

CENTRAL ASIA REPUBLICS FINAL REPORT

January 2001

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT



USAID
FROM THE AMERICAN PEOPLE



**Central Asia Republics Final Report
January 2001**

for

**USAID's Implementing AIDS Prevention
and Care (IMPACT) Project**



Central Asia Republics Final Report

*Submitted to USAID
By Family Health International*

July 2007

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University of North Carolina at Chapel Hill**



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Glossary of Acronyms

AIDS	Acquired immune deficiency syndrome
CAR	Central Asia Republics
FHI	Family Health International
FSW	Female sex worker
HIV	Human immunodeficiency virus
IDU	Injection drug user
IMPACT	Implementing AIDS Prevention and Care Project
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	US Agency for International Development

Executive Summary

In fiscal year 2000, the USAID/Central Asia regional mission requested the Implementing AIDS Prevention and Care Project (IMPACT) to conduct an assessment to suggest where USAID could best respond to HIV prevention in the Central Asia Republics (CAR). The purpose of this initial assessment was to assess data gaps, contextual and policy constraints, identify implementing and collaborating groups, and to make recommendations regarding prevention interventions in three cities/regions – one each in Kazakhstan, Kyrgyzstan, and Uzbekistan. IMPACT conducted this assessment in January 2001. The IMPACT assessment team recommended increasing local capacity to effectively and expeditiously mount a comprehensive prevention strategy to reduce the incidence of HIV/AIDS. The recommended areas of focus were outreach and service delivery to high-risk groups, personnel, organizational capacity development, information technology, communication, training, and education.

Program Objectives, Strategies, Implementation, and Results

Introduction

In fiscal year 2000, the USAID/Central Asia Regional mission requested that IMPACT conduct an assessment to suggest where USAID could best respond to HIV prevention in the Central Asia Republics (CAR) and to suggest gaps in knowledge in order to plan effective interventions. The purpose of this initial assessment was to assess data gaps, contextual and policy constraints, identify implementing and collaborating groups, and to make recommendations regarding prevention interventions in three cities/regions – one each in Kazakhstan, Kyrgyzstan and Uzbekistan. IMPACT conducted this assessment in January 2001.

Country Context

Based on limited information in 2000, Kyrgyzstan and Uzbekistan appeared to have low-level HIV epidemics (defined by UNAIDS as having less than five percent prevalence of HIV infection in all groups), and Kazakhstan appeared to possibly have a concentrated epidemic in certain locations (defined as having an HIV prevalence of more than 5 percent in high risk groups but less than 1 percent in the general population). These countries all had a significant number of individuals who engaged in high-risk behaviors, such as injecting drug users (IDUs) and female sex workers (FSWs). These individuals had an increased vulnerability to HIV infection. Efforts at the time to reduce risk behavior showed success but with limited scope and coverage.

Kazakhstan

The prevalence of drug addiction in Kazakhstan sharply increased after 1991. The highest prevalence rates were observed in cities located along drug trafficking routes and cities and towns with a single industrial base. As a result of mine and factory closures after the dissolution of the Soviet Union, many residents of these single-industry based towns were forced to migrate to Russia and Ukraine for employment. As the economic situation

improved, many of them returned. It is thought that HIV infection in these cities was brought back with these returning economic migrants. Based on reported prevalence data of populations of injection drug users, the HIV epidemic situation in Kazakhstan, according to the UNAIDS classification, is low level with high HIV prevalence in the IDU population in selected areas. In 1996 the Republic of Kazakhstan began to see a dramatic increase in HIV infection over their previous reporting period. The most dramatic increase in the number of identified HIV infections occurred in the previous two years.

Kyrgyzstan

Kyrgyzstan has been implementing an HIV/AIDS/STI prevention strategy since 1997 with the technical and financial assistance of the United Nations Theme Group on AIDS, supporting a multisectoral approach to HIV prevention. The prevalence of drug addiction in Kyrgyzstan increased five-fold between the period from 1991 to 1997, with an average growth rate of 25 percent per year. The highest prevalence rates were observed in the major cities. At the same time, the age at first drug consumption was decreasing. In the 1980s, the average age at the first experience with drugs was between 16 and 18 years and regular consumption started between 20 and 22 years of age. In the late 1990s, the age at first use of drugs was estimated to be 13 to 14 years of age with regular use starting between 15 and 16 years of age.

Uzbekistan

As a result of documented high numbers of HIV cases among the IDU population, the Ministry of Health of Uzbekistan issued a decree to establish 50 needle-exchange points that would provide information about HIV/AIDS; distribute syringes, needles, and disinfectant; and distribute condoms. A total of 79 percent of all HIV cases in Uzbekistan were reported between 1996 and 1998.

Lessons Learned and Recommendations

HIV infection prevalence rates in CAR had only relatively recently begun to increase, and the region was in a position to learn from other countries' experiences. The IMPACT assessment team recommended increasing local capacity to effectively and expeditiously mount a comprehensive prevention strategy to reduce the incidence of HIV/AIDS. The recommended areas of focus were outreach and service delivery to high-risk groups, personnel, organizational capacity development, information technology, communication, training, and education. Specific recommendations included:

- support of the implementation of targeted prevention interventions in populations that engage in risky behavior.
- support of the development and implementation of comprehensive behavioral and biologic surveillance plans to monitor HIV/AIDS and STIs for program planning and advocacy
- support the work of UNAIDS and other key stakeholders to refine the national HIV/AIDS strategic plans

- increase coordination, communication, and planning among groups that address HIV/AIDS across the region
- support the technical and organizational capacity building of individuals and groups to design and implement comprehensive HIV prevention programs for populations that engage in risky behavior

ATTACHMENT

Country Program Financial Summary

USAID committed \$75,000 to IMPACT in fiscal year 2000 to assess where USAID could best respond to HIV prevention in the Central Asia Republics.