice in advocating HIV/AIDS prevention programmes and also compliance with human rights for vulnerable groups of citizens is insignificant.

The participation of PLWHA in prevention programmes should play an important role in informing citizens and establishing tolerance to PLWHA among the general population, establish mutual understanding with state and community leaders to overcome negativity stigma and discrimination. Overall the peer training programmes will help change dangerous behaviour, the arrangement of care and support, forming a commitment to treatment and the development of social support services. The participation of PLWHA in all stages of forming HIV/AIDS policy and public opinion will be another important area. All this will eventually reduce the spread of HIV among citizens of the country, prevent the infection of women and children with HIV/AIDS and will contribute to reducing the social and economic consequences of the epidemics.
Goal: Develop the community of HIV positive people to improve the activity and quality of life of people living with and suffering from HIV/AIDS.

Objectives:
1. Create conditions to develop the community of people living with HIV/AIDS.
2. Improve the activity of members of the community towards improving HIV/AIDS policy and programmes and also creating a tolerant attitude to PLWHA.
3. Develop care and support for PLWHA/PSHA.

Measures

1. Create conditions for developing the community of people living with HIV/AIDS
   1. Provide support to non-governmental organizations and initiative groups based on the community to create conditions for the development of the community of people living with HIV/AIDS on their institutionalisation and building an interactive network in the country and abroad.
   2. Assist in training and capacity building of the existing initiative groups and certain representatives of the community to create conditions for the development of the community of people living with HIV/AIDS on issues of leadership, fundraising, community building and the skills of defending group interests.
   3. Seek and train trainers from representatives of the community to develop peer training.
   4. Publish information and methodological material for PLWHA, PSHA based on their needs.
   5. Ensure the participation of PLWHA at all stages of developing, implementing and monitoring the implementation of the national HIV/AIDS policy.
   6. Carry out a study of needs priorities of PLWHA.

2. Improve the activity of members of the community on improving the HIV/AIDS policy and programmes and also creating a tolerant attitude to PLWHA
   1. Take measures to develop advocacy programmes related to forming a tolerant attitude to PLWHA.
   2. Train PLWHA in the skills of advocacy work on creating favourable public opinion, participation in political decisions in the area of HIV/AIDS and protection of their rights and legal interests.
   3. Train PSHA on issues of creating a friendly environment, prevention and HIV activists giving support to the process of making political decisions.

3. Develop care and support to PLWHA/PSHA
   1. Ensure the establishment and development of services on awareness, social accompaniment and formation of commitment to treatment and safe behaviour of PLWHA.
   2. Train trainers to train commitment to antiretroviral therapy.
   3. Establish a system of care for HIV/AIDS patients by members of the PLWHA/PSHA community and NGOs working on protecting their interests.
   4. Organize information, motivation and psychotherapy sessions for community activists involving psychologists, drug abuse doctors and lawyers.
   5. Promote the establishment of alternative medical, social and psychological support groups, including those based on friendly NGOs working in related areas.
   6. Support the development of a system of non-medical care and psychosocial support based on the family and community for people living with HIV/AIDS, including for children.
Component 3. Ensuring safe and accessible services under increased number of HIV/AIDS cases

Strategy 3.1. Improve diagnosis, treatment and care related to HIV/AIDS

Strategy 3.1.1. Ensuring the safety of medical procedures

Problem description. The safety of medical procedures is a fundamental requirement of rendering healthcare to citizens. In accordance with the World Health Organization strategy ensuring the safety of donated blood, the provision of sterile equipment and protection of medical personnel from HIV/AIDS infection in Republican and local health facilities regardless of property types, are the main concerns for the Ministry of Health. Solution of those issues was envisaged in the National Programme of the Kyrgyz Republic on AIDS, STIs and ITIs prevention for 1997-2000 and the State Programme on AIDS, STIs and ITIs prevention in the Kyrgyz Republic for 2001-2005.

In the country the risk of spreading HIV/AIDS via donated blood products persists. The continuing practice of retrospective blood testing of donated blood in rural areas, the domination of blood donors with a larger risk degree (83.4 percent of donors are relatives) and direct blood transfusions administered without being registered contribute to that. Thus in 2004 of the total volume of blood supplies (33521), 9 percent were disposed of due to three infections: HIV – 112, viral hepatitis B - 1,728 and C – 1,200 dosages of blood. Modern methods of blood taking and processing, such as leuco filtration, plasma quarantine and deactivating infection agents in the donated blood are lacking in the country.

Alternative procedures to donated blood transfusions are rarely used. In 2004 7880.5 litres of blood components and 90,106.4 litres of blood preparations and blood replacing liquids were officially registered in 2004, which approximately corresponds to 300 000 IVs. A random analysis of files of patients who received haemo-transfusions showed that up to 50 percent of transfusions were not clinically based.

The inadequate supplying of health facilities with appropriate equipment, instruments and protective means for medical personnel persists. The system of quality management for implementing medical procedures remains ineffective. Studies of the situation in the country on that issue are unsystematic and the benchmark indicators of monitoring and evaluation are lacking.

The inadequate level of knowledge and skills on the part of medical workers on issues of treating and using medical instruments creates conditions for both the spread of hospital-acquired HIV/AIDS and infection of medical personnel. The sentinel surveillance data showed that 62.6 percent of cases of acute viral hepatitis B are related to the administration of medical procedures. Studies show that about 20 percent of medical workers having contact with blood are infected with viral hepatitis C. There were cases of hospital acquired HIV infection of children in inpatient facilities in Osh in 2004-2005.

Goal: Preventing HIV infection through implementing medical procedures, blood transfusions and organ and/or tissue transplants.

Objectives:
1. Establish a sustainable mechanism for ensuring the security of medical procedures in health facilities.
2. Ensuring safe donated blood and organ and/or tissue transplants

**Measures**

1. **Establish a sustainable mechanism for ensuring medical procedures in health facilities**
   1. Ensure health facilities have medical instruments, medical personnel with individual protective measures and equipment for the sterilization and disposal of medical waste.
   2. Develop and introduce standards of operational procedures for invasive medical interventions in health facilities. Ensure control over their implementation.
   3. Ensure the inclusion of safety issues of medical procedures in the training and post-graduate training of health personnel.
   5. Ensure monitoring based on approved indicators in accordance with the state programme (2006-2010) timeline.

2. **Ensure safe donated blood and organ and/or tissue transplants**
   1. Take measures to ensure that 100 percent of blood, organs and tissue donors are tested for HIV infection.
   2. Attract and maintain the necessary pool of voluntary free blood donors.
   3. Supply the organization and subdivisions of the blood service with modern equipment, disposable medical supplies and consumables to safely prepare, process and store donated blood.
   4. Strengthen control over substantiating the use of the components and preparations from donated blood.
   5. Analyse the approved clinical guidelines for tightening the rules for transfusing blood, its components and preparations.
   6. Introduce safe and alternative methods to donated blood transfusion into clinical practice.
   7. Ensure the inclusion of blood safety to programmes in the training and post-graduate training of health workers.
   8. Expand the unified computer network and database for organizations of the blood service and other healthcare facilities.
3.1.2. Improve psycho-sociological counselling and testing for HIV infection

Problem description. The state guarantees access to examinations and HIV and psychosocial counseling. Psychosocial counseling has been available in the Kyrgyz Republic since 1996. However no one health facilities, including the Republican AIDS Association has the equipment and the staff needed to conduct it. Only 57.4% of those living with HIV/AIDS surveyed received pre-test counseling and only 26.1% got it in Bishkek and 68.6% - in prison.

86.4% of those surveyed got post-test psychosocial counseling and people who were forced to be examined for HIV received such counseling in rare cases (72.2%).

Counseling is in third place among the main sources of information on HIV/AIDS for PLWHA and their family members. This limits the possibility of influencing unsafe behaviour and doesn’t contribute changing it in relation to HIV infection. As a result HIV infection is spread to the general population and mothers are infected and children are born to mothers living with HIV/AIDS.

HIV testing has been carried out in the country since 1987, when the first AIDS diagnostics labs were established. Currently 39 diagnostic labs are operating in the country. Including the laboratory under the Republican AIDS Centre performing the functions of the blood reference laboratory; there are 7 oblast labs under the relevant AIDS centres and 30 city and rayon labs under the State Sanitary Epidemiological Surveillance Centres, Ministry of Health.

The Republican Centre for the quality control of lab diagnoses of infectious diseases under the Preventive medicine scientific association controls the quality of diagnostic drugs and also introduces internal and external quality controls. However this lab is still not independently financed. External quality control of HIV tests has been carried out in the last two years. Only Republican and oblast HIV/AIDS diagnosis labs are involved in it.

The issue of expert assessment of the quality of centrally procured testing systems for HIV/AIDS diagnosis and opportunistic infection has only been partially addressed – their quality is only assessed at registration. A precise system of diagnosis rules for HIV/AIDS has not been formed and purchasing control material and reference test systems for carrying out quality control of sets registered in the Kyrgyz Republic for HIV/AIDS diagnosis has not been set up.

National standards for the lab examination process for HIV and HIV indicator infections (viral hepatitis) are lacking. Rayon labs mandated to test donated blood are not technically equipped to make the standard IFA test. Lack of understanding of the HIV/AIDS problem by local managers of health facilities results in unsatisfactory local work and as a result testing donated blood for HIV takes place somewhat later and sometimes there is formal retrospective testing after the blood transfusion. When carrying out the quality assessment of 10 AIDS diagnosis labs, it was discovered that 4 of them had obsolete equipment and metrological control was done in only two of them.

Violations of standard conditions for conducting diagnoses due to power cuts and non-observance of the temperature regime were observed. The absence of post-graduate training for one third of the medical personnel was noted and internal lab quality control was only present in two Republican labs. As a result true facts were only obtained in half the control tests for HIV/AIDS and HIV infection indicators.

Goal: Improve access to and quality of HIV psychosocial counselling and testing.
Objectives:
1. Develop a system of psychosocial counselling everywhere in the country by creating units and expanding the functions of physicians and nursing staff of primary healthcare and specialized medical organizations.
2. Improve lab diagnosis of HIV infection.

Measures
Develop a system of psychosocial counselling in the Kyrgyz Republic.
1. Establish the regulatory framework of the Ministry of Health and other agencies having their own health departments implementing psychosocial counselling and voluntary testing for HIV infection (voluntary counselling and testing).
2. Establish conditions for the implementation of psychosocial counselling in all health facilities regardless of type and subordination and also AIDS service NGOs working with vulnerable groups of citizens.
3. Include issues of VCT in training courses and post-graduate training of medical and social workers and medical psychologists and also implement a system of certifying consultants.
4. Train groups of trainers on issues of psychosocial counselling from experts of state institutions, government organizations, PLWHA and people affected by the epidemics in all oblasts of the Republic. Organize a series of training courses for doctors of different specialties, social workers, psychologists and representatives of AIDS service NGOs oblast centre level, towns and rayons of the country.
5. Include the issues of voluntary counselling and testing in clinical guidelines and standards of healthcare delivery for experts of related specialties: TB, drugs-related, dermatological-venereal services and also family planning and primary health care facilities.
6. Ensure interaction between services/specialists on psychosocial counselling from health facilities, in-house health care/social support services providing care and support, crisis centres and programmes providing ARV therapy to ensure sustainable assistance to PLWHA and expanded access to services.
7. Hold regular meetings with consultants to improve approaches to counselling and prevention.
8. Develop a mechanism for monitoring and evaluating voluntary counselling and testing and ensure its implementation in accordance with the approved plan.

Improve the lab diagnoses of HIV infection
1. Ensure ongoing training and post-graduate training of lab doctors and lab assistants on HIV/AIDS diagnoses including going abroad.
2. Develop and introduce the standards for lab diagnoses of HIV/AIDS in accordance with WHO recommendations.
3. Certify all labs based on the implemented quality system.
4. Ensure uninterrupted and adequate funding to purchase of diagnostic and reference test-systems and control materials from the state and local budgets.
5. Develop a system for procuring test systems to diagnose HIV/AIDS and opportunistic infections for Republican, oblast and rayon labs based on the regulatory requirements and technical capabilities of the labs.
6. Undertake measures to improve the placement and equipping AIDS diagnosis labs and the Republican Centre for Control over the lab diagnoses of infectious diseases with main and auxiliary equipment, control materials and consumables and diagnostic test systems.
7. Ensure efficient use of the equipment.
8. Take the external quality evaluation programme as the basis for a system of monitoring and evaluating the implementation of standards in all AIDS diagnosis laboratories.
9. Carry out an assessment of diagnosis efficiency of test systems on their arrival in the country in accordance with the Law of the Kyrgyz Republic “On drugs”.

10. Develop the algorithm of use of express HIV tests in blood transfusion units and delivery rooms and also in health facilities providing emergency care.

11. Train physicians of oblast blood centres (local transfusion departments) in the ways of making express tests for HIV, hepatitis B and C and syphilis with the aim of operational research in case of an emergency blood transfusion.
Strategy 3.1.3. HIV infection prevention in newborn children

**Problem description.** Over 10 new cases of HIV infection are registered every month in the Kyrgyz Republic, which means the number of women living with HIV/AIDS is increasing. If in 2001 women accounted for 8% of the total number of detected persons living with HIV/AIDS in the population, in 2005 they accounted for 44.7%. The majority of them – 2/3 are of fertile age.

As of 1st January 2006, HIV infection in the Republic had been registered in 27 pregnant women: 22 of them gave birth and 5 of them miscarried. Out of the number of women who gave birth, 18 women and newborn children received chemo-preventive treatment with antiretroviral medications. HIV infection was not confirmed in 6 children in the 18 months observation period and doctors are observing the others. Four children did not receive chemo-preventive treatment with antiretroviral drugs due to late diagnosis of HIV infection of the mothers during pregnancy. HIV was confirmed in one of them and he died due to his parents refusing to treat the child at all and administer antiretroviral therapy in particular. The other three are under observation until they reach the age of 18 months.

The Kyrgyz Republic has a high birth rate, 21.4 per 1000 population in 2004. At the same time the increase in the number of HIV infected women in the absence of appropriate prevention measures gives the basis for projecting the birth of HIV infected children. According to WHO data preventing HIV transmission from mother to child with antiretroviral drugs during pregnancy and during birth and in infancy and possibly declining to breastfeed, significantly reduces the risk of infecting the child.

The main problems are late diagnosis of HIV infection in some pregnant women living with HIV/AIDS and lack of prevention with antiretroviral drugs in those cases; low accessibility to psychosocial counselling and low coverage with voluntary HIV testing of pregnant women in epidemiological unfavourable rayons.

**Goal:** Preventing HIV infection in newborn children.

**Objectives:**
1. **Primary prevention of HIV infection among women of fertile age.**
2. **Ensure reproduction health service for the families suffered from HIV/AIDS.**
3. **Prevention of HIV infection transmission from mother to child.**
4. **Providing healthcare and support to HIV infected women, their children and families.**

1. **Primary prevention of HIV infection among women of fertile age**
   1. Expand information and communication activity among young women and their sexual partners on the prevention of HIV infection.
   2. Involve maternal and child health protection and reproductive health services in implementing the HIV prevention programmes for newborn children.
   3. Implementing psycho-analytical counselling and voluntary testing for HIV of pregnant women.

2. **Ensure reproduction health service for the families suffered from HIV/AIDS**
   1. Work with families affected by the HIV-epidemic on issues of reproductive health, safe behaviour and prevention of vertical HIV transmission.
   2. Provision of reproductive health services to HIV positive women.
3. Expand and strengthen links between reproductive health services, harm reduction programmes and health facilities providing care/support to HIV infected women.

3. Prevention of HIV transmission from mother to child.
1. Implementing chemical-prevention with vertical HIV transmission medications in accordance with clinical guidelines and in line with WHO recommendations.
2. Training HIV positive parents in the rules of child care.
3. Ensuring artificial nutrition to children born to HIV infected women.
4. Train medical staff in issues of HIV vertical transmission.
5. Introduce HIV vertical transmission issues into the state benefit programme of 2006 and further period.

4. Provide healthcare and support to HIV-infected women, their children and families
1. Introduce the PCR test for early diagnosis of HIV infection of children born to HIV infected mothers.
2. Develop a care and assistance manual for newborn children and adults, to include consideration of HAART needs.
3. Determine approaches to caring for abandoned children and/or orphans born to women living with HIV/AIDS.
Strategy 3.1.4. Provision of healthcare to PLWHA

Problem description. Highly active antiretroviral therapy (HAART) recommended by the WHO extends the life of patients, improves its quality and prevents the development of serious opportunistic infections, slows down the development of AIDS and reduces mortality rates. The reduction in the virus concentration in the body of a patient using HAART significantly reduces epidemiological danger. The possibility of getting treatment improves the interest of citizens in HIV testing and psychosocial counselling.

All this contributes to establishing safer behaviour, contains the spread of and reduces social and economic consequences of the HIV/AIDS epidemics including reducing the number of HIV/AIDS orphans. The Kyrgyz Republic joined the global initiative on ensuring HAART to all needy persons by 2005 adopted by the World Health Organization jointly with UNAIDS.

Infectious disease physicians of AIDS centres, family medical centres and also physicians of family group practices implement outpatient observation and treatment of PLWHA in Kyrgyzstan.

Inpatient treatment of HIV/AIDS patients is administered in different health facilities according to the opportunistic infection profile (TB, neurological diseases, oncological and infectious diseases).

As of 1st January 2006, 71 AIDS patients had been selected for antiretroviral therapy. 4 of them died due to starting the treatment late and serious opportunistic infections at the initial stage of HAART. Low commitment to HAART by some HIV infected people, especially IDUs, resulted in the termination and giving up treatment of 20 PLWHA out of the selected people. 47 people (71% of the estimated number of needy persons) are continuing with the treatment.

The inadequate coverage of PLWHA subject to HAART and the estimate for procuring the medications remain. Thus, out of 662 PLWHA as of 1st January 2006, only 190 people have received counselling about the need to have HAART (28.7%). The lack of training infection experts receive in the issues of the diagnosis and treatment of HIV/AIDS can be seen and there is a high turnover of these specialists. State financing for the treatment of PLWHA is lacking. Treatment of AIDS and opportunistic infections is not included in the state benefit programme. The framework for the labs for diagnosing opportunistic infections is unsatisfactory.

There are high mortality rates from HIV/AIDS and a short life expectancy of PLWHA after diagnosis. TB is the main reason for death; however an overall strategy to combat HIV/AIDS and TB recommended by the WHO has not been developed.

Goal: Extending and improving the quality of life of PLWHA by ensuring an uninterrupted set of services for the care and treatment of HIV/AIDS for all who need it.

Objective: Create conditions for and implement highly active antiretroviral therapy; prevention and treatment of opportunistic infections to all needy PLWHA

Measures
1. Ensure the provision of advisory assistance to all PLWHA: HAART, the treatment and prevention of opportunistic infections according to approved clinical guidelines.
2. Create a system for planning and procuring the medications required for HAART and the treatment and prevention of opportunistic infections in accordance with WHO recommendations.

3. Ensure the equipping of AIDS diagnosis laboratories in Bishkek and Osh with the equipment and consumables to determine the quality control of HAART and diagnose opportunistic infections.

4. Include the issues of diagnostics and treatment of HIV/AIDS, prevention and treatment of opportunistic infections in the state benefit programme.

5. Include HIV infection issues in the training and post-graduate training programmes of medical and pharmaceutical workers. Carry out training in clinics on the diagnosis and treatment of HIV infection and opportunistic diseases for doctors of different specialties nationally and abroad.

6. Draft and issue guidelines for doctors and nurses on issues of aetiology, epidemiology, clinics and the diagnosis and treatment of HIV infection.
Strategy 3.1.5. Ensuring health care for STIs

Problem description. Two skin and venereal dispensaries in the cities of Osh and Bishkek, 14 skin and venereal departments and 82 skin and venereal units represent the skin and venereal service of the Kyrgyz Republic and it has 465 dermatological-venereal beds. Measures to improve and increase access to dermatological-venereal care have been undertaken and clinical guidelines for the treatment of syphilis, gonorrhoea, using a syndrome-based approach were developed. The network of private anonymous centres and units has been expanded (19 in 2004) and general practitioners treat STIs. Confidentiality of treatment has been ensured. Modern methods of STI treatment are used, including outpatient treatment of syphilis, which accounts for 86.4 percent of treated persons.

In accordance with the state benefit programme syphilis is treated in people under 18. Healthcare for STIs is provided to persons of vulnerable groups in friendly clinics and units in Bishkek and a series of oblast centres - Osh, Jalalabat, Karakol, Tokmok - financed by grants from international organizations. However only 29.4 percent of questioned people from highly vulnerable groups having STIs turned to the healthcare system and received the appropriate diagnosis, treatment and counselling.

During last 8 years there has been a decline in the incidence of syphilis in 4 times including period since 2001 – by 19.2%. However the percentage of unregistered infections in the population and vulnerable groups is high. This is confirmed by the sentinel survey data and by the increase in congenital syphilis (from 36 cases in 2001 to 56 in 2004) and neurosyphilis (from 1 case in 2001 to 13 in 2004). In 2005 there was rise in syphilis cases countrywide.

In the process of restructuring the skin-venereal service, centralized serological laboratories were distributed between area hospitals and family medical centres. The number of gonorrhoea diagnosis labs was reduced (from 33 in 1995 to 3 in 2004), which impacted extremely negatively on gonorrhoea detection and resulted in an increase in chronic forms and complications from the disease.

At the moment there are 62 laboratories diagnosing syphilis in the country. A reference laboratory for STIs diagnosis is lacking in the country. Modern methods of STI diagnosis (PCR and polarization \textit{fluoroimmunoassay}) are available only in certain private clinics in Bishkek and Osh. Homemade culture mediums are used for the culture diagnosis of gonorrhoea. Internal laboratory controls and external quality assessments of STI lab diagnoses are missing.

So, against a background of continuing syphilis epidemics the capacities of the state health care system on STI diagnoses are extremely limited. This deprives doctors and scientists of the possibility of developing evidence based approaches to improve the diagnosis and treatment of these diseases. The lack of a system of state benefits for the treatment of STIs supports a high reservoir of these infections among the population. In their turn, STIs increase the possibility of contacting HIV.

Goal: Containing the further spread of STIs by improving diagnostic and treatment methods and also improving access to dermatological-venereal care.

Objectives:
1. Improve the state system of providing dermatological-venereal care to citizens.
2. Improve laboratory diagnosis of STIs.
3. Establish friendly dermatological-venereal services for youth and vulnerable groups.
Measures
1. Improve the state system of providing venereal services to citizens
   1. Ensure legal and financial support to STI programmes on behalf of government agencies of all levels.
   2. Develop and introduce clinical guidelines and standards for introducing patients with STIs at all levels of healthcare delivery.
   3. Ensure training and post-graduate training of health workers on STI issues in the country and abroad and also practical assistance and control over the activity of public and private health organizations in this area.
   4. Introduce a syndrome-based approach to STI treatment in health facilities at rayon level.
   5. Improve the qualifications of leading dermatological-venereal specialists based on scientific-research institutes.
   6. Establish an effective system of monitoring the implementation of STI prevention and treatment tasks.
   7. Ensure psychosocial counselling and voluntary HIV testing to STI patients in all health facilities regardless of ownership types.

Improvement of STIs laboratory diagnostics
1. Set up and ensure the operation of a reference laboratory with modern equipment based at the Republican Skin and Venereal dispensary.
2. Develop standards for laboratory diagnosis of STIs for different levels of health facilities.
3. Take measures related to the necessary equipping of STI diagnostic laboratories with the necessary equipment, reagents and supplies and also introduce internal laboratory controls and external evaluation of the quality of STI lab diagnosis.
4. Ensure continuous training of laboratory doctors and laboratory technicians on issues of STI diagnosis.

Establish friendly dermatological-venereal services for young people and vulnerable groups of citizens
1. Develop the regulatory framework for and introduce a system of friendly medical care about the treatment of STIs for young people and vulnerable groups of citizens in public and private health facilities.
2. Establish a network of trusted doctors in all towns, rayons, oblasts of the Republic based on family group practice doctors, obstetricians, urologists and general practice doctors with vulnerable groups; develop an incentive system for them and ensure training in the specifics of working with this group.
3. Include the position of providing friendly healthcare for vulnerable groups into the system of reporting of health facilities.
4. Ensure the informational support of health service facilities for representatives of vulnerable groups of citizens.
5. Establish interaction between government and non-government facilities in the area of service provision for vulnerable groups of citizens.
6. Plan the inclusion of privileged and free treatment of syphilis for vulnerable groups of citizens and poor layers of citizens into the state benefit programme.
Strategy 3.2. Social support to PLWHA and PSHA

**Problem description.** Issues pertaining to the social protection and social support of PLWHA and PSHA are covered by the Laws On HIV/AIDS in the Kyrgyz Republic, On state benefits in the Kyrgyz Republic, On social services for citizens in the Kyrgyz Republic and other regulations pertaining to the provision of social services and protection and also pensions and medication supply for citizens of the Kyrgyz Republic.

Under the Ministry of Labour and Social Protection a network of special social protection and social support services departments, that ensures this service in towns and rural areas, has been established. However the rights of PLWHA to social protection were not ensured.

In this connection, out of the 45 people who have died from AIDS, not a single person used his right to social protection; none of the 7 children under 18 are receiving social benefits, only one of the 13 children born to HIV positive mothers under observation till they reach the age of 18 months, the benefit laid down by the Law.

Difficulties in receiving privileged pension benefits for medical workers working with potentially dangerous biological material exist. None of the provisions of the State Programme on AIDS and STIs prevention in the Kyrgyz Republic 2001-2005 related to social support and care for PLWHA have been implemented. The main problem is the lack of a mechanism for assistance and care support and also social training of the social protection system in the area of HIV/AIDS. Interaction between the social protection services and healthcare, legal and non-governmental organizations providing support and assistance to PLWHA does not exist.

The difficulty of addressing these issues is also related to a lack of desires of PLWHA themselves to turn to social protection agencies for fear of the confidentiality of their diagnosis being broken. This issue is especially urgent for villages and small towns. A complex procedure of processing the benefit that requires providing a significant number of documents is an important aspect.

For the neediest part of vulnerable citizens it is impossible to receive social assistance due to the absence of ID and/or registration documents. At the moment no effort has been made to start working on the problem of orphans and abandoned children in relation to HIV/AIDS.

**Goal:** Ensuring state support to PLWHA and PSHA by providing state benefits and social services.

**Objective:** Develop mechanisms and provide social support to PLWHA/PSHA.

**Measures**
1. Develop agency-based regulations on the provision of social support.
2. Ensure state support to PLWHA by providing state benefits and rendering social services.
3. Develop special education programmes for persons providing social support to PLWHA, including special programmes for students of professional specialties.
4. Regularly evaluate the social assistance needs of PLWHA so they can be included in the state budget.
5. Carry out explanatory work with PLWHA through AIDS centre experts and representatives of the community of vulnerable groups and PLWHA regarding the procedure for receiving state benefits.
6. Issue information for professionals, representatives of NGOs and PLWHA
7. Establish interaction between the government institutions of the Ministry of Health, Ministry of Labour and Social Protection, NGOs, community organizations and representatives of the PLWHA community on issues of providing social support.
8. Establish monitoring of social support measures to PLWHA envisioned by the legislation of the Kyrgyz Republic.
9. Develop support strategies for children suffering from HIV/AIDS and also measures to prevent newborn children being abandoned and addressing the problem of orphanhood related to HIV/AIDS.
10. Take measures to prevent social services staff working with PLWHA from being infected when carrying out their professional duties.
11. Create social work and social patronage groups and also a system of non-medical care for PLWHA.
12. Seek funds to set up a Food Fund for the most unprotected PLWHA receiving antiretroviral therapy.
13. Provide assistance to PLWHA in addressing the issues of job placement and receiving shelter.

Strategy 3.3. Legal support to PLWHA and members of vulnerable groups of citizens

**Problem description.** Vulnerable groups of citizens are at special risk of being infected with HIV therefore developing preventive programmes among such groups is the most important aspect of an efficient national response to HIV/AIDS in the country.

The legislation of the Kyrgyz Republic in the field of HIV/AIDS in general meets international law standards, however in reality multiple cases of violation of these rights exist as protective mechanisms have not been developed and do not work and the human rights concept has not been understood by people. In particular, the right to confidentiality and voluntary medical examination and the right to information are violated. The stigmatization and discrimination existing in the society in relation to PLWHA and also in relation to vulnerable groups of citizens deprive them of the right to protection and prevents contact being made with these people, forcing them underground.

According to PLWHA, almost a third of them have had their rights related to HIV status infringed by the militia (16.8%) and health workers (4.7%), including being refused healthcare, forced examination for HIV infection and violation of the confidentiality of a diagnosis.

Definitions of stigma and discrimination were included in the Law “On HIV/AIDS in the Kyrgyz Republic” for the first time and also measures related to overcoming these phenomena. However no PLWHA turned to the court to protect his or her rights for fear of being recognized, legal illiteracy and a lack of faith in the fairness, objectivity and independence of the courts.

PLWHA and other vulnerable groups in the Kyrgyz Republic have limited experience in the protection of rights; however these are only isolated cases, as there are three human rights protection organizations and several lawyers. The experience of interaction between the inquiry and investigation bodies, prosecutor’s office and courts on issues of human rights related to HIV/AIDS has not yet resulted in addressing human rights compliance in general.
There are precedents of acquittal for members of vulnerable groups of citizens in those cases where their blame was based not on solid evidence, but only on the personal evidence of the accused; imprisonment was changed to methadone substitution therapy.

In accordance with special Guidelines of the Ministry of Interior, measures to overcome unlawful acts of the law enforcement bodies in relation to vulnerable groups were anticipated. Training courses, workshops, formal complaints had influence on behavior of some officers of the law enforcement agencies.

**Goal:** Improve the legal protection of PLWHA and representatives of vulnerable groups of citizens by ensuring an accessible legal service.

**Objectives:**
1. Ensure PLWHA, their family members and representatives of vulnerable groups of citizens have access to the legal assistance guaranteed by the government.
2. Create a favourable environment for developing programmes among citizens of the country for overcoming stigma and discrimination.

**Measures**
1. Ensure PLWHA, their family members and representatives of vulnerable groups of citizens have access to legal assistance guaranteed by the state
   1. Develop a strategy to improve the efficiency of existing legal mechanisms related to providing legal assistance to PLWHA and representatives of vulnerable groups of citizens.
   2. Carry out monitoring and needs assessments of PLWHA and representatives of vulnerable groups in the area of human rights.
   3. Take measures to develop a free and accessible legal service for PLWHA and representatives of vulnerable groups through state and private legal organizations.
   4. Organize training on legal aspects of HIV/AIDS for PLWHA, members of their families and representatives of vulnerable groups and also non-governmental and governmental organizations representing their interests.
   5. Strengthen the prosecutor’s supervision over the implementation of the HIV/AIDS related legislation of the Kyrgyz Republic, including the international law standards ratified by the Kyrgyz Republic.
   6. Prepare the information materials and manuals related to clarifying the main rights and freedoms for PLWHA, their family members and representatives of vulnerable groups.

2. Create a favourable environment for the development of programmes among the population to overcome the stigma and discrimination
   1. Include the annual report on the monitoring of human rights compliance and implementation of the legislation in the HIV/AIDS field on the agenda of the Country Multisectoral Coordination Committee on HIV/AIDS.
   2. Hold round tables with representatives of the judiciary, prosecutor’s office, Ministry of Justice, Ombudsman, law enforcement agencies, lawyers and human rights NGOs staff on the social and legal aspects of HIV/AIDS.
   3. Carry out activities promoting the legal aspects of HIV/AIDS among medical and social workers.
   4. Develop more efficient strategies aimed at changing existing practices of the law enforcement agencies. Develop a system of public control over the actions of the law
enforcement agencies within the framework of anti-corruption programmes and better governance programmes.

5. Develop approaches to creating a tolerant environment for people living with HIV and representatives of vulnerable groups by the public (citizens in general and public leaders) through educational institutions, mass media, cultural institutions, religious institutes, legal system and state policy.
EXECUTION

Implementation of the State Programme on HIV/AIDS for 2006-2010 is based on multisectoral approach. It considers a comprehensive nature of the problem and assumes participation of the state, non-government organizations and other associations of the civil sector, and academician and international agencies, and representatives of vulnerable groups of the population, PLWHA and PSHA.

The Government of the Kyrgyz Republic is a main body responsible for coordination of the HIV/AIDS national response. Main aspects of the State Programme are implemented by the oblast and province state administrations. Role of the Government of the Kyrgyz Republic is to:

- develop the national policy and legislation on HIV/AIDS;
- create conditions to implement the State Programme on HIV/AIDS for 2006-2010;
- coordinate measures on prevention of HIV/AIDS conducted by all stakeholders in a framework of the State Programme on HIV/AIDS for 2006-2010;
- monitor and evaluate efficiency of implementation of the State Programme on HIV/AIDS for 2006-2010;
- allocate funds from the state budget and attract additional resources from international donors and private structures to implement the State Programme on HIV/AIDS for 2006-2010;
- develop and approve annual plans, approval of annual reports on implementation of the State Programme on HIV/AIDS for 2006-2010;
- develop international cooperation in HIV/AIDS prevention area;
- improve obtained experience in a course of implementation of HIV/AIDS Programme;
- attract skillful staff, support capacity building of the national human resources.

Ministries, state committees, administrative institutions, local state administrations and local self-governance bodies of the Kyrgyz Republic are responsible for implementation of the sector based programmes in accordance with the strategies and objectives of the approved State Programme on HIV/AIDS for 2006-2010; carry out their own plans and ensure technical support and control of programme implementation by the sectoral structures at local level.

Key ministries, state committees and administrative institutions involved in implementation of the State Programme on HIV/AIDS for 2006-2010 are following:

- Ministry of Health of the Kyrgyz Republic;
- Ministry of Economy and Finance of the Kyrgyz Republic;
- Ministry of Justice of the Kyrgyz Republic;
- Ministry of Labor and Social Protection of the Kyrgyz Republic;
- Ministry of Foreign Affairs of the Kyrgyz Republic;
- Ministry of Defense of the Kyrgyz Republic;
- Ministry of Interior of the Kyrgyz Republic;
- Ministry of Education, Science and Youth Policy of the Kyrgyz Republic;
- Ministry of Culture of the Kyrgyz Republic;
- Ministry of Industry, Trade and Tourism of the Kyrgyz Republic;
- Ministry of Transport and Communication of the Kyrgyz Republic;
- Ministry of Emergency Situations of the Kyrgyz Republic;
- Secretariat of the National Council on Women, Family and Gender Development Issues;
- State Committee of the Kyrgyz Republic on Migration and Employment;
- Border Service of the Kyrgyz Republic;
International agencies involved in the State Programme implementation are the members of Thematic UN Group on AIDS, international bilateral and multilateral agencies and organizations, and international non-government organizations (NGOs).

Civil sector is presented by all organizations of the civil society, which mission includes fight with HIV/AIDS.

Working and expert groups of the Country Multisectoral Coordination Committee under the Government of the Kyrgyz Republic on HIV/AIDS, tuberculosis and malaria provide consultative assistance on implementation of the State Programme by the ministries and institutions, and organizations of the civil sector.

Annual report of the State Programme implementation is considered by the key executors at the meetings of the Country Multisectoral Coordination Committee under the Government of the Kyrgyz Republic. Annual working plan is approved by the Chairman of CMCC in consultation with CMCC members and key partners from the government, international and non-government organizations.

FINANCING

The pilot interventions institutionalization and development of sustainable comprehensive system of HIV/AIDS prevention require an adequate level of financing. Changing of financing methods in health care sector is not related to HIV/AIDS programmes. Financing of the health care organizations including various institutions responsible for STIs, HIV/AIDS is based on resources provision, and not on final performance results. Allocation of funds for HIV/AIDS interventions in other sectors is also low.

Social-economic situation in the country does not allow fully financing measures on HIV/AIDS prevention from the state budget. As in many other countries with low income level, proportion of funds spent for HIV/AIDS response are planed from external sources.

In 2005, donor community supported the country’s initiatives in a form of financial, technical and managerial assistance what allow capacity building of the country for efficient HIV/AIDS response. Major part of the funds is planed to use to build a comprehensive system of HIV/AIDS prevention and build capacity of human resources in all sectors.

To ensure sustainability of HIV/AIDS response system, it is planed to:

- Develop methodologies helping to define cost-effectiveness of interventions to coordinate programmes by all structures (state, NGOs and etc.);
- Strengthen coordination mechanism (CMCC and/or its Secretariat) on planning of agreed use of funds including donor funds (expert-analytical group on planning and financing);
- Carry out complex cost planning by key segments: prevention, diagnostics, treatment and follow up;
- Assess needs by each segment and executing sector;
- Assess cost of conducted measures in each segment and assess cost-effectiveness;
- Distribute planned costs by events/segments between various sources: state budget, donors and executors depending on roles, responsibilities and functions;
- Establish efficient system of financial resources management;
- Attract additional resources including funds of the local and regional levels, and private sector, taking them into account during planning;
- Introduce tax benefit system for organizations financing HIV/AIDS programmes;
- Introduce new financing methods for HIV/AIDS programmes;
- Create a system of “the national accounts on AIDS” (to regulate and control cash flow) and relevant items of financing of AIDS interventions in the country budget.

Preliminary Budget of the State Programme on HIV/AIDS and overcoming of the social-economic consequences in the Kyrgyz Republic for 2006-2007

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<th>№</th>
<th>Name of component and strategy</th>
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<tr>
<td>1.4</td>
<td>Development of the programmes on HIV/AIDS prevention in the law enforcement structures</td>
<td>247</td>
</tr>
<tr>
<td>1.5</td>
<td>Development of the policy in information, education and communication area</td>
<td>210</td>
</tr>
<tr>
<td></td>
<td><strong>Subtotal:</strong></td>
<td><strong>1267</strong></td>
</tr>
<tr>
<td>2.</td>
<td>Targeted comprehensive programmes for vulnerable groups</td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>Reduction of the youth vulnerability to HIV/AIDS</td>
<td>3907</td>
</tr>
<tr>
<td>2.2</td>
<td>Reduction of vulnerability of IDUs and co-addicted to HIV/AIDS</td>
<td>3845</td>
</tr>
<tr>
<td>2.3</td>
<td>Reduction of vulnerability of prisoners and personnel of penal institutions to HIV/AIDS</td>
<td>633</td>
</tr>
</tbody>
</table>
2.4. Reduction of vulnerability of sex workers (SW) and their clients to HIV/AIDS 470
2.5. Reduction of vulnerability of MSM to HIV/AIDS 333
2.6. Reduction of vulnerability of mobile groups to HIV/AIDS 250
2.7. Develop activity of PLWHA/PSHA 250
Subtotal: 9688

3. Ensure safety and accessible service among the population under increased HIV/AIDS cases
3.1. Improve health care service on HIV/AIDS prevention, diagnostics, treatment and follow up
3.1.1. Ensure safety of medical procedures 4310
3.1.2. Improve psychological and social counseling and HIV/AIDS testing 1500
3.1.3. HIV/AIDS prevention among newborns 225
3.1.4. Provide medical aid to PLWHA 1459
3.1.5. Provide medical support to STI patients 125
3.2. Social support of PLWHA and PSHA 58
3.3. Legal support to PLWHA and representatives of vulnerable groups 180
Subtotal: 78576

Grand total: 18811

MONITORING AND EVALUATION OF THE STATE PROGRAMME

The M&E system is a reporting mechanism used by the Government of the Kyrgyz Republic including the collection, storage, analysis, search for and dissemination of information on the development of infections, conducted work and its outcomes.

A unified state monitoring and evaluation system of the State Programme on HIV/AIDS for 2006-2010 will monitor and identify the efficiency of all implemented interventions, ensure a standard mechanism of financial accounting and strategic information delivery required to adjust activity.

This system will encourage the efficient use of information and resources, curb overlapping in the work of various institutions and the communication of objective and full information about the State Programme implementation.

Within the implementation of the State Programme pf 2006-2010, the ministries and institutions of the Kyrgyz Republic, and regional state administrations and civil sector organizations will elaborate action plans. Regular progress reports on the State Programme
implementation based on national indicators will be submitted to the CMCC Secretariat, its Presidium and technical sections.

All the partners and stakeholders should agree upon the plans for the monitoring and evaluation of their programmes/projects and coordinate them with the plan for monitoring and evaluation of the State Programme implemented in accordance with the plan approved by the Government of the Kyrgyz Republic.

The M&E system contains the following components:

- M&E regulations including descriptions of management charts, database, key indicators, data collection procedures etc.;
- Epidemiological and serological and behaviour surveillance;
- Assessment of social and economic consequences;
- Special studies including epidemiological, behaviour, evaluation, social etc.;
- Monitoring of financial resources used;
- Monitoring of programme activity of the stakeholders;
- Programme assessment;
- Information system for data collection, storage, analysis and dissemination.

The National Statistical Committee will approve a list of basic national indicators for monitoring and define the general procedure of statistical data collection and reporting. It will also plan and conduct surveys, control data collection by different institutions and disseminate analyses and information on the results of the programme implementation.

The Ministry of Health (AIDS Republican Association) will develop proposals to change the list of national indicators for monitoring and assessment and their integration into the unified system of social-epidemiological monitoring, and publish methodological guidelines.

The Technical Section on Monitoring and Evaluation of the Country Multi-sectoral Coordination Committee for AIDS Prevention will carry out technical leadership, coordination and provision of interaction with all participants of monitoring and evaluation and organize independent assessment of programme performance (viability, efficiency, cost-effectiveness, impact, sustainability).

Interested ministries, state committees and administrative institutions, local state administrations and local self-governments, and some agencies participating in monitoring and evaluation of implementation of the State programme on HIV/AIDS for 2006-2010 are responsible for data collection related to indicators of their activity and provision of annual reports on their input in implementation of the State Programme on HIV/AIDS for 2006-2010.

Non-commercial organizations, representatives of vulnerable group community, PLWHA, independent experts, private structures involved in implementation of the State Programme on HIV/AIDS for 2006-2010, ensure public control on implementation of the programme objectives and efficiency of funds spent in accordance with international commitments of the country and needs of the vulnerable groups.

The State Programme will be conducted during 2006-2010. During the interim period (2008), preliminary evaluation of the country's progress and assessment of inputs made by the state
authorities and local self-governance and donor agencies and NGOs into the programme implementation at oblast and central levels, will take place.

External evaluation of the State Programme will be conducted in the third and fifth years of the programme implementation (in 2008 and 2010) by an independent group of experts.

CONCLUSION

Development of the State Programme on HIV/AIDS for 2006-2010 is a complex of measures on prevention of HIV/AIDS spread taking into account nature of epidemiological situation development in the country and outcomes of activity of the national institutions in HIV/AIDS area.

One of main goals of the programme is restriction of initial stage of HIV/AIDS prevalence. Format and structure of the programme allowed defining key objectives to ensure common access to prevention, diagnostics, treatment and follow up for the most vulnerable groups of the population. Document is divided into three basic components where each component identifies important direction of activity on implementation of the State Programme on HIV/AIDS for 2006-2010.

So, the first component focuses on development of the state policy related to HIV/AIDS, programme management and establishing of enabling environment for successful implementation of the measures among the vulnerable groups.

Second component is a key one and includes interventions for the vulnerable groups. Implementation of that component will lead to restriction of HIV/AIDS spread; prevent its transmission from the vulnerable groups with high risk behavior to general population of the country; prevent HIV infection among the newborns and mitigate social-economic consequences of HIV/AIDS spread in the Kyrgyz Republic.

Third component of the programme presents services provided to the vulnerable groups of the population. It contains also big block of safety medical procedures directed towards HIV/AIDS prevention among the population in general.

This programme is aimed first of all to prevent HIV infection among the youth through forming more safety behavior, increasing responsible attitude to own health, improving moral values, ability to resist negative impact. Programme is gender sensitive and envisages measures to overcome all form of discrimination and gender equality development.

Improving of the legislation of the Kyrgyz Republic and enhancing enforcement methods, and special programmes forming enabling environment for HIV/AIDS programme implementation allow bringing the legislation of the Kyrgyz Republic in line with principles and norms of the international law.

Participation of the civil society, PLWHA and PSHA in decision-making procedure through their participation in a work of the multisectoral coordination committees, in monitoring and
evaluation of programme efficiency, its transparency will promote further development of democratic management forms at national and local levels. Work will be planned based on needs of the vulnerable groups.

Leadership and partnership of the programme executors from the government, international and non-government organizations will be a guarantee of successful implementation of the programme.

Kyrgyz Republic conducts the state policy and has its own experience of HIV/AIDS programme implementation, trained national experts, governance system, and possibilities to receive significant international humanitarian aid.

All these things establish confident basis for efficient implementation of the State Programme on HIV/AIDS prevention and its social-economic consequences in the Kyrgyz Republic for 2006-2010. Implementation of the goals and objectives of the programme will allow limiting HIV/AIDS spread in the country at initial stage of development.
GLOSSARY

OUTREACH – method of work with the citizens and specific groups when the specially trained staff or volunteers of profile service visit meeting sites, places of entertainment, work of target groups, provide support, disseminate published materials and contraceptives, provide individual counselling and etc.

OUTREACH-WORKER – worker carrying out field work at places where target group representatives stay and live.

SAFETY BEHAVIOR – sexual relations excluding possibility of psychological trauma and harmful consequences for human health.

HIV – human immune deficiency virus. Majority of the scientists believes that HIV lead to AIDS. It belongs to lentivirus, subgroup of retroviruses. Most of viruses as bacteria, plants and animals have genetic code consisting of DNA, and RNA is used to build specific proteins. Genetic material of retrovirus is RNA. HIV introduces its RNA in DNA of the cell-host impeding normal functioning of cell and transforming it into factory producing viruses.

HEPATITIS – inflammation of liver caused by one of some pathogenic factors like a number of viruses, alcohol abuse, some drugs and etc. Although many types of hepatitis do not have actual threat, disease can be transformed in chronic form and become dangerous for human life. There are four main types of viral hepatitis: hepatitis A or infection transmitted through faecal-oral route, contaminated products or water – after recovery life-long immunity is developed; hepatitis B transmitted as HIV infection through sexual route or blood (for example, through commonly used syringes); hepatitis C (so-called viral hepatitis with parenteral transmission mechanism) – it is transmitted like hepatitis B through sexual contact or blood; hepatitis E (with faecal-oral transmission mechanism); hepatitis D (or delta-viral infection) affects people already infected by hepatitis B virus. Prevention of hepatitis A and E – follow rules of hygiene and use clean products and water. Prevention of hepatitis B, C and D is similar to prevention of HIV infection – use of condoms and clean needles for injections. At present, recombinant (received due to genetic engineering) alpha-interferon is used to treat chronic hepatitis B.

DISCRIMINATION – violation of rights and freedoms of people living and suffering with HIV/AIDS because of HIV/AIDS.

FRIENDLY MEDICAL SERVICE – provision of specialized medical, psychological and social support of health protection and prevention of socially harmful diseases. Compare to other medical facilities, a clinic specialized in provision of friendly medical services for needed persons differs first of all by principles of its work with the youth: accessibility, friendly attitude, confidentiality, respect and unbiased approach to clients, complex of service, involvement of the youth in clinic activity and the personnel specially trained to work with the youth.

STIs – sexually transmitted infections, venereal diseases caused by infections transmitted during sexual contacts, for example gonorrhoea, syphilis, clamidiosis.

IMMUNITY – immunity of the body to infected and non-infected agents and substances: bacteria, viruses, poisons and other products alien for body. There are congenital and acquired immunity. Congenital immunity is transmitted hereditarily as other genetic features. Acquired immunity (it can be actively or passively acquired) occurs as result of disease or vaccination.

IMMUNOBLOT ANALYSIS - method of laboratory analysis of blood serum on presence of antibodies to HIV; it is more accurate analysis compare to IEA and used to prove IEA results.
IMMUNODIFICIENCY – it is inability of some sections of immune system to function properly. As result, resistance of the human body to infection agents is reduced, and probability of various diseases development is increased (see opportunistic infections). In case with HIV infection, cell-mediated immunity linked with function of T-lymphocyte-assistants is broken down.

IMMUNE-ENZYME ANALYSIS - IEA – laboratory analysis allows detecting presence of HIV-antibodies in blood; testing on HIV-antibodies.

INVASIVE MEDICAL INTERVENTIONS – medical procedures disturbing continuity of skin and mucous tunic of the patient conducted by the physicians in order to cure the patient.

INJECTION DRUG USERS – there are men and women using drugs through injection regardless on put diagnosis and stage of drug addiction, experience and frequency of drug use, their types and dosage.

CONFIDENTIAL - "trusting", "based on trust". Under confidential examination or treatment, name of the patient is known to doctor but should not be disclosed to other people.

LATENT – so-called state when pathogenic organism is presented in human body but passive: does not propagate or cause disease. In case of HIV infection: although individual with HIV infection, as a rule, has clinical latency time, actually virus is never latent. Even at earlier stages of disease HIV is active in lymphoid organs where huge number of viruses is caught by a network of follicular dendrite cells. There are many CD4+ cells around, which are infected. Virus particles are accumulated both in infected cells and free.

PLWHA (people living with HIV/AIDS) – people infected with the human immunodeficiency virus at stage of absence of disease properties as well as at stage of deep affection of immune system caused by the human immunodeficiency virus.

PSHA (people suffered with HIV/AIDS) – people suffered from moral and property harm because of their relatives infected with HIV/AIDS.

METHADONE – synthetic drug used per-orally to reduce pain and to treat opiate (for example, heroine) abuse.

MIGRANTS – are mobile citizens settle and stay long in other country.

“PEER TO PEER” TRAINING METHOD - widely known in the world practice as HIV/AIDS prevention method especially among the youth through interactive training methods holding. Main goal is to provide information, develop skills and knowledge, change behavior and attitude to HIV/AIDS problem.

MOBILE POPULATION – individuals moving from one site to another for temporary purposes, season or permanent residence by own will or due to circumstances. Main professional groups linked with moving include truck drivers, merchandisers and sex business workers.

MSM - men having sexual contacts with men. This term is often used in a context of HIV prevention when characteristics of behaviour are important. Main MSM groups: (1) open MSM – homosexual men characterized by open style of sexual life. It is small group of about twenty people. Majority of MSM in the Kyrgyz Republic has sexual relations with many partners and practices anal sex; (2) Homosexual and bisexual men having dual life, as a rule, they are married and have children. Part of them has sexual contacts with other men on constant basis, other – from time to time. Majority of MSM in the country belongs to that category; (3) Heterosexual men can offer sex to other men based on economic benefits; others practice sex with men under drug or alcohol abuse or became victims of
violence. Men in prisons or army can be in that category. Size of this group and frequency of sexual contacts are unknown.

SAFETY BEHAVIOUR SKILLS – skills of healthy life style, protection means use and etc.

NEUROSYPHILIS – specific dysfunction of central, peripheral and vegetative nervous system determined by syphilitic infection.

GENERAL POPULATION – men and women who do not belong to conditionally distinguished vulnerable groups. It is inhomogeneous group composing on individuals differ by sex, age, level of education, nationality, income, religion, social status, location, behaviour and other features. Adult population has considerable influence on HIV/AIDS prevalence.

COMMUNITY BASED ORGANIZATIONS – NGO working in a sphere of HIV/AIDS prevention and specialized in provision of service for vulnerable groups considering their needs in 24 hour regime.

VOLUNTARY APPROVAL – voluntary approval on HIV-infection testing or participation in clinical testing in written form upon receiving of particular information as objectives, methods, procedures and possible positive or negative consequences of testing or treatment. The patient willing to participate in clinical testing is to sign documents confirming his/her approval.

ARV THEREPY DEVOTION – need in a lifelong use of antiretroviral medicine including at least 3 medications prescribed in big doses.

PREVENTION (primary) – system of political, economic, social, anti-epidemic, hygienic and medical interventions carried out by the authorities, institutions, organizations, citizens aimed to achieve and maintain high level of health of the population.

PREVENTION (secondary) – system of economic, social, anti-epidemic, hygienic and medical measures directed towards early detection of diseases, prevention of relapses and possible complications.

BURNING PREVENTION (for PLWHA) – complex of measures to prevent affective disorders like depression, anxiety and stress among PLWHA.

Psycho-social counselling – confidential dialogue between examined person and person providing support, giving an opportunity to overcome psycho-emotional stress and make decision concerning HIV/AIDS. Process of psycho-social counseling in case of HIV-infection consists of pre-test and after-test counseling.

REFERENCE TEST-SYSTEMS – tests-systems allowing assessing diagnostic data in accordance with a list of recommended criteria to assess quality of diagnostic kits on biological standards like accuracy, repeatability; assessment of parallel results of measurement of analyzed component received in different ways.

BURNING – depressed psychological condition observed among the social workers, psychologists-consultants, hot line operators after long work with clients. Social-psychological support service organizes regular measures and events for the personnel in order to prevent “burning”.

SEX WORKERS are people (men and women) providing sexual service based on material remuneration.
SYPHILIS - infection sexually transmitted chronic disease.
Pathogen is chlorosis treponemus (бледная трепонема). Usually infection transmits through coitus without condoms, sometimes through kisses, one toothbrush use etc. It can infect any human internals and tissue. Initial asymptomatic period can last a several years. Ignoring treatment it can affect on brain with further death. The death risk of untreated syphilis for HIV-negative equal to 30%, HIV-positive is exposed to higher risk.

HARM REDUCTION – complex of activities directed on drug use harm reduction (different from extermination of drug use). The main objectives of harm reduction are prevention of blood transmitted infections spread (HIV-infection, hepatitis etc.), overdose risk reduction and other accidents entailing death, lightening of negative consequences of drug use (poverty, criminality etc.) related to both individuals and a whole society. The basic harm reduction strategies include syringe exchange programmes, substitute therapy, consulting and information support of medical personnel. Premises of safety injected drug use, reduction of cancellation of criminal penalty connected with drug use etc.

CO-ADDICTED PERSONS – people close to the representatives of vulnerable groups (members of their families, friends, relatives and others).

COMMUNITY AFFECTED BY AIDS – concept unifying all people living with HIV/AIDS regardless on life style and infection route, and their families, friend and relatives – all who was touched by AIDS problem in medical, psychological and social dimensions.

SOCIAL MARKETING – an application of the commercial marketing methods to popularize healthy life style using contraceptives, access to high quality goods and services by affordable price.

AIDS SERVICE AGENCY – it is medical, social or any other organization or service actively involved in HIV/AIDS prevention, treatment and support of infected persons.

CONTRACEPTIVES – used to prevent HIV/AIDS infection, sexually transmitted infections and undesirable pregnancy.

STIGMATIZATION – conferring properties and attributes related to HIV/AIDS humbling dignity of individual or group of people.

TOLERANCE – it is indulgence, position of non-blaming (for example, in terms of other life style).

LOW ACCESSIBLE GROUPS – vulnerable groups (MSM, SWs, IDUs), who are because of their specifics are difficult to access for preventive measures.

TUBERCULOSIS - infection disease caused by mycobacterium of tuberculosis. Often, tuberculosis affects respiratory system, but tuberculosis of other organs and systems affects on urine-genital system, eyes, peripheral lymph nodes, bones and joints, skin. Infection, as a rule, transmitted in respiratory way – inhalation of microscopic drops of saliva/spittle or phlegm secreted by person during coughing, sneezing or conversation. Main method of diagnostics is skin test Mantu. Isoniazid and rifampin are used to cure tuberculosis.

VULNERABLE GROUPS – groups of people where risk of HIV-infection is the highest due to special behavior of their members, in particular unsafely sex or injection drug use, and who potentially present the highest threat to public health.

PREVENTIVE CHEMICAL THERAPY – prevention of disease with a help of chemicals.

EPIDEMIC – spread of infection diseases exceeding normal level of morbidity in given area.