

**CONFERENCE ON THE  
PREVENTION OF  
HIV/AIDS AND SEXUALLY  
TRANSMITTED INFECTIONS IN  
CENTRAL ASIA**

**Almaty, Kazakhstan**

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## EXECUTIVE SUMMARY

### *Introduction*

The founding meeting of the HIV/AIDS/STI Central Asia Initiative was convened on 16–18 May in Almaty, Kazakhstan. The meeting, which focused on the prevention of HIV/AIDS and sexually transmitted infections (STIs) in Central Asia, was jointly sponsored by the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children’s Fund (UNICEF), and the United States Agency for International Development (USAID).

The level of participation was unprecedented for an AIDS meeting in the sub-region. The conference brought together government representatives from Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan, members of the United Nations theme groups from the five Central Asian countries including UNAIDS and its co-sponsors, UNICEF, United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Office for Drug Control and Crime Prevention (UNODCCP), United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO) and The World Bank, as well as other donor organizations such as USAID, the British Department for International Development (DFID), and non-governmental organizations (NGOs) working in the sub-region such as the Open Society Institute (OSI) and its affiliated foundations.

### *Goal and objectives*

The goal of the HIV/AIDS/STI Central Asia Initiative is to prevent HIV from getting a stronghold in the republics of Central Asia and to thus abort a large-scale epidemic in the sub-region. Its purpose is to support governments and NGOs in the implementation of accelerated and expanded national responses that can have a real impact in the sub-region. The objectives of the founding meeting were:

- To facilitate a common understanding of the dynamics of the HIV/AIDS epidemic in Central Asia;
- To assess the current capacity and needs of countries in Central Asia to respond to the concurrent HIV/AIDS, STIs, and injecting drug user (IDU) epidemics;
- To establish consensus among governments, NGOs, UNAIDS co-sponsors, and other donor organizations around priority areas for action and best practices to control HIV/AIDS in the sub-region;
- To identify the technical and financial resources required for an accelerated and expanded response; and,
- To strengthen existing mechanisms for the exchange and dissemination of information, technical expertise, experience, and best practices among countries in Central Asia as well as the larger Eastern European and Central Asian region.

### *State and dynamics of the epidemics*

There is every indication that HIV/AIDS is gaining a stronghold in Central Asia, where it is spreading rapidly among IDU communities. The first cases of HIV in the sub-region were detected in the late 1980s and early 1990s, but the incidence of infection remained low until 1996, when outbreaks emerged among IDUs. Today, the HIV epidemics in Kazakhstan, Kyrgyzstan, and Uzbekistan are best characterized as concentrated epidemics with HIV prevalence exceeding 5 percent among IDUs in certain cities but remaining below 1 percent in the general population. Based on available data, the epidemics in Tajikistan and Turkmenistan appear to still be in the nascent phase with less than 5 percent of individuals with high-risk behavior infected to date. Considering the epidemics are still at the nascent and concentrated phases, and provided sufficient coverage can be achieved, interventions focused on the most vulnerable groups in the sub-region can still abort a widespread epidemic. Short of this, the number of people living with HIV/AIDS in the sub-region is expected to grow exponentially as it did in Ukraine, the Russian

Federation, and other newly independent states (NIS), and ultimately find its way into the general, non-drug using population.

The large epidemics of syphilis and other STIs in the sub-region are a warning sign that transmission of HIV through sex is likely to grow in importance. A number of so-called “bridge populations” already exist in the sub-region that could drive a more widespread heterosexual epidemic. These include sexually active IDUs, drug injecting sex workers, and men who have sex with men (MSM), who lead bisexual lifestyles. It is estimated that in some cities in the sub-region up to 40 percent of sex workers are currently injecting drugs.

### ***Response to the epidemics***

Underlining the level of political commitment achieved in the region, each of the countries in the sub-region is actively engaged in the formulation of a national strategic plan that will serve as a framework for the implementation of the national response. Countries in the sub-region are moving according to the following broad strategic directions: multi-sectoral involvement, a focus on the most vulnerable groups, removing repressive legislation that creates fear and stigma among high-risk behavior groups, shifting from mandatory mass screening and case detection toward more voluntary and targeted testing, and shifting from a predominantly medical approach that relies heavily on testing, to a preventive approach that relies on information, behavior change, and access to services.

Countries in the sub-region are implementing the following small-scale HIV prevention activities targeting youth, IDUs, sex workers and their clients, and to a limited extent, prisoners, MSM, migrants, refugees, and displaced persons:

- Promoting a growing awareness of the vulnerability of young people to HIV, STIs, and injecting drug use has brought young people’s health, protection, and development issues to a higher level on the political agenda. All five countries are implementing “healthy lifestyles” programs. These programs are generally school-based and use traditional didactic approaches. To date, little attention has been given to out-of-school youth and street kids
- Needle exchange programs have been piloted throughout the sub-region and the first drug substitution program will be piloted in Kazakhstan and possibly Kyrgyzstan this year. Uzbekistan became the first country in the sub-region to expand its needle exchange “trust points” nationwide.
- Sex worker interventions are ongoing in Kazakhstan, Kyrgyzstan, and Turkmenistan and are just beginning in Tajikistan and Uzbekistan. The burden of prevention in commercial sex has been placed heavily on the female sex worker with little attention given to their male clients.
- Interventions with prisoners have been piloted in Kyrgyzstan and Kazakhstan and have been initiated in Uzbekistan and Tajikistan. So far, only disinfectants, condoms, and educational materials have been allowed in prisons. While needle exchange is still not allowed in prisons, a few countries have expressed an openness to try drug substitution in some countries.
- While MSM remains a taboo subject and political and social impediments to their successful implementation persist, MSM interventions are ongoing in Kazakhstan and Kyrgyzstan, as well as in Uzbekistan, albeit on an informal basis.
- Governments and international organizations such as UNHCR and IOM are increasingly recognizing the increased vulnerability to HIV/AIDS of migrants, refugees, and displaced persons in the sub-region. The problem of trafficking of migrants (especially women and girls) was also placed on the sub-regional agenda.

### ***Discussion, conclusions, and recommendations***

Epidemiological and programmatic updates were supplemented by a series of presentations on selected pilot interventions among vulnerable populations. Participants then broke into four thematic working groups to review the

current situation and response for each of the above-mentioned priority target populations. The following questions were provided to guide the discussions:

- What are the key needs?
- What is going on that should be scaled up?
- What actions do you recommend at the country level?
- What actions do you recommend at the sub-regional level?

Their observations and recommendations are summarized in the body of the report.

Because these small-scale projects are achieving only limited coverage, the gap between the scope of the problem and the response is widening. While multiple international actors are supporting multiple small projects and programs across the sub-region, substantial additional external resources will need to be mobilized urgently in order to act within the closing window of opportunity. In particular, there was an urgent call for needles, syringes, and condoms to support ongoing interventions and their expansion.

A press conference was held at the end of the first day of the meeting. Government officials took the time to answer questions from TV, radio, and print journalists. AAP/Reuters as well as the local press picked up the press conference. All delegations spoke frankly about their problems, and indicated that governments were addressing HIV/AIDS seriously. On the basis of discussions, any vestige of denial of the problem in Central Asia appears to have disappeared.

A draft *Central Asia Declaration on HIV/AIDS Prevention* was agreed upon by governments and NGOs. The declaration expresses the governments' high level of political commitment to the HIV/AIDS problem and will serve as a basis for governmental input at the upcoming UNGASS on HIV/AIDS.

### *Next Steps*

- Accelerate the elaboration of national strategic plans in Kazakhstan, Tajikistan, Turkmenistan, and Uzbekistan. Strategic plans will serve as the basis for cooperation and will be regarded as frameworks through which resources will be channeled to governments and NGOs.
- Facilitate a high-level representation of delegates from the sub-region at the forthcoming UN Special Session on HIV/AIDS and ensure that the specific needs and priorities of the sub-region will be reflected.
- Finalize the *Central Asia Declaration on HIV/AIDS Prevention* document that was endorsed by government representatives at the conference and get it endorsed by all five countries in the sub-region as a basis for their input to the UN special session. The declaration should be promoted throughout the sub-region and among international partners and donors to mobilize resources for an expanded response.
- Because financial cost-sharing is not realistic to expect from cash-strapped governments in the sub-region, donors should seek more in-kind contributions from governments such as building political commitment and the creation of a more favorable legislative environment for HIV/AIDS prevention.
- Strengthen the UN theme groups in the sub-region as the primary mechanism for coordination of international assistance at the country level: a) membership in the theme groups needs to be expanded in all countries to include national representatives, bilateral and other donor agencies, and NGOs; b) a national program officer should be posted in each country to ensure the day-to-day management of the theme groups.
- Develop a mechanism to coordinate international assistance at the sub-regional level.
- Strengthen HIV sentinel surveillance (serologic as well as behavioral) in the sub-region in order to gauge the state of the epidemic, design appropriate interventions, and monitor the effectiveness of efforts at prevention.
- Support more demonstration projects in new areas such as drug substitution therapy.

- Support the publication of the quarterly Central Asia newsletter *Into Focus* as a forum for the exchange of information, ideas, experience, and best practices in the sub-region.
- Develop a database of technical experts and resources within the sub-region as well as the greater CEE/NIS region.

#### *Closing remarks*

There is still an opportunity to prevent a large-scale spread of HIV in the region through early targeted interventions. There is solid groundwork from which to build an expanded response and the level of expressed political commitment in the sub-region is high as outlined in the Central Asia Declaration. Now is the time to make a credible assault on the epidemic and urgently mobilize financial and technical resources to help governments, local authorities, and NGOs to rapidly increase the coverage and effectiveness of national responses. Scaling up the response is imperative and affordable today. Tomorrow the prevention challenge will only become more daunting.

## ***Introduction***

The founding meeting of the HIV/AIDS/STI Central Asia Initiative was convened on 16–18 May in Almaty, Kazakhstan. The meeting, which focused on the prevention of HIV/AIDS and sexually transmitted infections (STIs) in Central Asia, was jointly sponsored by the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children’s Fund (UNICEF), and the United States Agency for International Development (USAID). The meeting was also timed to assist governments in the sub-region to prepare for the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, 25–27 June 2001 in New York City. Conversely, the new Initiative was timed to harness the momentum that is expected to be generated at the special session among senior policy and decision-makers in the sub-region. The agenda of the meeting can be found in Annex 1.

The level of participation at the conference was unprecedented for an AIDS meeting in the sub-region. Prof. Aikan Akanov, representative of the prime minister’s office of the Republic of Kazakhstan, and Mr. Glen Anders, regional director of the USAID Central Asia Mission, welcomed government representatives from Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan, as well as key organizations working in the fight against HIV/AIDS, STIs, and injecting drug use at the global, regional, and country levels. The conference brought together members of the UN Theme Groups from the five Central Asian countries including UNAIDS and its co-sponsors, UNICEF, United Nations Development Program (UNDP), United Nations Population Fund (UNFPA), United Nations Office for Drug Control and Crime Prevention (UNODCCP), United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO), and The World Bank, as well as other donor organizations and non-governmental organizations (NGOs) working in the sub-region. A comprehensive list of participants can be found in Annex 2.

The goal of the HIV/AIDS/STI Central Asia Initiative is to prevent HIV from getting a stronghold in the republics of Central Asia and thus abort a large-scale epidemic in the sub-region. Its purpose is to support governments and NGOs in the implementation of accelerated and expanded national responses that can have a real impact in the sub-region. The core of these expanded responses will focus on early targeted interventions among the most vulnerable groups.

The objectives of the founding meeting were:

- To facilitate a common understanding of the dynamics of the HIV/AIDS epidemic in Central Asia
- To assess the current capacity and needs of countries in Central Asia to respond to the concurrent HIV/AIDS, STIs, and injecting drug use (IDU) epidemics
- To establish consensus among governments, NGOs, UNAIDS co-sponsors, and other donor organizations around priority areas for action and best practices to control HIV/AIDS in the sub-region
- To identify the technical and financial resources required for an accelerated and expanded response
- To strengthen existing mechanisms for the exchange and dissemination of information, technical expertise, experience, and best practices among countries in Central Asia as well as the larger Eastern European and Central Asian region.

This report highlights the discussions and recommendations proceeding from this conference. It is intended to reflect the consensus of the meeting rather than the views of individual participants.

## State of the epidemics

### Regional Trends

Until 1995, Eastern Europe and Central Asia did not seem to be confronted with a major HIV threat. Based on mass screening programs, the total number of people living with HIV/AIDS for the entire sub-region, with an estimated total population of 400 million, was estimated to be less than 30,000. In contrast, during the same period and with a similar total population of 405 million, the estimated number of people living with HIV/AIDS in Western Europe was close to half a million (474,000). The situation changed dramatically after 1995 with the emergence of HIV among injecting drug users (IDUs) in Eastern Europe and Central Asia. By the end of 2000, the estimated number of HIV infections in Eastern Europe and Central Asia had increased by more than 20-fold, from less than 30 000 in 1995 to 700 000 in 2000. This is in sharp contrast to Western Europe, where the estimated total number of people living with HIV/AIDS at the end of 2000 was 540 000. Not only have Eastern Europe and Central Asia surpassed Western Europe in terms of the total number of people living with HIV/AIDS, but also in terms of the rate of increase. While the incidence of HIV has stabilized at around 30 000 new infections per year in Western Europe, mostly among men who have sex with men (MSM) and IDUs, it continues to grow exponentially in Eastern Europe and Central Asia, with a quarter of a million new infections in 2000 alone, mostly among IDUs (Fig 1).

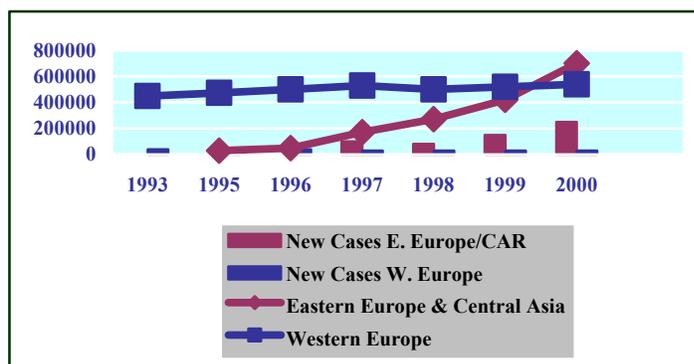
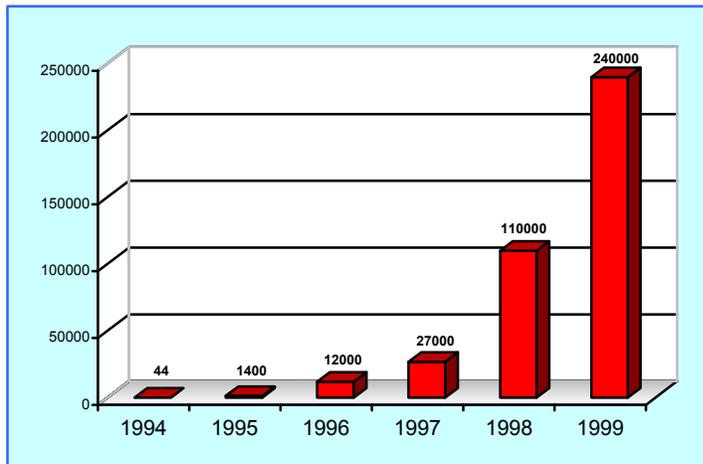


Figure 1. HIV trends in Eastern Europe, Central Asia, and Western Europe, 1993–2000

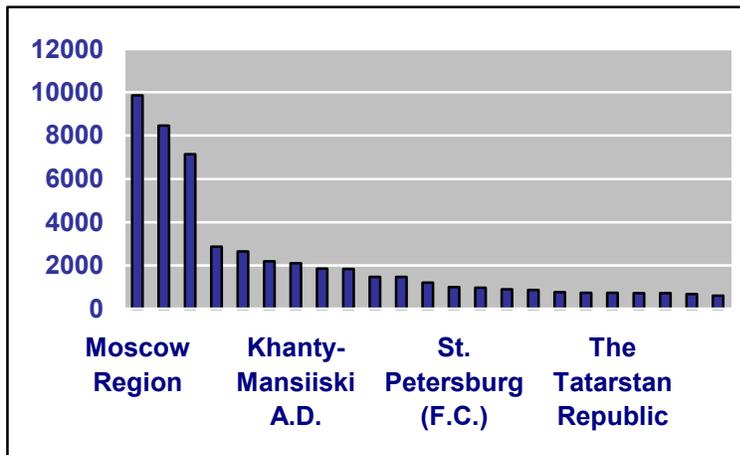
### The Emergence of HIV among IDUs in Eastern Europe and Central Asia

The first outbreaks of HIV among IDUs in the Eastern Europe and Central Asian region were detected in Ukraine in 1995. They occurred in the southern port cities of Nikolayev and Odessa on the Black Sea. One year later, all 27 regions of the country were reporting HIV among IDUs. The proportion of infected IDUs in Nikolayev jumped from less than 2 percent in January 1995 to almost 60 percent 11 months later. In Odessa, the prevalence of HIV among registered IDUs doubled between 1995 and 1997, from 31 to 57 percent. The reported number of HIV cases in Ukraine increased from less than 400 cases in 1994 to over 30 000 by the end of 1999—a 60-fold increase in five years. UNAIDS estimates that the actual number of people living with HIV/AIDS in Ukraine by the end of 1999 was 240 000, and that just under 1 percent of adults aged 15–49 are currently infected (Fig. 2). Judging from recent evidence of HIV infection among pregnant women, the virus appears to have made inroads into the general population where it will be far more difficult to control.



**Figure 2. Estimated Number of People Living with HIV/AIDS in Ukraine between 1994 and 1999 (UNAIDS)**

Beginning in 1996, similar scenarios unfolded among IDUs in Belarus, Kazakhstan, Moldova, and the Russian Federation (described later in this report). Large-scale testing in the Russian Federation did not detect a single case of HIV among IDUs until 1996, when the first outbreak was detected among IDUs in the northwestern enclave of Kaliningrad. Today, UNAIDS estimates that more than 400 000 people are living with HIV/AIDS in the Russian Federation, the great majority among IDUs. Today, HIV is reported from virtually every region in the country, illustrating how rapidly HIV can spread, jumping from one IDU community to another, and from one city and province to another where it continues to spread contiguously to surrounding areas (Fig. 3).



**Figure 3. Incidence of reported HIV cases in the most affected regions of the Russian Federation, September 2000 (UNAIDS)**

The same patterns described in Ukraine and the Russian Federation are unfolding in other parts of the region, including the Caucasus, the Baltic Sea region and, Central Asia, where HIV is spreading rapidly along drug trafficking routes, ports, and other places with good transportation links.

## HIV Trends in Central Asia

There is every indication that HIV/AIDS is gaining a stronghold in Central Asia. The first cases of HIV in the sub-region were detected in the late 1980s or early 1990s (Table 1). During the early wave of the epidemic, the primary mode of transmission was sexual, and the incidence of infection remained low. Since 1996, a second and much larger wave of infection among IDUs is rapidly superseding this pattern. Injecting drug use has become the primary mode of transmission of HIV in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan. Turkmenistan is expected to follow suit. Unless prevention efforts are rapidly expanded, the number of people living with HIV/AIDS in the sub-region is expected to grow exponentially, as it did in Ukraine, the Russian Federation, and other countries of the newly independent states (NIS), and ultimately find its way into the general, non-drug using population.

<i>Country</i>	<i>Year of first report of HIV</i>	<i>Reported cases *</i>	<i>Estimated cases **</i>	<i>Predominant transmission mode</i>
<b>Kazakhstan</b>	1989	1799	3500	IDU
<b>Kyrgyzstan</b>	1987	92	Less than 100	IDU
<b>Tajikistan</b>	1991	22	Less than 100	IDU
<b>Turkmenistan</b>	1997	2	Less than 100	Nosocomial
<b>Uzbekistan</b>	1992	302	Less than 100	IDU

\*June 2001

\*\* UNAIDS estimates end 1999

**Table 1. Status of reported HIV/AIDS Cases in the Central Asia Republics, June 2001 (UNAIDS)**

The first outbreak of HIV among IDUs in Central Asia was in 1996 in Temirtau, a mining city in the northern province of Karaganda, Kazakhstan. It is hypothesized that infected economic migrants returning from Ukraine and the Russian Federation introduced HIV into Timertau. By the end of May 2001, Kazakhstan reported a total of 1799 cases, 85 percent among IDUs. While Timertau remains the epicenter of the epidemic in Kazakhstan (accounting for more than 90 percent of registered HIV cases), HIV is now reported from every province in the country. The incidence of HIV is on the rise among IDUs in the cities of Shimkent near the Uzbek border, in Kostanai, Pavlodar, Taraz, Ust-Kamenogorsk, and Petropavlovsk, which constitute important junctions on the drug trafficking routes leading to the Russian border, as well as in Almaty and in the new capital, Astana. HIV prevalence was 26 percent among the 415 samples of residual blood tested from syringes turned in by IDUs attending a needle exchange point in Temirtau in May 2000. Such data give a tentative idea of the level of infection among drug users.

As in other NIS countries, while the first wave of HIV cases registered in Kyrgyzstan was among foreigners (Africans and citizens of other NIS countries), today the majority of new cases are among Kyrgyz nationals. By the end of May 2001, a total of 92 cases were registered in the country, 82 percent among IDUs and 15 percent through the sexual route (homosexual and heterosexual). Twice as many new cases were registered during the first quarter of this year than during the entire previous year, all of them among IDUs. Osh remains the most severely affected area in the country, followed by the capital, Bishkek, and Chui Valley (just outside of Bishkek). Testing of residual blood left in the used syringes of IDUs at needle exchange points in Osh and Bishkek indicate that HIV prevalence among IDUs in these two cities exceeds 5 percent.

Until 1999, only 25 cases of HIV had been registered in Uzbekistan since the first case was detected in 1992. The number of registered cases increased dramatically from 12 to 154 cases during 2000 after an outbreak of HIV was detected among IDUs in Yangi Yul, an industrial city on the outskirts of Tashkent. By the end of the first quarter of 2001, a total of 302 cases were reported; more than 70 percent from the Tashkent and Yangi Yul area, 71 percent among IDUs, and 20 percent through sexual transmission. In October 2000, according to the Republican AIDS Center, 23 among 160 IDUs arrested in Yangi Yul tested positive for HIV, suggesting a prevalence of 14.3 percent in this high-risk behavior group.

In Tajikistan and Turkmenistan, by the end of May 2001, the number of registered HIV cases was 22 and 2, respectively. In Tajikistan, 65 percent of cases are registered as IDUs. In Turkmenistan, both cases are reported to be nosocomial.

## ***Dynamics of the epidemics***

### **Determinants of the HIV epidemics**

The following factors are contributing to the rapid spread of HIV in the sub-region:

- A young population in a social context of economic crisis, increased poverty, increased unemployment, rapid social change, and changes in sexual norms
- A rapid increase in drug consumption and injecting drug use associated with drug trafficking
- A growing sex industry
- High levels of STIs
- Social taboos and coercive legislation.

As in Eastern Europe, three concurrent and increasingly linked epidemics are unfolding in Central Asia:

- An HIV /AIDS epidemic
- An epidemic in injecting drug use
- An STI epidemic.

### **Stage of the HIV epidemics**

Based on the latest data available, HIV prevalence in the sub-region remains low by global standards. Among the different risk groups, HIV is heavily concentrated among IDUs, and prevalence among the other high-risk groups has remained comparatively low so far. The HIV epidemics in Kazakhstan, Kyrgyzstan, and Uzbekistan are best characterized as concentrated epidemics, with HIV prevalence exceeding 5 percent among IDUs in certain cities, but remaining below 1 percent in the general population.<sup>1</sup> The epidemics in Tajikistan and Turkmenistan are best described as nascent, with less than 5 percent of individuals with high-risk behavior infected to date. Nascent and concentrated epidemics are particularly amenable to focused interventions.

The large epidemics of syphilis and other STIs in the sub-region are a warning sign that transmission of HIV through sex is likely to grow in importance. This trend can already be seen in countries in the region where the HIV epidemic is more mature. In Ukraine, for instance, the proportion of HIV-positive diagnoses that are in the IDU population seems to have decreased from 80 to 60 percent in 2000, indicating that an increasing number of Ukrainians are becoming infected through unsafe sex.

A number of so-called bridge populations already exist in the sub-region that could drive a more widespread heterosexual epidemic. These include sexually active IDUs, drug injecting sex workers, and bisexual MSM.

Furthermore, a significant proportion of individuals who engage in unsafe drug injecting or sexual behaviors are not readily identifiable in the general population. For example, until they become “hard-core” addicts, individuals who inject drugs continue to lead normal lives in public, and blend easily into the general population where they continue

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<sup>1</sup> An HIV epidemic in a country is considered *nascent* if less than 5 percent of individuals in high-risk groups are infected. The epidemic is considered *concentrated* if 5 percent or more of individuals in high-risk groups, but less than 5 percent of women attending urban antenatal clinics, are infected. The epidemic is considered *generalized* if 5 percent or more of women attending urban antenatal clinics are infected (From: *Confronting AIDS: Public Priorities in a Global Epidemic*, a World Bank Policy Research Report, 1997).

to have sexual relationships with non-IDU partners. Similarly, most homosexual men have a wife or a girlfriend, and children in order to hide their true sexual orientation and “prove” their heterosexuality.

## ***Response to the epidemics in Central Asia***

### **National and local response**

In addition to epidemiological updates, representatives from Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan gave updates on the national responses to the HIV/AIDS epidemic. These updates were supplemented by a series of presentations on selected pilot interventions among vulnerable populations.

#### ***Strategic planning process***

Each country in the sub-region is actively engaged in the formulation of a national strategic plan that will serve as a framework for the implementation of the national response. A national strategic plan was recently approved in Kyrgyzstan and one is expected to be approved in Kazakhstan by the end of July 2001. Tajikistan has already formulated a first draft, and Uzbekistan is well into the development process. The national strategic plans will serve as a guide to priority activities and areas for governments, donors, NGOs and any organization seeking to contribute to the national response.

In their response to the HIV/AIDS epidemics, countries in the sub-region are moving according to the following broad principles and strategic directions:

- Multi-sectoral involvement (to encourage collaboration across sectors)
- A focus on the most vulnerable groups (young people, IDUs, sex workers, MSM, prisoners, and displaced persons)
- Removing repressive legislation that creates fear and stigma among high-risk behavior groups
- Shifting from mandatory mass screening and case detection toward more voluntary and targeted testing
- Shifting from a predominantly medical approach that relies heavily on testing, to a preventive approach that relies on information, behavior change, and access to services
- Recognizing the role of NGOs to work with communities who are marginalized by society
- Building partnerships with international organizations
- Creating an environment that is more supportive of mass media
- Initiating dialogue with religious leaders
- A political will to expand intervention projects that work.

#### ***Prevention activities among vulnerable groups***

Countries in the sub-region are implementing small-scale HIV prevention activities to various degrees targeting youth, IDUs, sex workers and their clients, and to a limited extent, prisoners, and MSM. Programs targeting youth tend to be school-based and little attention has been given to out-of-school youth and street kids. The burden of prevention in commercial sex has been placed heavily on the female sex worker, with little attention given to their male clients. Prison-based HIV prevention activities are relatively new and restricted to the distribution of disinfectants, condoms, educational materials, and STI care. MSM is still a very taboo subject in the sub-region, and HIV interventions for MSM are few and far between. Very little prevention work has been done for migrants, refugees, and other displaced persons. Interventions will be discussed in more depth in a later section of this report.

### *Sub-regional perspective*

Each country has its cultural and political differences, but representatives from the sub-region recognized that they have common characteristics and are confronting common issues in their fight against AIDS:

- Difficult economic times
- HIV is at each country's doorstep
- Drug consumption and prostitution are increasing in all the countries
- Persons under 25 years of age account for more than 50 percent of the population
- High levels of migration exist among countries in the sub-region as well as countries with more advanced HIV epidemics within the greater CEE/NIS region.

### *Primary constraints and needs*

Delegates recognized that current interventions are implemented at a scale that is far too small to have a meaningful impact on the epidemic—the gap between the scope of the problem and the response will continue to widen. For example, harm reduction efforts in Kazakhstan and Kyrgyzstan reach less than an estimated 5 percent of IDUs.

Despite much progress over the last several years, program managers still face the following constraints in implementing expanded national responses:

- Insufficient commitment at the highest levels of government despite a heightened awareness among the leadership
- Despite many steps in the right direction, legislation remains repressive toward vulnerable groups (IDUs, sex workers, and MSM) making it difficult to reach them
- Lack of financial resources to procure sufficient quantities of quality condoms, needles, syringes, and so on
- Shortage of personnel trained in preventive work.

Priority areas for sub-regional coordination and support include:

- Information and experience exchange
- Joint implementation of projects across borders

## **International response**

Under the leadership of UNAIDS, multiple international players are supporting a wide range HIV/AIDS initiatives and interventions in the sub-region. These are summarized in tabular form in Annex 3 of this report. Aside from UNAIDS and its co-sponsors (UNDP, UNESCO, UNFPA, UNICEF, UNODCCP, WHO, and The World Bank), the most active international organizations currently supporting HIV/AIDS/STI programs in the sub-region are the Open Society Institute (OSI) through the Soros foundations in the sub-region, the British Department of International Development (DFID), USAID, Swiss Development Cooperation (SDC), the Embassy of the Netherlands, the British Council, the International Federation of Red Cross and Red Crescent Societies (IFRC), IPPF Network, Médecins Sans Frontières (MSF) France, and Save the Children Fund–UK.

UN theme groups are operating in all five countries in the sub-region, some more successfully than others. Membership in the theme groups has been expanded from UNAIDS co-sponsors to include national governments, bilateral and other donor agencies, and indigenous and international NGOs. Expansion of the theme groups has helped to broaden and diversify the funding and technical resource base of national programs and facilitated the development and implementation of multi-donor funded projects. While a few of the programs funded are sub-regional in scope, the majority are not. So far, with few exceptions, such programs have been developed and

implemented at a country level, but promote the development and implementation of programs of sub-regional scope.

UN theme groups have evolved over the last five years from an information collection and dissemination mechanism to a strategic planning body. In the coming years, the theme groups will continue to focus on coordination, advocacy, capacity building, resource mobilization, strategic planning, and the implementation of jointly funded projects. The real challenge for the theme groups, however, will be to mobilize sufficient resources for the expansion of successful pilot projects nationwide, while promoting national ownership of the programs.

## ***Framework for a coordinated sub-regional response***

### **Rationale & guiding principles for a sub-regional response**

To better coordinate regional support to national responses to HIV/AIDS in different parts of the world, UNAIDS has been organizing a series of meetings for each region. The first Strategy Meeting to Better Coordinate Regional Support to National Responses to HIV/AIDS in Central and Eastern Europe and Central Asia was held in Geneva, 4–5 November 1999, and the second in Copenhagen, 4–5 December 2000.

There was consensus at the Geneva meeting that a coordinated sub-regional response should adhere to the following principles:

- National programs, including a well-articulated national HIV/AIDS strategic plan, should constitute the backbone of an effective response
- Activities at the sub-regional level must complement and support and not replace community and national responses
- Regional strategic priorities should be adjusted through a wide process of consultations

The added value of a sub-regional response to national and local responses include:

- Provide stronger advocacy for HIV/AIDS programs in the sub-region by working together
- Enable coordination and optimal strategic use of resources at subregional level
- Allow partners with particular interest, presence, or resources to play a catalyst role
- Better support horizontal networking between countries
- Enable joint targeted action on common and cross-border issues and the development of mutually reinforcing programs
- Build a joint pool of local experts, capacity and resources—in particular, pooling and sharing of information and experience to avoid duplication of efforts
- Through joint funding and programming, potentially reduce the administrative burden imposed on under-staffed recipients to manage multiple sources of funding with multiple reporting requirements.

There was consensus on the following strategic priorities for the region:

- Expand coverage of HIV prevention among IDUs to at minimum level of 60 percent
- Address the epidemics of sexually transmitted infections
- Develop comprehensive programs for young people's health, development and protection.

One year later, at the Copenhagen meeting, the previous priorities were reaffirmed and the following additional recommendations were elaborated:

- Counteract stigmatization of people living with HIV/AIDS through the development of more comprehensive and integrated services including
  - a) Care and support for drug users and people living with HIV/AIDS
  - b) Services for the prevention of mother-to-child transmission of HIV
- Direct more attention to parenteral transmission among sex workers who inject drugs
- Direct more attention to sexual transmission among IDUs
- Direct more attention to prevention among prisoners, armed forces, and ethnic minorities

While countries in Central Asia are at different stages of the HIV/AIDS epidemic, they share common risks. The Central Asia sub-regional initiative will be able to build on:

- Traditional and well-established links of collaboration across borders
- Theme groups operational in all countries
- Developing numerous examples of best practices
- Numerous sub-regional projects (UNDCP, UNICEF, UNESCO, OSI, etc.)
- Strategic planning of the national response to HIV/AIDS ongoing in all countries
- Growing political commitment to strategic priorities

In order to successfully scale up responses, the following requirements must be met:

- Political commitment and will
- Technical and managerial capacity for implementation
- Financial, technical, and other resources
- Reliable data.

The following lessons, drawn from experience with the establishment of other comparable sub-regional initiatives, were brought to the attention of the participants:

- Subregional initiatives are not quick fixes
- Ownership by all stakeholders (NGOs, governments, and international partners) must be sustained through a continuous consultative and participatory process
- The focus on highly vulnerable groups should be maintained
- Long-term regional coordination and support mechanisms are essential for effective operations
- Technical resources within and outside the sub-region should be identified and drawn upon.

The ultimate indicator of success will be the extent to which vulnerable individuals and communities are enabled and empowered to protect themselves with:

- Information
- Clean needles, syringes, and condoms
- Access to care services
- Supportive environments.

In addition, participants took notice of the existence of the following resources:

- The Task Force for the Urgent Response to the Epidemics of Sexually Transmitted Infections in Eastern Europe (STI Task Force)<sup>2</sup>
- The UNAIDS Task Force on HIV Prevention Among Injecting Drug Users in Eastern Europe (IDU Task Force)<sup>3</sup>
- The UN Interagency Group on Young People's Health, Development and Protection in Europe and Central Asia<sup>4</sup>
- *Into Focus*, a Central Asia newsletter published quarterly by UNAIDS for professionals working in the field of HIV/AIDS and STI care and prevention in the Central Asia sub-region.

### ***Priority target populations and strategies***

The following groups of people have been identified as priority target populations owing to their documented practice of high-risk behaviors:

- IDUs
- Sex workers and their clients
- MSM
- Prisoners
- Migrants, refugees, and displaced persons
- Young people.

Priority Areas for Intervention:

Prevention of the spread of HIV/AIDS using targeted interventions has two primary prevention goals: a) preventing high-risk groups from becoming infected in the first place, and b) preventing infected primary risk groups from spreading the infection to secondary risk groups and to the rest of the population.

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<sup>2</sup> The STI Task Force was established in 1998, and is led by the WHO regional office for Europe. The aim of the STI Task Force is to coordinate and mobilize international assistance, and the task force brings together UN agencies, bilateral agencies, international NGOs, and research institutions. The secretariat of the STI Task Force is hosted by the WHO regional office. It holds semi-annual meetings of members and country representatives. A harmonized regional strategy has been accomplished, and a website is being developed, providing access to an extensive project inventory database, STI related technical information, tools for the implementation of STI prevention and care programs and other resources. For further information contact: STI Task Force Secretariat, WHO/EURO, 8 Scherfigsvej, 2100 Copenhagen, Denmark, Tel +45 39 17 1561, Fax +45 39 17 1875, E-mail:STI-TF@who.dk, URL: <http://www.healthdatabases.org/who1/>

<sup>3</sup> The IDU Task Force was established in 1996 by organizations actively involved in the field, which were alarmed by the rapid spread of HIV among IDUs in Ukraine that year. The IDU Task Force includes co-sponsors, and intergovernmental, bilateral, and international NGOs. The IDU Task Force has successfully advocated the need for pragmatic approaches to HIV prevention among IDUs to international organizations and governments. As an informal breeding ground for joint and synergistic action by members, the IDU Task Force has contributed to the implementation of a series of assessments, numerous pilot projects, advocacy initiatives etc. A comprehensive training package and information materials in Russian language has been developed. The IDU Task Force operation has been hampered by the lack of a secretariat and regular meetings since Spring 1998, but its role was reinforced at a recent meeting through the development of a joint work plan identifying targets, outputs and activities for the coming biennium. For further information contact Karl Dehne at the UNAIDS Vienna office: Vienna International Centre, Office D 1470, Wagramstrasse 5, Vienna 1400, Austria, tel. +43 1 260 60 46 62, fax. +43 1 263 3389, e-mail: Karl-Lorenz.Dehne@unvienna.org

<sup>4</sup> The UN Interagency Group on Young People's Health, Development and Protection in Europe and Central Asia was established in August 1999 in follow up of a series of joint missions of UNAIDS, UNFPA, UNICEF and WHO to countries of Central and Eastern Europe. The interagency group promotes young people's health, development and protection as a strategic priority, and has been set up to stimulate collaborative efforts in this field among UN agencies, governments, and NGOs and to provide technical advice and assistance to such initiatives. The interagency group meets regularly.

- Primary prevention of drug abuse among youth, both in-school and out-of-school
- Promoting safer drug injection practices among IDUs (i.e., harm reduction programs such as needle exchange and drug substitution programs)
- Promoting safer sexual behavior among young people, sex workers and their clients, IDUs and their partners, and other vulnerable groups.

In support of these interventions:

- Promoting and distributing condoms (condom social marketing program)
- Improving access to confidential and effective STI services including youth-friendly clinics
- Supporting ethical, legal, and human rights environment<sup>5</sup>
- Strengthening HIV Surveillance<sup>6</sup>

## ***Programmatic implications***

Participants broke into four working groups to review the current situation and response for each of the above-mentioned priority target populations. The following questions were provided to guide the discussions:

- What are the key needs?
- What is going on that should be scaled up?
- What are the gaps?
- What actions do you recommend at the country level?
- What actions do you recommend at the sub-regional level?

Their observations and recommendations are summarized below.

### **Youth**

#### ***Size of the problem***

Young people are particularly affected by the epidemics of STIs, IDUs, and therefore HIV in the sub-region:

- Adolescents are considered a high-risk group for STIs. In Kyrgyzstan, for example, the incidence of STIs in 1998 was about 170 per 100 000 among urban youth compared with about 100 per 100 000 in the general population of Bishkek. In a survey conducted by the National STD Centre in 1997 among 15- to 17-year-old school students and their teachers, 9 percent of sexually active teenagers reported they had already suffered from an STI and the great majority chose self-treatment or care from unlicensed practitioners over STI clinics. Furthermore, 40 percent of sexually active women reported that they had received remuneration for sexual intercourse, illustrating a high potential for prostitution among adolescent girls.

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<sup>5</sup> As in most countries in the world, the major barriers to effective prevention remain in the policy arena. HIV prevention among marginalized groups such as IDUs, sex workers, and MSM can only succeed in an environment that is conducive to the adoption of safe injection and safe sex behaviors. IDUs, sex workers, and MSM face ongoing criminal sanctions in many of these countries and will not access prevention programs for fear of identification or arrest.

<sup>6</sup> Surveillance is necessary to gauge the status of the epidemic and to monitor the effectiveness of efforts at prevention and are being made by all partners. During the 1980s and early 1990s, mass screening of the population and contact tracing were considered the primary means of prevention and epidemiological control of HIV infection. Also the primary source of surveillance data until the cost and severe shortages of test kits became issues. Increasingly, countries in the sub-region are turning to proper HIV surveillance in sentinel populations such as IDUs, sex workers, STI patients, and pregnant women. But requires excellent rapport with target populations.

- The drug culture in the sub-region is a young one. In all five countries, young people under age 30 comprise the majority of IDUs. In Kyrgyzstan, for example, 65 percent of IDUs are under age 30, and 15 percent are under age 20. Drug addiction among teenagers is drastically on the increase throughout the region. In Kazakhstan, kids as young as 7–11 years are registered drug users. In Kyrgyzstan, an anonymous opinion poll in schools in 1998 indicated that 17 percent had already tried drugs, 4 percent intended to try drugs, 17 percent had acquaintances of the same age who used drugs, 21 percent believed that they could experiment with drugs without harmful consequences, and 6 percent believed that regular drug use was not harmful and that they could stop at will.
- It should therefore come as no surprise that young people under 30 comprise the majority of registered HIV infections in the sub-region. In Kazakhstan, young people under 30 comprise about 70 percent of all registered HIV-positive people. In Kyrgyzstan, the figure is closer to 80 percent.
- While not discussed in any depth, participants raised the problem of girl trafficking.
- Considering that persons under 25 years of age account for more than 50 percent of the population in the sub-region, the young population ‘at risk’ is enormous.

### *Vulnerability to HIV/AIDS*

Changes in social norms and sexual behavior, unemployment, easy access to cheap drugs, poor access to condoms, and the absence of youth-friendly STI services—all contribute to the spread of HIV and STIs among young people. During the Soviet era, youth had social and sports clubs to go to. Today, with little to do after school and a lack of alternative occupations, they are bored and frustrated. Those who can afford to do so go to discos, clubs, and billiard rooms, where owners and managers do not have the teens’ welfare at heart. Young people need affordable recreation centers chess clubs, sports clubs, computer games, and volunteer activities.

Early this year, IPPF, in collaboration with family and reproductive health associations and other partners in the sub-region, conducted an assessment of young people’s views on sexual and reproductive health including HIV/AIDS in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan. Peers administered the survey, which was funded by UNFPA, in six languages to girls and boys from both urban and rural areas. About 16 000 young people aged 15–24 were surveyed, including students, street children, drug users, and sex workers. Preliminary findings, based on a cursory analysis of about 2500 questionnaires, suggest that awareness about HIV/AIDS and STIs is low. The majority of youth obtain sexual and reproductive health information from their peers or mass media rather than from their parents or from school. When asked what their preferred source for such information would be, the majority stated literature and specialists. Parents were not considered a desirable source of information. Half of the respondents were between 15 and 19 years of age when they had their first sexual experience, the majority had unprotected intercourse with a casual partner, and a significant proportion were under the influence of alcohol.

### *Young peoples’ needs*

The special needs of young people were discussed in the working group. The following principles were recognized from the onset:

- Youth should be addressed as individuals rather than a uniform group to be acted upon.
- All youth are potentially at risk; therefore, primary prevention programs are needed that are broad-based.
- Some youth such as out-of-family and out-of-school youth are more vulnerable than other youth.

Participants agreed that it was not enough to focus on young people’s problems but that it is also important to help them develop their positive potential through:

- Information
- Opportunities to develop their skills (education, jobs, etc)
- Safe and supportive environments (including legal, medical, and psychological services)
- Opportunities to participate in the processes that affect them.

While parents and teachers are valuable sources of information (and their level of knowledge about drug use, sexuality, and sexual behavior needs to be raised), preliminary findings of the IPPF survey indicate that youth prefer to get this type of information from their peers, from reliable literature, and from the experts.

Policymakers, parents, teachers, and health care providers need to:

- Change their attitude about knowledge being taboo: no theme or topic should be considered out-of-bounds
- Learn to listen to youth; to find out what they need and how to provide it
- Help remove the social stigma attached to street kids.

Participants discussed approaches to raise awareness and disseminate information among youth. There was consensus that the approach should ideally:

- Involve young people themselves (peer to peer approach)
- Reach all young people, both in-school and out-of-school
- Be individualized according to age group and gender, and whether it should be in the formal or informal sector (not all youth can be grouped together)
- Take sub-regional and local differences into account (approaches should not blindly imitate those of Western countries)
- Be multi-sectoral, involving the sectors of health, education, and justice
- Involve NGOs
- Support the development of leadership among youth
- Be entertaining
- Use mass media (TV, radio, and printed media).

### *Prevention programs for youth*

Many valuable projects and programs are ongoing in the sub-region that need to be scaled up (Annex 3). All five countries have been actively developing “healthy lifestyles” school programs. In Kazakhstan, for example, the National Center for Healthy Lifestyles has developed a course on valuology, which includes education on substance abuse and HIV/AIDS. The program has been implemented in 85 percent of secondary schools in the country. Similar programs have been developed in Kyrgyzstan and Turkmenistan. The effectiveness of these school-based health education programs has yet to be assessed in terms of their coverage and impact on the knowledge, attitude, and behaviors of youth.

Unfortunately, there is much duplication, if not overlap, in efforts in this area among various government and donor agencies. There remains a lack of coordination in activities related to the development of school-based curricula, training manuals and materials, and capacity building workshops. For example, the Agency for Health and Sciences in Kazakhstan is implementing a separate school-based drug demand reduction program for 7- to 17-year-old school children with funding from UNODCCP the project is in its third year of implementation. This duplication of effort takes place not only within countries but also between countries in the sub-region.

Recognizing the need for more participatory approaches, all five countries are now experimenting with peer-to-peer education to communicate with youth.

National youth organizations and movements, such as the National Youth League Kamolot in Uzbekistan, are beginning to mobilize youth against HIV/AIDS and drugs. They are organizing rock concerts, sport and cultural events, as well as information campaigns. They are also training youth leaders.

NGOs are beginning to address the needs of youth outside of schools. Médecins Sans Frontières, for instance, with funding from the Swiss Development Cooperation, has established a drop-in center for youth in Osh, Kyrgyzstan, known as the Rainbow Center. The center provides anonymous services including info about safer sex, referral for STI care, and condoms. The project also organizes seminars for youth and teachers, trains peer educators in schools and universities, runs a radio and TV show prepared by youth, and produces video clips for TV. The program is being extended to Osh and Batken oblasts.

In discussing the range of interventions and programs ongoing in the sub-region and their effectiveness (and potential for their expansion), the group agreed that:

- Youth must not only be involved in the development of effective programs but they should lead them on a peer-to-peer basis. It will therefore be necessary to provide leadership training programs for youth.
- Youth need to develop effective life-style repertoires that are relevant to them in the kinds of decisions they make in order to keep them on the lower risk end of a continuum between low and high-risk behaviors.
- In designing programs, one should not overlook traditional structured environments such as homes, schools, organized sports, and social clubs. The latter can be used in combination with peer-based programs and programs targeted at highly vulnerable groups. In particular, the role of parents needs careful consideration to strengthen parenting.
- For the most vulnerable groups, programs need to pay special attention to street children, drug users, and sex workers, with more effective systems of counseling, and medical and outreach services.
- Greater attention to use of mass media to communicate more effectively about high-risk activities (i.e.; including media programs constructed by youth for youth).
- Programs need to address youth as individuals who make mistakes—they need to make sure that a single mistake, or a few mistakes, does not lead to rapid social marginalization. Programs need to provide opportunities to re-enter mainstream society at early stages such as alternatives to incarceration for minor criminal offenses. The goal should be to slow or stop the process by which youth slip from practicing lower-risk to higher-risk behaviors and eventually become marginalized.

### ***Recommended action:***

#### *At the country level:*

- Position youth as the primary target population for HIV/AIDS/STI and drug prevention programs in order to mobilize government funding.
- Introduce and expand the healthy lifestyles curriculum in schools, homes, and youth clubs.
- Provide leadership training programs for youth and promote volunteerism.
- Develop the national capacity for peer-to-peer education.
- Develop the national capacity for participatory approaches to education and awareness raising.
- Reinforce the social partnership between the government and NGOs.
- Develop mass media campaigns to reinforce healthy lifestyle decisions.
- Establish youth-friendly health and crisis centers paying attention to the special needs of street kids, especially those who are engaged in illicit drug consumption and selling sex.
- Create vocational training and job centers for youth.
- Advocate for reform in legislation regarding young people's reproductive health.

- Establish inter-sectoral committees for youth that include the relevant ministries, NGOs, and community leaders.

*At the sub-regional level:*

Support the following sub-regional activities:

- Promote the exchange of information and experience through sub-regional conferences and workshops.
- Support the joint development of training manuals and information, education, and communication materials.
- Organize sub-regional training-of-trainers workshops (these can rotate between countries in the sub-region).
- Conduct sub-regional youth leadership workshops.
- Promote a regional approach to address legislative issues.
- Implement sub-regional youth initiatives (such as the regional strategy on sexual education developed within the framework of the IPPF/UNFPA Peer Led Sex Education project).

## INJECTING DRUG USERS

One negative aspect of the opening of the Central Asia region to the outside world is the increase in drug trafficking across all five republics (Fig. 4). Evidence indicates that the main drug trafficking route goes through the Fergana valley in Uzbekistan, then northward through two main routes toward the Russian Federation. The first route goes through Bishkek to Almaty to northern Kazakhstan (Astana, Pavlodar, and Kostanai), and on to Russia. The second route goes through Uzbekistan to western Kazakhstan and north to Russia and Europe.



**Figure 4. Drug trafficking routes through Central Asia and Eastern Europe (UNAIDS)**

While most of the drugs simply transit through Central Asia and are destined primarily for the Russian Federation and Western Europe, drug consumption, in particular injecting drug use, clearly has been on the increase since 1991 in the five republics (Fig. 5). High-quality heroine, mainly from Afghanistan, is readily accessible in the republics.

The price of heroine gradually increases as one moves from the Tajik-Afghan border toward Russia. A dose of heroine can be cheaper than a pack of cigarettes or a bottle of beer in many parts of Central Asia.

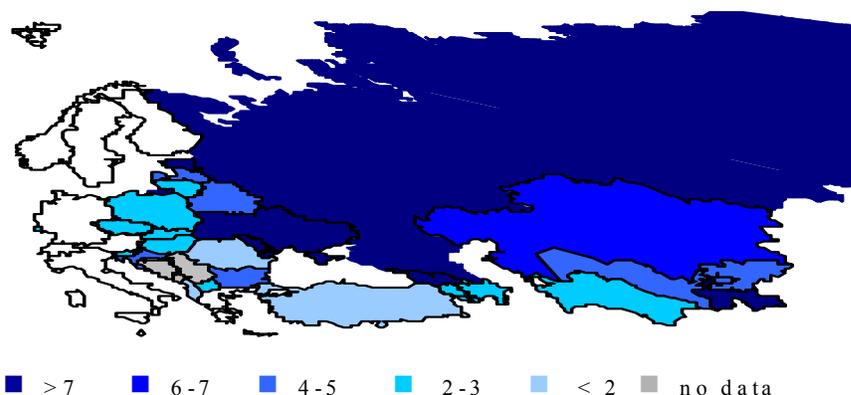


Figure 5. Prevalence of Injecting Drug Use in Central and Eastern Europe and Central Asia per 1000 population (UNAIDS)

Injecting drug use has become the primary mode of HIV transmission in the sub-region. Because parenteral transmission is the most efficient mode of transmission, it is contributing to an exponential, explosive, growth of HIV in the region. Prevalence of HIV infection among members of an IDU network can move very rapidly—from 0 to 60 percent within a very short time span—one to two years—as has been seen in Ukraine.

Since 1998, UNAIDS has commissioned rapid assessments of the IDU situation in 15 cities in the sub-region (Almaty, Astana, Timertau, Shymkent, Pavlodar, Petropavlovsk, Ust-Kamenogorsk, and Taraz in Kazakhstan), (Bishkek and Osh in Kyrgyzstan), (Dushanbe in Tajikistan), and (Tashkent, Yangi Yul, Samarkand, Termez in Uzbekistan).

### *Size of the IDU population*

It is difficult to estimate the size of the IDU problem, especially because the numbers are growing rapidly. Official figures are based on the number of drug users registered by the narcology and police services, and represent but a small minority of all drug users. Fear of repressive measures (including imprisonment) drives most drug users underground, where they cannot be reached or counted by authorities. Using triangulation methods, experts estimate that the actual number of drug users is 10 to 15 times higher than registered figures. The figures in Table 2 are rough estimates based on rapid assessments conducted in 15 cities in the sub-region between 1998 and 2001.

	<b>Total Population (millions)</b>	<b>Total Number of Registered Drug Users</b>	<b>Estimated Total Number of Drug Users</b>	<b>Estimated Proportion of Drug Users who are IDU (%)</b>	<b>Estimated Proportion of IDU who are Women (%)</b>
<b>Kazakhstan</b> <sup>7</sup>	15.4	43 000	150 000–200 000	40–45	15–20
<b>Kyrgyzstan</b> <sup>8</sup>	4.8	4371	50 000	48	8–10
<b>Tajikistan</b> <sup>9</sup>	6.2	5593	100 000	24	—
<b>Turkmenistan</b>	4.8	5 809	40 000–60 000	15	—
<b>Uzbekistan</b> <sup>10</sup>	24.4	16 600–26 000	60 000	52	—

**Table 2. Number of registered drug users, estimated number of drug users, proportion of IDUs, and of women IDUs (Sources: UNODCCP and UNAIDS)**

While local patterns of drug production and use vary in the sub-region, both within and between countries, the following trends are observed:

- Local drug consumption along drug trafficking routes and major cities in Central Asia is on the increase and is spurred by easy access and low prices.
- High-quality heroine is rapidly replacing raw opium, which requires lengthy preparation.
- Related to the above, the proportion of drug users who are IDUs is on the increase.<sup>11</sup>
- Registered drug users are mostly young and becoming younger; the average age is 26, the majority are under 30, in Kyrgyzstan 20 percent are between ages 16 and 20.
- Although women represent less than 10 percent of the IDU population in the sub-region, this proportion is growing: in Almaty, where one out of four IDUs is a woman.
- A increasing proportion of women IDUs are selling sex for drugs or money.

### *Vulnerability to HIV/AIDS*

Based on findings of the rapid assessment studies, IDUs in the sub-region are at high-risk of acquiring and transmitting HIV/AIDS (as well as other infectious diseases) through unsafe drug injecting as well as unsafe sexual practices.

- High-risk injecting behaviors. The rapid assessments indicate that between 40 and 95 percent (depending on the site) of IDUs reported that they had shared syringes during the previous 30 days. A significant proportion

<sup>7</sup> In Kazakhstan, experts estimate there are approximately 20 000 IDUs in Shymkent, 12 000 in Almaty, 8 500 in Astana, 8 000 in Pavlodar, 4 000 in Kostanai, 6 500 in Ust-Kamenogorsk, and 7500 in Timertau.

<sup>8</sup> In Kyrgyzstan, experts estimate there are 15 000 IDUs in Bishkek alone and 5 000 in Osh.

<sup>9</sup> In Tajikistan, where there has been a sharp increase in IDUs over the last three years, experts estimate up to 18 000 IDUs in Dushanbe alone.

<sup>10</sup> Uzbekistan has 16 600 registered drug users according to the Ministry of Health, and 26 000 according to the Ministry of Interior. Experts estimate 12 000 to 15 000 IDUs in Tashkent alone, 10 500 in Samarkand, and 2 000 in Yangi Yul.

<sup>11</sup> In the past, drug users progressed gradually from smoking hashish to smoking opium, to injecting opium over a period of one to two years. Today, drug users are smoking heroine as their first drug experience and moving on to heroine injecting within only a few months.

reused syringes repeatedly without proper cleaning with disinfectant, share the same drug container, practice the multiple intake of blood during injection for a maximum utilization of drug, and discard unfit used syringes into the street where someone else can reuse them.

- High-risk sexual behaviors. Sixty to 90 percent of IDUs (depending on the site) regularly engage in unprotected sex, they report 2–4 partners in the last 6 months, the majority of IDUs’ sexual partners are not IDUs themselves, and a significant proportion of women IDUs are involved in commercial sex. Imprisoned male IDUs often engage in unprotected anal sex with other men.

Therefore, once HIV is introduced into the injecting or sexual networks of IDUs, it can spread rapidly within the IDU community and enter the general population.

### *Prevention programs*

The hierarchy of harm reduction strategies includes a) reducing the sharing of injecting equipment through needle exchange programs, b) reducing the incidence of injecting through oral drug substitution therapy, and c) reducing drug use through drug treatment and rehabilitation.

Harm reduction programs in different parts of the world have been demonstrated to be most effective at preventing the spread of HIV when they:

- Are implemented early (i.e., when HIV prevalence among the target population is still low [below 5 percent])
- Include a needle exchange component
- Include a community outreach component.

While HIV prevalence has exceeded the 5 percent threshold among IDUs in a few cities in the sub-region, the prevalence remains low in the majority of IDU communities in the sub-region and there still exists an opportunity for early intervention.

Small-scale harm reduction programs have been piloted in all countries in the sub-region with the exception of Turkmenistan (Annex 3). The first pilot IDU intervention was set up in Timertau, Kazakhstan through the joint efforts of the United Nations, the government of Kazakhstan, and Ispet Karmat, an international steel company operating in Terirtau. Today, UNAIDS and its co-sponsors, local governments, and other donor partners are jointly funding harm-reduction projects at seven sites in Kazakhstan, two sites in Tajikistan, and five sites in Uzbekistan. It is noteworthy that Uzbekistan, after the successful implementation of the joint pilot projects at three sites in Tashkent, was the first country in the sub-region to implement needle-exchange “trust points” nationwide. The joint UN project will provide technical and material support to these 56 new trust points across the country.

The Open Society Institute (OSI), through the local Soros foundations, is playing a central role in the development and implementation of harm reduction programs in the sub-region. In addition to supporting the joint project in Uzbekistan, OSI is supporting harm reduction activities at six sites in Kazakhstan (Karaganda, Kostanai, Aktybinsk, Kzyl-Orda, Kokshetau, and Uralsk) three sites in Kyrgyzstan (Bishkek, Osh, and Tokmak), and three sites in Tajikistan (Dushanbe, Khorog, and Khuiand). Harm reduction projects in the sub-region typically include a network of needle exchange trust points, an outreach component, and the distribution of leaflets and condoms (which are often in short supply).

As a next step in the continuum of harm reduction activities, OSI will assist in the implementation of small-scale pilot drug substitution (methadone maintenance) projects in Bishkek.

The main challenges to the implementation of harm reduction projects are:

- Scaling up the projects sufficiently for them to affect the epidemic (it is estimated that less than 5 percent of IDUs are currently reached by harm reduction programs).

- In Uzbekistan, the government has decreed the establishment of trust points nationwide, but it will take some time before outreach workers are able to convince IDUs in various communities that it is safe to attend the trust points without fear of arrest or registration.
- Ensuring the long-term sustainability of programs.
- Finding the right mix of primary prevention (demand reduction) and secondary prevention (harm reduction) strategies.
- Finding the right mix among the different harm reduction strategies (needle exchange, substitution therapy, treatment and rehabilitation).
- Addressing the special needs of IDUs in prisons, drug injecting street children, and drug injecting sex workers.
- Disposal of used syringes (waste management).

### ***Recommended action***

#### *At the country level*

In order to expand coverage of HIV prevention among IDUs:

- Strengthen advocacy
  - Conduct awareness raising and de-stigmatization campaigns to gain the support of community groups and law enforcement agencies.
  - Develop socioeconomic arguments to convince policymakers to expend additional funds on harm reduction efforts and the procurement of sufficient supplies of an appropriate selection of needles and syringes, condoms, and disinfectants in line with IDU needs.
  - Improve existing legislation regarding drug use and injecting drug use.
  - Shift the legal environment to make it more favorable for substitution therapy.
- Develop a comprehensive strategy
  - Involve IDUs and all other stakeholders (government, religious leaders, teachers, and parents) in the design and implementation of harm reduction programs.
  - Ensure that government participation in harm reduction programs is multi-sectoral (which is essential in order to gain the cooperation of the police).
  - Strengthen the peer-to-peer approach in outreach education.
  - Train professional counselors to staff trust point drop-in centers.
  - Increase cooperation with NGOs as providers, advocates, and technical experts.
  - Mobilize interest and self help groups of IDUs and people living with HIV/AIDS.
  - Include the full spectrum of prevention strategies and find the appropriate mix among them including primary prevention of injecting drug use, harm reduction, and, if resources permit, drug rehabilitation.
  - Include a full range of approaches in harm reduction including needle exchange and drug substitution therapy (e.g., methadone or buprenorphine).
  - Pay more attention to preventing sexual transmission (condom promotion and distribution among IDUs).
  - Link prevention services with care services to enhance the prevention message (e.g. voluntary HIV counseling and testing, client-friendly STI services, mother-to-child transmission).
  - Address the special needs of IDUs in prisons, drug injecting street kids, and sex workers.
- Establish a local network of IDU projects in each country, which would include representatives from government, local NGOs, and people living with a drug use problem.

### *At the sub-regional level*

Support the following harm reduction activities:

- Centralized procurement of needles, syringes, (and eventually substitution drugs such as methadone or buprenorphine) for the entire sub-region in order to realize an economy of scale
- Establishment of a regional resource and training center to build the necessary human resources
- Development of a set of standard indicators to monitor and evaluate the effectiveness of various harm reduction approaches
- Promote the exchange of information, experience and ideas through the creation of a network that connects people interested in harm reduction within the sub-region as well as the greater CEE/NIS region
- Cooperate across borders on issues of drug trafficking and movement of IDUs across borders.

## **Sex workers and their clients**

Because sex workers and their clients have multiple sexual partners and engage in unsafe sexual practices, they constitute a major vector in the spread of HIV/AIDS. Between 1997 and 2000, a series of rapid assessments of the commercial sex industry was conducted with UNAIDS assistance. Rapid assessments were conducted in Kazakhstan (Almaty, Astana, Karagandy, Shymkent and Taraz), Kyrgyzstan (Bishkek, Osh, Tokmok, and Jalal Abad), Turkmenistan (Ashgabad), Tajikistan (Dushanbe), and Uzbekistan (Tashkent). The findings of these assessments and the corresponding working group discussions and recommendations are presented in this section.

### *Structure of the sex industry and categories of sex workers*

Sex work has become a survival strategy for many women in Central Asia. It has also become a supplementary source of income for a growing number of girls and women who sell sex occasionally but not on a professional basis. Although every country has its own peculiarities, the basic structure of commercial sex is similar. There are two general categories of female sex workers<sup>12</sup>: 1) a relatively large number of low-paid women and girls with little education who earn as little as \$1 per hour working on the streets, in parking lots for long-distance truck drivers, bus stops, cheap saunas and hotels, and railway stations; and 2) a relatively smaller and more organized group of high-paid women who earn as much as \$100 per client and operate in high-end hotels and expensive saunas. In addition, there is a small sub-group of gatekeepers or middle men and women (mediators) who barter sexual services.

### *Size of the sex worker populations*

There are no reliable data on the size of the sex worker populations in Central Asia. Sex workers are a mobile population and many work on a part-time basis, which makes it more difficult to estimate their numbers. Only sex workers who have been apprehended by the police and subjected to mandatory HIV and STI screening are registered. Therefore, the number of officially registered sex workers does not reflect the real size of the sex worker population. The best estimates are drawn from the UNAIDS-assisted rapid assessments as follows:

- Kazakhstan: An estimated 1500 to 2500 sex workers in Almaty; 600 each in Astana, Karaganda and Taraz; and 500 in Shymkent.
- Kyrgyzstan: An estimated 2500 sex workers in Bishkek, 700 in Osh, and 100 in Jalal-Abad

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<sup>12</sup> According to Dr. Gulnara Kurmanova, there is a third important category of sex workers in the sub-region that should be noted in this report. These sex workers are referred to as “girls on *kvartira*.” They work through phone operators and are considered middle class in terms of income.

- Tajikistan: 500 in Dushanbe
- Turkmenistan: 700 in Ashgabad
- Uzbekistan: 2000 to 45 000 in Tashkent.

The number of sex workers is increasing and they are getting younger. The issue of girl trafficking, particularly from Tajikistan and Kyrgyzstan, was raised but not discussed in any depth. Although male sex workers operate in the sub-region, the male sex industry does not appear to be well developed and little is known about it.

### *Clients*

Clients act as a bridging group between the sex work populations and the general population (wives and girlfriends). Although clients of sex workers come from a heterogeneous group, certain male occupational groups are prominent. The findings of the rapid assessments indicate that petty businessmen or bazaar sellers comprise a disproportionate number (up to 40 percent) of the clients of low-paid sex workers. Other client groups include transport workers (taxi drivers, long-distance truck drivers—local as well as Turkish, Persian, and Afghan), students (school and universities), officials, members of criminal groups, sons of rich parents (non-working), and migrant workers. Police are considered non-paying clients.

### *Vulnerability of sex workers to HIV/AIDS*

Low-paid sex workers are at greatest risk for HIV/AIDS in the sub-region. Many migrate from economically depressed areas within the country or from neighboring countries, and they do not speak Russian or the local language. They have little negotiating power with clients or law enforcement bodies, and poor access to health information and services. Within this group, the most vulnerable are girls 12 to 16 years old.

- Awareness about HIV/AIDS and safer sex practices remains low
- Condom use in commercial sex remains low
- Injecting drug use is spreading among sex workers
- Access to high-quality affordable condoms remains low
- Access to effective, affordable and anonymous STI services remains low
- The prevalence of STIs among sex workers remains high, particularly among low-paid sex workers
- Based on mandatory testing of detained sex workers, HIV prevalence among sex workers in the sub-region remains low—the few cases detected have been among sex workers who also inject drugs
- In the absence of a well-established sentinel surveillance system, it is difficult to estimate the prevalence of HIV among sex workers
- Very little is known about the numbers of male sex workers and their clients, and their vulnerability and risk of infection.

### *Commercial sex and drug use*

Since the end of 1999 and the beginning of 2000, heroine use has been spreading among sex workers, particularly among low-paid street workers. An estimated 5 percent of sex workers are IDUs in Osh, 10 percent in Bishkek, and 30–40 percent in Tashkent. In Taraz, the great majority of street-based sex workers inject drugs. In some cities such as Bishkek, sex workers who inject drugs do not mix with those who do not inject drugs—they form separate groups. In other cities, such as Astana and Dushanbe, commercial sex and drug deals take place in the same location and the groups of sex workers are mixed, as are the clients. Sex workers who inject drugs are the least likely to use condoms. They comprise a potential bridging group between the IDU population and the general population.

### *The public and legislative environments*

The public and legislative environment is not conducive to the implementation of preventive programs for sex workers. Sex workers are highly stigmatized by the general public, the media, and even by some NGOs. Although sex work is not considered a criminal offence, legislation does not protect the human rights of sex workers who are frequently detained with no legal basis. They live in fear of police who forcibly take the women to STI clinics, where they are involuntarily registered as sex workers and tested for HIV and syphilis. As a result, sex workers do not trust the authorities.

### *Prevention programs*

Small-scale interventions to prevent HIV spread among female sex workers and their clients are being implemented in Kazakhstan (Shymkent and Almaty), Kyrgyzstan (Bishkek and Osh), Turkmenistan (Ashgabat), and Uzbekistan (Tashkent) with varying degrees of coverage and success (Annex 3).

Interventions typically include peer outreach activities, including the distribution of educational materials and condoms (when the latter are available). The most successful interventions, such as the ones in Bishkek and Osh in Kyrgyzstan, also include social/legal protection and clinical components.

The sex worker project in Bishkek was the first to be implemented and has served as a prototype for other sex workers interventions in the sub-region. The project reaches an estimated to reach 90 percent of street-based sex workers in Bishkek as well as a significant proportion of other sex workers in the city. Sex workers have access to free STI services at an anonymous clinic that was established with assistance from WHO/EURO. The STI clinic was recently opened to MSM as well. WHO has also assisted in establishing STI services for sex workers in a pilot project in Ashgabat, Turkmenistan.

Médecins Sans Frontières (MSF) gave a presentation on the Sexual Worker Outreach Program (SWOP) it is implementing in Osh, Kyrgyzstan, with funding from Swiss Development Cooperation. The project offers a drop-in educational center, peer outreach activities, and referrals to a network of practitioners who have received special STI training through the project.

With support from OSI, the NGOs SABO in Uzbekistan and Annageldy in Turkmenistan, are providing harm reduction education, training, and social services for sex workers in 11 districts in Tashkent and in Ashgabat, Blakanabad, and Turkmenbashy, respectively.

While few pilot projects target the behavior of clients, the responsibility for safer sex in commercial sex has been placed heavily on sex workers. Having said this, the UN jointly funded a sub-regional informational campaign aimed at raising awareness among long-distance truck drivers about issues related to HIV/AIDS was launched late in 1999. The campaign, which was implemented within the framework of the “Regional IEC Initiative along the Silk Roads of Central Asia,” was executed by UNESCO. The campaign was implemented in Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan, and Turkmenistan.

### **Recommended actions**

#### *At the country level*

- The main task is to provide a complex approach to solve this problem, and to involve federal structures, public organizations, and mass media.
- Conduct assessments and research of the overall situation regarding commercial sex in the country. More information is needed on:

- Migration patterns of sex workers
  - The most appropriate prevention and care strategies for the different types of sex workers
  - The most appropriate model of legislative policy reform for the sex industry in order to: a) promote a non-repressive approach to this population, based on human rights principles and public health interests; b) decrease the vulnerability of sex workers, including legal protection; c) increase sex workers' access to health and social care, including condoms and STI treatment services
  - Male sex workers and their clients
  - The relationship of organized crime to the commercial sex work industry
  - The relationship between sex workers and injecting drug users
  - Girl trafficking and coercion and their relationship to the sex industry.
- Initiate activities to create a legal, political, and institutional environment more conducive to safer sex among sex workers, affiliated groups, and clients. This includes initiatives to create a public opinion that is more understanding of sex work in general and of the need to address this sector with prevention and care. The focus of public policy reform should be on client responsibility.<sup>13</sup>
  - Provide and enable access to harm reduction programs to sex workers who also inject drugs.
  - Provide and enable access to appropriate health and psychosocial services (including STI and HIV care) that are affordable, of good quality, and easily accessible for sex workers and their clients.
  - Ensure the availability of affordable quality condoms and develop a program for the social marketing of condoms.
  - Provide education, information, and communication on sexual health to sex workers and clients, which would enable and empower them to take better care of themselves.

All the above points should be achieved with the active involvement of sex workers, gatekeepers, and clients, while establishing links through outreach and applying of participatory approaches.

#### *At the sub-regional level*

Establish a center of knowledge and experience in the sub-region that can serve as a focal point for international assistance and support national responses in the following areas:

- Capacity building (training of trainers)
- Technical assistance
- Networking to exchange experience and information
- Monitoring and evaluation
- Cross-border activities of concerned target groups.

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<sup>13</sup> Female sex workers usually become infected with HIV from infected male clients who do not use condoms with them when having sex. Once infected with HIV, sex workers may then transmit the virus to other male clients, who may infect their wives, girlfriends, or other sex workers. This is directly due to low levels of condom use in commercial sex. This removes the stigmatization of sex workers and also removes some of the pressure for public policy to enforce the mandatory testing of sex workers.

## Men who have sex with men

Men who have sex with multiple male partners and practice anal intercourse are at high risk for HIV and other STIs. In order to get a better understanding of the size of the problem and to develop prevention interventions, UNAIDS/WHO commissioned a series of rapid assessments of the potential for sexual transmission of HIV among MSM in the sub-region. Assessments were conducted between 1997 and 2001 in Kazakhstan (Karaganda, Almaty, and Astana), Kyrgyzstan (Bishkek), Uzbekistan (Tashkent), and Tajikistan (Dushanbe).

Before the outbreaks of HIV among IDUs, homosexual transmission was the dominant mode of transmission in the region. Due to the long incubation period, many of the emerging AIDS cases today are associated with homosexual (or bisexual) transmission. Statistics are further muddled by the fact that most MSM are married and have children to cover up their sexual orientation.

### *Size of the MSM population*

Estimates of the number of MSM in Central Asia are not available because MSM networks are largely hidden. A very rough estimate has put the number of MSM in the sub-region at approximately one million. In addition to homosexual men who have sex with men, there are ‘straight’ men (so-called *natural*) who have sex with men.

### *MSM Circuits*

MSM circuits are underground and can be divided into pleasure circuits and commercial circuits. In most places, commercial MSM circuits are very small (much smaller than the circuits of female sex workers and their clients), and cater to the elite and to foreigners. Most social and sexual contacts among MSM are established in pleasure circuits, which are structured around special meeting places such as public toilets, public bathhouses (*banya*), parks, and *pleshka* (gay ‘cruising’ areas). Other meeting places include means of public transport, main streets, and markets.

Extensive informal networks of friends have grown from meetings in these areas. The friendship networks are clusters of friends centered around one leader, typically someone who has an apartment where small parties or get-togethers can be organized. Other ways to establish contact include the phone, Internet, and advertisements. While still undeveloped, gay communities, gay bars, and support groups are slowly emerging in cities such as Almaty and Bishkek.

### *Vulnerability of MSM to HIV/AIDS*

Not all MSM are at risk for HIV infection—many MSM do not have multiple sexual partners and many abstain from sex altogether. Having said this, vulnerability of MSM to HIV/AIDS is largely determined by negative social attitudes toward homosexuality, resulting in partner choice and sex taking place underground and in hidden circuits, often under conditions that are not conducive to safe sex. Rapid assessment findings indicate that overall:

- Awareness levels of HIV/AIDS among MSM is low—many MSM do not see themselves at risk because they are not IDUs or sex workers
- There are high levels of unprotected anal intercourse
- STIs are prevalent.

It is also important to note that not all men who engage in same-sex sexual behavior are homosexual. A significant number of “straight” men (natural) choose to have sex with other men. Others find themselves in all-male settings such as prisons that are conducive to unsafe, same-sex sexual behavior. Poverty and unemployment may also push straight men to sell sex to male clients.

### *Legislative environment*

In Kazakhstan and Kyrgyzstan, homosexual acts are no longer illegal. Attitudes among policymakers are also shifting in Uzbekistan, where such legislation is under review. In Tajikistan and Turkmenistan, however, total bans on homosexuality persist, although police repression has eased to some extent. Despite the legal changes, public attitudes toward MSM remain largely hostile.

### *Prevention activities*

As a result of positive legislative reforms that legalized homosexuality in Kazakhstan and Kyrgyzstan, gay communities and clubs have emerged that have made it easier to reach MSM with preventive activities (Annex 3). MSM-established NGOs implemented the earliest interventions for MSM in the sub-region in Karaganda, Kazakhstan and Bishkek, Kyrgyzstan.<sup>14</sup> These two projects, which are considered best-practice models in the sub-region, have proven that such community-based interventions are feasible. A new project has recently become operational in Almaty using venues of the newly established gay clubs. Information, education, and communication activities are already underway in Tashkent, albeit on an informal basis.

Interventions need to include advocacy, peer outreach, and STI service components as was described by the NGO Oasis, which has been undertaking HIV/AIDS/STI prevention activities in Bishkek since 1997. Intervention activities include targeted information, education, and communication materials, outreach to “meeting points” to promote safer sex and to distribute condoms using the peer approach, and a hotline that offers information and medical referrals. The free STI clinic for sex workers has been accessible for MSM since April 2001, with support from WHO. Over the first 4 years of the Oasis project, condom use increased from 5 percent in 1997 to 35 percent in 2000, and syphilis sero-prevalence decreased from 40 percent in 1997 to 13 percent in 2000, demonstrating that the intervention has had a significant impact on sexual and STI care seeking behavior.

The main challenges facing Oasis today are:

- Reaching the so-called latent group of MSM who are not open about their homosexuality (Oasis estimates it is currently only reaching 10 percent of the MSM population in Bishkek)
- Public opinion remains hostile
- Shortage of condoms and water-based lubricants
- Shortage of financing

### ***Recommended action***

*At the country and sub-regional levels:*

There is an urgent need to implement community-based MSM interventions in the major cities in the sub-region. In order to do so, the following actions are needed:

- Increase awareness among public health officials and local authorities that a) the HIV epidemic can move rapidly within the closed underground circuits of MSM, and b) the potential of HIV spreading into the general heterosexual population through MSM who lead bisexual lives to “prove” their heterosexuality.
- Remove punitive legislation regarding MSM in order to create an environment that is more conducive to prevention (this applies to Tajikistan, Turkmenistan, and Uzbekistan).
- Identify, educate, and mobilize MSM community leaders in key cities.

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<sup>14</sup> Note: Among NGO groups, MSM groups are perhaps the most active and the most self-sustainable in the sub-region.

- Adapt best-practice MSM intervention models such as the Oasis project in Bishkek to other cities across the sub-region.
- Improve access to quality condoms and water-based lubricants.
- Improve access to MSM-friendly STI services.

## Prisoners

### *Size of the problem*

A large number of infected and non-infected drug users in the sub-region are imprisoned every year for drug-related crimes and, as a result, relatively large proportions of inmates in penal institutions are IDUs. In Uzbekistan, for instance, nearly one third (25–28 percent) of inmates are known IDUs. In Kazakhstan, approximately 350 HIV-infected persons are confined in prisons and an estimated 20 percent of all people registered with HIV infection in the country have been in prison. Several thousand IDUs are likely to be imprisoned in the sub-region every year, most of them still free of HIV infection.

### *Vulnerability to HIV/AIDS and other infectious diseases*

It is difficult to stop drugs from being smuggled into prisons, and drug distribution and consumption is known to continue to take place in prisons. Once drugs are available, sharing of needles and syringes in prisons is common when mixing and injecting supplies or disinfectant are not available. This, together with the occurrence of unprotected sex (including rape) between men, makes prisons an extremely high-risk environment for contracting and spreading infectious diseases such as HIV, STIs, and viral hepatitis (the outbreak of HIV among prison inmates in Timertau, Kazakhstan, illustrates this risk very well). Crowding in prisons is also conducive to the spread of tuberculosis.<sup>15</sup> Public health officials do not need to be reminded that any infectious disease contracted in prison can be passed to the prisoner's family and the general public once the person is released back into the community.

### *Prevention strategies and activities*

Thanks to advocacy efforts by UNAIDS and others, all governments in the sub-region have come to recognize the risk of HIV infection in prisons and all countries, with the exception of Tajikistan, are implementing harm reduction and safer sex interventions in prisons, at least on a pilot basis (Annex 3). Prevention strategies remain controversial. The traditional approach has been to test all those arrested and to segregate HIV-infected prisoners from those who are not infected. Testing is typically repeated at regular intervals, usually on an annual basis. While several governments have come to recognize that this approach is neither foolproof, nor sustainable as the number of infected inmates mounts, several countries are still contemplating to open special wards or colonies for HIV-infected prisoners.<sup>16</sup>

Kyrgyzstan was the first country in the sub-region to pilot HIV prevention activities in the penitentiary system. The program, which was initiated in 1998 with support from the Soros Foundation in Kyrgyzstan, includes the distribution of disinfectant (bleach), condoms, and educational materials. In addition, upon their release into the

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<sup>15</sup> Because a person with HIV and tuberculosis (TB) has an increased chance of developing active TB, the grouping of HIV-positive prisoners has implications for TB control in these populations. HIV infection increases the risk of re-activation of latent TB. Moreover, in HIV infected persons, a primary TB infection is more likely to rapidly develop into TB pneumonia with a high transmission rate and high mortality rates. Because of this HIV-TB synergy, TB control programs should consider (1) active TB case finding in HIV infected prisoners and (2) TB prophylactic treatment in those without active disease.

<sup>16</sup> Testing alone is not a panacea because separation of infected from non-infected prisoners is unlikely to ever be complete (considering the "window period" and delays in testing) and considering that high-risk behaviors continue inside prisons.

community, prisoners receive a kit that contains a sterile syringe, needle, disinfectant, condoms, instructional leaflets, and a phone number through which they can obtain confidential HIV counseling and testing. The pilot program is being expanded nationwide this year with funding from UNAIDS and UNDP. The Kyrgyz Ministry of Interior may also pilot a prison-based needle exchange program early in 2002.

Early in 2000, with support from UNAIDS and UNDP, Kazakhstan launched a pilot HIV prevention program in the Karaganda penitentiary system (where the first prison-based outbreak of HIV had occurred). The government of Kazakhstan is currently seeking resources to expand the program to 70 additional prisons including in Pavlodar, Petropolok, Shymkent, and Taraz. Activities include education, STI care, and the distribution of condoms and disinfectant. Pilot interventions have more recently been launched in Turkmenistan with support from OSI, but not yet in Tajikistan. In Uzbekistan, prisoners' families, rather than peer inmates or prison staff, distribute the condoms and the liquid disinfectant.

Typically, the programs are implemented through the prison medical system under the auspices of the Ministry of Internal Affairs. The Ministry of Justice, the Republican AIDS Centers, and local and regional leaders are also involved in the planning and implementation process. To varying degrees, prisoners themselves (including persons living with HIV/AIDS) participate in the design and implementation of the programs as peer educators and in the development of posters, leaflets, and other educational materials. Awareness-raising and educational seminars are also organized for police, prison wardens, and medical personnel in order to create a more supportive environment for the program. In several programs, prison staff, in particular nurses, volunteer as educators. Local NGOs are also involved in the implementation of programs in Kyrgyzstan, Kazakhstan, and Turkmenistan.

In summary, much progress has been made in this area:

- Pilot projects have been launched in four out of the five countries in the sub-region with positive results.
- Political will exists at the highest levels to expand these pilot projects nationwide.
- Kyrgyzstan may become the first country in the sub-region to pilot a prison-based needle exchange program early in 2002.
- Despite the resistance to prison-based needle exchange programs, there seems to be an openness to try drug substitution therapy in prisons in the sub-region.

However, some barriers remain in the policy arena:

- While legislation regarding arrest for the possession of illicit drugs has been relaxed in Kazakhstan and Kyrgyzstan,<sup>17</sup> there is a need to reform legislation across the board.
- There is political will to implement prison-based needle exchange programs.
- Some countries are still considering the option of building colonies or camps for HIV-positive prisoners.

### ***Recommended action***

#### *At the country and sub-regional levels*

- Organize a sub-regional forum to discuss "best practices" for prison-based interventions (including needle exchange, drug substitution therapy, and the segregation of HIV-infected inmates in special colonies).
- Mobilize resources for the expansion of pilot projects throughout the region.
- Advocate for further reforms in legislation regarding illicit drug use to reduce the number of IDUs who are imprisoned.

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<sup>17</sup> A step in the right direction is that the possession of up to 2 mL of opiate solution as well as used syringes and needles is no longer considered a crime in Kazakhstan and Kyrgyzstan.

## Migrants, refugees, and displaced persons

According to UNHCR, more than four million people moved within or from Central Asia since the late 1980s. Many migrated because of civil strife, others for economic reasons, and others to return to their ethnic homelands.

In Tajikistan, more than 700 000 people were displaced during the civil war, 250 000 of whom have since returned home. In addition, over the past five years, an estimated one million young Tajiks have migrated (often illegally) to other NIS countries, frequently Russia, seeking temporary or seasonal work. Many of these so-called “forced or seasonal migrants” eventually return home with STIs and other infectious diseases for which they are screened (they are screened for STIs but not for HIV).

Kyrgyzstan has approximately 11 000 refugees, primarily Tajiks (10 000) and Afghans (1000), in addition to a small number of Chechen asylum seekers. About 80 percent of Tajik refugees are expected to remain permanently in Kyrgyzstan. Most Afghan refugees, while not wishing to settle in Kyrgyzstan, are nevertheless expected to remain in Kyrgyzstan for the near future, given the remote possibility of returning home to Afghanistan in the foreseeable future.

UNHCR provides free medical services to the refugees through clinics run by the Kyrgyz Red Crescent Society (KRCS) in Bishkek, Kara-Balta, and Osh. While the clinics provide some basic information about STIs and distribute condoms (procured through UNFPA) during mobile clinic visits to the refugee communities, these activities are limited. Given the growing problem of HIV/AIDS in Kyrgyzstan, UNHCR would like to initiate more comprehensive programming in this area through existing UNHCR/KRCS structures and with assistance from UNAIDS.

UNFPA, UNHCR, and the NGO Kyrgyz Alliance on Family Planning, have launched the “HIV/AIDS refugee youth education initiative,” which includes training, seminars for youth, and distribution of information, education, and communications materials and safe sex commodities.

In some countries, refugees are placed in special institutions where they are tested for STIs and HIV. While public health authorities are aware that these screening activities do not constitute an adequate control strategy, more effective HIV and STI prevention activities have yet to be introduced in these institutions.

There has been massive internal migration throughout the sub-region over the last five years, from rural to urban areas, in search of jobs. Faced with unemployment in the city, many such persons join the underground economy, drawn into commercial sex or drug trafficking.

The issue of trafficking in women and girls was raised several times during the meeting but was not discussed in any depth for a lack of time and participants who were knowledgeable about the problem. Information on the numbers of people who have been trafficked, especially for the purposes of sexual exploitation, is not easy to discover. As an illegal, dangerous, and highly lucrative trade, it is kept well hidden. The traffickers conceal the true nature of their activities by operating under many different guises, and most of the women travel abroad as dancers, waitresses, au pairs, students, or traders. Despite these constraints, in 2000, the International Organization for Migration (IOM), with support from the Organization for Security and Cooperation in Europe Office for Democratic Institutions and Human Rights (OSCE/ODIHR), conducted an assessment of the phenomenon in Kyrgyzstan.<sup>18</sup> Based on interviews and focus group discussions with trafficked women, however, the interviewers were able to estimate that as many as 4000 women were trafficked from Kyrgyzstan in 1999. More than a quarter of the women who responded to the survey went to NIS countries and the rest traveled to non-NIS countries. The true number of women migrating to NIS countries is believed to be much higher, although it is impossible to determine because visas are not required and cross-border travel is unrestrained and inexpensive.

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<sup>18</sup> Source: IOM Report on Trafficking Women and Girls in the Republic of Kyrgyzstan, November 2000.

### ***Recommended action***

This is clearly a cross-border issue that will require a coordinated partnership between governments, border control and law enforcement agencies, NGOs, social services, media, international organizations such as IOM and UNHCR.

- Raise awareness among stakeholders
- Address the needs of these vulnerable groups in national strategic plans
- Implement programs to assist and protect (involve the target population in the planning process)
- Increase economic opportunities for young people at risk
- Introduce and enforce legislation to combat trafficking of migrants

### ***Resource mobilization***

A press conference was held at the end of the first day of the meeting. Government officials took the time to answer questions from TV, radio, and print journalists. AAP/Reuters as well as the local press picked up the press conference. All delegations spoke frankly about their problems, and indicated that governments were addressing HIV/AIDS seriously. On the basis of discussions, any vestige of denial of the problem in Central Asia appears to have disappeared.

A draft “Central Asia Declaration on HIV/AIDS Prevention” was agreed upon by governments and NGOs (Annex 4). The declaration expresses the governments’ high level of political commitment to the HIV/AIDS problem and will serve as a basis for their input at the upcoming UNGASS on HIV/AIDS.

Donors pledged continued support to an UNAIDS-assisted expanded response in the sub-region. Recognizing the present financial and budgetary crisis affecting the sub-region, they recognized the need to urgently mobilize substantial international aid in order to enable countries in the sub-region to act within the current “closing window of opportunity.”

Alarmed by the accelerating epidemics, donors expressed a heightened interest in the sub-region. The World Bank, for instance, will try to retrofit health sector projects that are ongoing in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan so that they address HIV/AIDS. The Bank will also look for new opportunities, perhaps a small grants program, to address the growing HIV/AIDS problem in the sub-region. The president of the World Bank was to have visited the sub-region in October 2001, and HIV/AIDS was to have been an important item on his agenda.

Donors such as USAID and DFID plan to increase their level of funding for HIV/AIDS programming in the sub-region over the next several years. DFID, for instance, is considering HIV/AIDS programming in Kyrgyzstan, and perhaps also in Kazakhstan, Tajikistan, and Uzbekistan. USAID is ready to partner with other donors to support the expansion of pilot interventions that focus on high-risk behavior groups, although USAID cannot provide direct support for the purchase of needles, syringes, or methadone. USAID is ready to support condom social marketing program and sentinel behavioral and serological surveillance activities throughout the region.

Donors stressed that, whereas they are ready to support programs in the sub-region, the ultimate responsibility for the long-term sustainability and impact of such programs falls to the governments and people of Central Asia. In seeking donor support, governments will need to demonstrate a high level of political and programmatic commitment. As exemplification of such commitment, donors look for national HIV/AIDS strategic plans and national HIV/AIDS coordination boards whose membership reflects true multi-sectoral commitment to the HIV/AIDS problem. Donors also encouraged governments in the sub-region to work more closely with NGOs and to be more supportive of mass media.

The United Nations General Assembly Special Session on HIV/AIDS (UNGASS/AIDS), 25–27 June 2001, represented a unique opportunity to mobilize political and social support for HIV/AIDS in the region and bring HIV/AIDS in Eastern Europe on the global agenda. While the UNGASS/AIDS was not a donor meeting per se, it can assist resource mobilization in the region by increasing political commitment.

Finally, UNDP reminded delegates about the creation of the new Global HIV/AIDS and Health Fund that is expected to be up and running by the end of this year. The new fund, which will focus on HIV/AIDS, tuberculosis, and malaria, will be geared at strengthening and expanding existing development processes rather than designing new projects. Initial contributions, totaling more than US\$400 million, have been already pledged and additional commitments are expected to be awarded in July at the UN Special Session on HIV/AIDS and at the G8 summit in July.

## ***In Summary***

HIV already has a firm foothold in Central Asia and is spreading rapidly among IDU communities in the sub-region. In the next few years, the epidemic can be expected to spread like a bush fire among IDUs, jumping from city to city as it is introduced into uninfected IDU communities along the drug trafficking routes. Over time, the HIV epidemic can be expected to move beyond the IDU communities into the general population and the next generation as more and more women of child-bearing age become infected. Unless current HIV prevention efforts are dramatically scaled up, the number of new infections will continue to rise exponentially following the steps of Ukraine, Belarus, and the Russian Federation. More specifically:

### *Dynamics of the epidemic*

- By global standards, although the overall prevalence of HIV in the sub-region remains low, it has reached the stage of a concentrated epidemic (i.e., prevalence exceeding 5 percent among high-risk behavior groups) in a growing number of IDU communities in the sub-region.
- While the number of HIV infections registered among other high-risk-behavior populations such sex workers and MSM remains low, there is no room for complacency. Judging from the prevalence of STIs in these groups, HIV will rise rapidly in their ranks once it is introduced into their sexual networks.
- It is important to remember that vulnerable groups are not hermetically sealed from the rest of society. There are a number of “bridge populations” in the sub-region who engage in unsafe behaviors both within and outside of their respective core group. Members of these bridge populations can introduce HIV into the general population, where it is more difficult to control. Among the potential bridge populations that have the potential to drive a wider heterosexual epidemic:
  - IDUs who have non-injecting sexual partners
  - IDUs who start to sell sex to support their habit
  - Sex workers who start to inject drugs
  - MSM who lead bisexual sexual lifestyles
  - Male clients of sex workers who also have unprotected sex with their girlfriends or wife
  - Prisoners released back into the community may also be considered a potential bridge population between the high-risk prison population and the community at large.
- It is therefore not sufficient for countries in the sub-region to focus their interventions on where the HIV epidemic is today; they need to also target interventions on where the epidemic is likely to be in the next few years. The focus needs to be on high-risk behaviors rather than cases detected.

### *Interventions with high-risk behavior groups*

- Because the HIV epidemics in the sub-region are still limited to the high-risk behavior groups, the country responses have appropriately been largely focused on these primary risk groups as well as on youth both within as well as outside of the high-risk groups.

- Needle exchange programs have been piloted throughout the sub-region and the first drug substitution program will be piloted in Kyrgyzstan and possibly in Kazakhstan this year. Uzbekistan became the first country in the sub-region to expand its needle exchange “trust points” nationwide.
- Sex worker interventions are ongoing in Kazakhstan, Kyrgyzstan, and Turkmenistan and are just beginning in Tajikistan and Uzbekistan. So far, little work has been done on the client side of the sex worker-client equation.
- Interventions with prisoners have been piloted in Kazakhstan and Kyrgyzstan and have been initiated in Tajikistan and Uzbekistan. So far, only disinfectants, condoms, and educational materials have been allowed in prisons. Kyrgyzstan may become the first country in the sub-region to introduce needle exchange in prisons. A few countries have expressed an openness to try oral drug substitution (methadone maintenance) in prisons.
- While political and social impediments to their successful implementation persist, MSM interventions are ongoing in Kazakhstan and Kyrgyzstan, as well as in Uzbekistan, albeit on an informal basis.
- Governments and international organizations such as UNHCR and IOM are increasingly recognizing the increased vulnerability of migrants, refugees, and displaced persons in the sub-region to HIV/AIDS. There was consensus that the special needs of these vulnerable groups needed to be addressed at the country level (in national strategic plans) as well as at the sub-regional level, considering their cross-border relevance. The problem of trafficking of migrants (especially women and girls) was also placed on the sub-regional agenda.
- There is consensus that linkages should be created at the operational level between different strategic priorities. For example, sex workers need to have access to needle exchange services, IDUs need access to STI treatment, and youth need both youth-friendly STI and drug treatment services.
- Finally, HIV prevention efforts among marginalized groups can only succeed in an environment that is conducive to the adoption of safer injection and sexual behavior. While important legislative reforms have been made, notably in Kazakhstan and Kyrgyzstan, there remain public policies that make it difficult for IDUs, sex workers, and MSM to protect themselves.

#### *Young people’s health, protection, and development*

- A growing awareness of the vulnerability of young people to HIV, STIs, and injecting drug use, has brought issues related to young people’s health, protection, and development higher on the political agenda.
- All five countries are implementing “healthy lifestyles” programs. These programs are generally school-based and use traditional didactic approaches (lectures). There was consensus among participants for the need to introduce and build the capacity for more participatory, peer-led approaches that focus on the development of life skills and behavior change.
- In order to increase the effectiveness and reach of programs, there is a need to develop out-of-school programs that provide information that is reliable using channels that are entertaining.
- Finally, participants also recognized the need to introduce youth-friendly approaches in the health care systems.

#### *Other issues*

- There was an urgent call for needles, syringes, and condoms to support ongoing interventions and their expansion.
- In the past, case reporting was the primary source of surveillance data. Recognizing the need for a system to properly gauge the state of the epidemic and monitor the effectiveness or the response, countries are increasingly turning to proper HIV surveillance in sentinel groups such as IDUs, sex workers, and STI patients. In so doing, countries are learning that is very difficult to establish an effective surveillance system without first

winning the trust of the sentinel groups. NGOs are helping to building the excellent rapport that is required with the target populations.

- The number of infants born from HIV infected women is still very limited in the sub-region, mostly among IDU mothers. Nonetheless, there was some consensus at the conference that pregnant women should have access to mother-to-child transmission (MTCT) services in the sub-region. While MTCT was not felt to be a high strategic priority for limiting the spread of the epidemic in the sub-region, it may help to counteract stigmatization of people living with HIV/AIDS.

## **Recommendations**

- Expand targeted interventions with high-risk behavior groups focusing on harm reduction, condom social marketing, awareness raising, peer education, and outreach education.
- Develop a social marketing program for HIV/AIDS prevention to promote behavior change through outreach education about the use of injecting drugs and safer sex, and improve access to affordable condoms.
- Strengthen drug prevention programs through in-school and after-school programs using peer and outreach education.
- Design and implement essential STI-related services in innovative ways and ensure access to and quality of essential clinical services for STIs; promote WHO-recommended protocols on STI syndromic case management; ensure access to other primary health care services, counseling and treatment.
- Strengthen HIV sentinel surveillance (serologic as well as behavioral) in the sub-region in order to gauge the state of the epidemic, design appropriate interventions, and monitor the effectiveness of efforts at prevention.
- Support demonstration projects in new areas such as drug substitution therapy and needle exchange programs in prisons.

### *Next steps*

- Accelerate the elaboration of national strategic plans in Kazakhstan, Tajikistan, Turkmenistan, and Uzbekistan. Strategic plans will serve as the basis for cooperation and will be regarded as frameworks through which resources will be channeled to governments and NGOs.
- Facilitate a high level representation of delegates from the sub-region at the forthcoming UN Special Session on HIV/AIDS and ensure that the specific needs and priorities of the sub-region will be reflected.
- Finalize the Central Asia Declaration on HIV/AIDS Prevention document that was endorsed by government representatives at the conference and get it endorsed by all five countries in the sub-region as a basis for their input to the UN Special Session on HIV/AIDS. The declaration should be promoted throughout the sub-region and among international partners and donors to mobilize resources for an expanded response.
- Because financial cost sharing is not realistic to expect from cash-strapped governments in the sub-region, donors should seek more in-kind contributions from governments such as building political commitment and creating of a more favorable legislative environment for HIV/AIDS prevention.
- Each of the four countries that participated in the conference should submit a request to donors indicating how donors can assist them to plan or implement their response.
- Strengthen the UN theme groups in the sub-region as the primary mechanism for coordination of international assistance at the country level: a) membership in the theme groups needs to be expanded in all countries to include national representatives, bilateral and other donor agencies, and NGOs; b) a national program officer

should be posted in each country to ensure the day-to-day management of the theme groups. UN theme groups should meet after this conference, decide on their priorities, and then request assistance from the donors.

- Develop a mechanism to coordinate international assistance at the sub-regional level.
- Support the publication of the quarterly Central Asia newsletter *Into Focus* as a forum for the exchange of information, ideas, experience, and best practices in the sub-region.
- Develop a database of technical experts and resources within the sub-region as well as the greater CEE/NIS region.

## ***Closing remarks***

There is still an opportunity to prevent a large-scale spread of HIV in the region through early interventions targeting vulnerable youth and high-risk behavior groups such as IDUs, sex workers and their clients, MSM, prisoners, and displaced people. There is solid groundwork from which to build an expanded response and the level of expressed political commitment in the sub-region is high as outlined in the Central Asia Declaration. Now is the time to make a credible assault on the epidemic and urgently mobilize financial and technical resources to help governments, local authorities, and NGOs to rapidly increase the coverage and effectiveness of national responses. Scaling up the response is imperative and affordable today. Tomorrow the prevention challenge will only become more daunting.



**ANNEX 1**

**CONFERENCE AGENDA**



**HIV/AIDS/STI Central Asia Initiative  
16–18 May 2001  
Hotel “Hayatt,” Almaty, Kazakhstan**

**Agenda**

**Tuesday, May 15**

Afternoon/evening hours—Arrival and check in at hotel

**Wednesday, May 16**

- |           |  |
|-----------|--|
| 0830      | Registration and Coffee  |
| 0930–1000 | Welcoming remarks<br>Prof. Aikan Akanov, Representative of the Prime Minister’s Office of the Republic of Kazakhstan.<br>Mr. Glen Anders, Regional Director, USAID Central Asia Mission<br>Mr. Jorge Sequeira, Chairperson, UNAIDS Theme Group, Kazakhstan<br>Mr. Souleymane Balde, Senior Advisor, Special HIV/AIDS Initiative, UNDP Headquarters, New York |
| 1000–1045 | State of the epidemic<br>Dr. Doris S. Mugrditchian, USAID Senior Health Advisor  |
| 1045–1130 | National Responses:<br><br>Kazakhstan<br>Agency of Health Affairs, Republic of Kazakhstan<br><br>Kyrgyzstan<br>Ministry of Health, Republic of Kyrgyzstan  |
| 1130–1200 | Break  |
| 1200–1315 | National Responses (continued):<br><br>Tajikistan<br>Ministry of Health, Republic of Tajikistan<br><br>Turkmenistan<br>Ministry of Health, Republic of Turkmenistan<br><br>Uzbekistan<br>Ministry of Health, Republic of Uzbekistan  |
| 1315–1415 | Lunch  |

- 1415–1445 Response of UNAIDS co-sponsors and other donors at the country and sub-regional levels  
Dr. Rudick Adamyan, UNAIDS Inter-country Advisor for CAR
- 1445–1615 Results of rapid assessments of the HIV/AIDS situation among vulnerable groups:
- Assessment of IDU in Central Asia  
Mr. Baurzhan Zhusupov, Director, Institute for Study of Public Opinion, Kazakhstan
- Assessment of CSW in Central Asia  
Dr. Gulnara Kurmanova, NGO Tais Plus
- Assessment of the HIV/AIDS/STI situation among MSM in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan  
Dr. Robert Oostvogels, UNAIDS Consultant
- Assessment of drug abuse in Central Asia  
Mr. Mirzakhid Sultanov, Consultant, UNODCCP Regional Office for Central Asia
- 1615–1645 Break
- 1645–1730 Results of rapid assessments of the HIV/AIDS situation among vulnerable groups (continued):
- Views of young people of Central Asia on sexual and reproductive health including HIV/AIDS  
Dr. Alfiya Shamsutdinova, Programme Officer, IPPF European Network Field Office for Central Asia
- HIV infection risk factors among drug users in Kazakhstan  
Dr. Michael O. Favorov, Program Director, CDC Central Asia
- 1730–1800 How can sub-regional initiatives support national responses?  
Mr. Henning Mikkelsen, UNAIDS, Geneva

**Thursday, May 17**

- 0900 Coffee
- 0930–1030 Pilot Interventions among vulnerable groups:
- HIV Intervention among IDU in Temirtau, Kazakhstan  
Mr. Berik Abdygaliev, Mayor's Office, Temirtau
- HIV Intervention among IDU in Osh, Kyrgyzstan  
Mr. Tynybek Aitnazarov, the Governor of Osh Oblast
- Harm reduction activities in Central Asia  
Ms. Kasia Malinowska-Sempruch, Director, IHRD, Open Society Institute, New York, U.S.A.  
Ms. Valeriya Gourevich, Medical Programs Coordinator, Soros Foundation, Kazakhstan
- 1030–1130 Proposed Working Groups
- Working group 1** Theme: IDU  
Moderator: Kasia Malinowska-Sempruch, OSI
- Working group 2** Theme: Youth  
Moderator: Leo Kenny, UNICEF

1130–1200	Break
1200–1330	Working Groups (continued)
1330–1430	Lunch
1430–1530	Pilot Interventions:  HIV intervention among prisoners in Kazakhstan Mr. Bulat Alibekov, Representative from Ministry of Interior  HIV intervention among CSW in Osh, Kyrgyzstan Dr. Laurent Amigues, Head of Mission, MSF/France, Kazakhstan  HIV intervention among MSM in Bishkek, Kyrgyzstan Mr. Vitaly Vinogradov, NGO Oasis
1530–1630	Proposed Working Groups  <b>Working group 3</b> Theme: CSW and clients Moderator: Ulrich Laukamm-Josten, WHO  <b>Working group 4</b> Theme: Other vulnerable groups: prisoners, MSM, displaced people Moderator: Henning Mikkelsen, UNAIDS
1630–1700	Break
1700–1830	Working Groups (Continued)
<b>Friday, May 18</b>	
0900	Coffee
0930–1000	Report and Discussion of Working Group 1 Rapporteur's Summary
1000–1030	Report and Discussion of Working Group 2 Rapporteur's Summary
1030–1100	Report and Discussion of Working Group 3 Rapporteur's Summary
1100–1130	Break
1130–1200	Report and Discussion of Working Group 4 Rapporteur's Summary
1200–1245	Discussion of Central Asian HIV/AIDS Action Plan, Coordination, and Next Steps
1245–1300	Summary and Closing Remarks

# ЦЕНТРАЛЬНО -АЗИАТСКАЯ КОНФЕРЕНЦИЯ ПО ПРЕДУПРЕЖДЕНИЮ ВИЧ/СПИД/БППИ

16–18 мая 2001

Отель “Hyatt”, Алматы, Казахстан

## Программа Конференции

### Вторник 15 мая, 2001

Полдень/вечер - прибытие и размещение участников в отеле

### Среда 16 мая, 2001

08.30 Регистрация и кофе

09.30–10.00 Приветственное выступление  
Айкан Аканов, представитель Канцелярии Премьер-Министра Республики Казахстан  
Глен Андерс, Региональный директор ЮСАИД в Центральной Азии  
Хорхе Секвейра, Председатель, Совместная группа ООН по СПИД, Казахстан

10.00–10.45 Состояние эпидемии  
Дорис Мугрдитчян, Ведущий консультант ЮСАИД по вопросам здравоохранения

10.45–11.30 Презентация национальных стратегий  
  
Казахстан  
Агентство здравоохранения Республики Казахстан  
  
Кыргызстан  
Министерство здравоохранения, Кыргызская Республика

11.30–12.00 Кофе-брейк

12.00–13.15 Презентация национальных стратегий (продолжение):  
  
Таджикистан  
Министерство здравоохранения, Республика Таджикистан  
  
Туркменистан  
Министерство здравоохранения, Республика Туркменистан  
  
Узбекистан  
Министерство здравоохранения, Республика Узбекистан

13.15–14.15 Обед

14.15–14.45 Стратегия спонсоров Совместной программы ООН по СПИД (ЮНЭЙДС) и других доноров, выполняемая на страновом и суб-региональном уровнях.  
Рудик Адамьян, Советник ЮНЭЙДС в Центральной Азии

14.45–16.15 Результаты оценки ситуации по ВИЧ/СПИД среди уязвимых групп населения:  
  
Результаты оценки ситуации, сложившейся в Центральной Азии среди внутривенных наркоманов  
Бауржан Жусупов, Директор, Центр по исследованию общественного мнения, Казахстан

Результаты оценки ситуации, сложившейся в Центральной Азии среди лиц, вовлеченных в коммерческий секс  
Гульнара Курманова, НПО "Таис Плюс"

Результаты оценки ситуации по ВИЧ/СПИД/БППП в Казахстане, Кыргызстане, Таджикистане и Узбекистане среди гомосексуалистов  
Роберт Оотвогелс, Консультант ЮНЭЙДС

Результаты оценки ситуации по наркомании в Центральной Азии  
Мурзахид Султанов, Консультант, Региональный офис UNODCCP в Центральной Азии

16.15–16.45

Кофе-брейк

16.45–17.30

Результаты оценки ситуации по ВИЧ/СПИД среди уязвимых групп населения (продолжение):

Мнение молодежи Центральной Азии по половому и репродуктивному здоровью, включая ВИЧ/СПИД  
Альфия Шамсутдинова, Координатор программы, Европейская сеть IPPF в Центральной Азии

Факторы риска ВИЧ-инфекции среди наркоманов в Казахстане  
Михаил Фаворов, Директор по программам, CDC в Центральной Азии

17.30–18.00

Каким образом суб-региональные мероприятия могут оказать помощь в реализации национальных стратегий?  
Хеннинг Микелсен, офис ЮНЭЙДС, Женева

#### **Четверг 17 мая, 2001**

09.00

Кофе

09.30–10.30

Пилотные проекты по вмешательству в уязвимые группы населения:

Пилотный проект по вмешательству в целях предупреждения ВИЧ-инфекции среди внутривенных наркоманов в Темиртау, Казахстан  
Берик Абдыгалиев, Акимат г. Темиртау

Пилотный проект по вмешательству в целях предупреждения ВИЧ-инфекции среди внутривенных наркоманов в г. Ош, Кыргызстан  
Тыныбек Айтназаров, Заместитель губернатора Ошской области

Меры, направленные на снижение уровня отрицательных последствий  
Касия Малиновска-Семпруч, Директор, IHRD, Open Society Institute, Нью-Йорк, США  
Валерия Гуревич, Координатор программ по здравоохранению, Фонд Сорос-Казахстан

10.30–11.30

Предлагаемые Рабочие группы

**Рабочая группа 1** Тема: Внутривенные наркоманы  
Ведущий: Касия Малиновска-Семпруч, OSI  
Репортер: Эд Харрис, DFID

**Рабочая группа 2** Тема: Молодежь  
Ведущий: Лео Кенни, ЮНИСЕФ  
Репортер: Шаннон Берлин, ЮНЕСКО

- 11.30–12.00 Кофе-брейк
- 12.00–13.30 Рабочие группы (продолжение)
- 13.30–14.30 Обед
- 14.30–15.30 Пилотные проекты по вмешательству:
- Пилотный проект по вмешательству в целях предупреждения ВИЧ-инфекции среди заключенных исправительных учреждений в Казахстане  
Булат Алибеков, Представитель министерства внутренних дел Республики Казахстан
- Пилотный проект по вмешательству в целях предупреждения ВИЧ-инфекции среди лиц, вовлеченных в коммерческий секс в Оше, Кыргызстан  
Лорент Амигес, Глава миссии, Врачи без границ/Франция, Кыргызстан
- Пилотный проект по вмешательству в целях предупреждения ВИЧ-инфекции среди гомосексуалистов в Бишкеке, Кыргызстан  
Виталий Виноградов, НПО "Оазис"
- 15.30–16.30 Предлагаемые Рабочие группы
- Рабочая группа 3** Тема: Лица вовлеченные в коммерческий секс и их клиенты  
Ведущий: Ульрих Лаукамм-Йостен, ВОЗ WHO  
Репортер: Робер Оотовогелс.ю ЮНЭЙДС
- Рабочая группа 4** Тема: Другие уязвимые группы населения: заключенные исправительных учреждений, гомосексуалисты, перемещенные лица  
Ведущий: Хеннинг Миккелсен, ЮНЭЙДС  
Репортер: Джерардо Фернандез, ЮСАИД
- 16.30–17.00 Кофе-брейк
- 17.00–18.30 Рабочие группы (продолжение)

**Пятница 18 мая, 2001**

- 09.00 Кофе-брейк
- 09.30–10.00 Отчет и обсуждение результатов работы Рабочей группы 1  
Выступление репортера
- 10.00–10.30 Отчет и обсуждение результатов работы Рабочей группы 2  
Выступление репортера
- 10.30–11.00 Отчет и обсуждение результатов работы Рабочей группы 3  
Выступление репортера
- 11.00–11.30 Кофе-брейк
- 11.30–12.00 Отчет и обсуждение результатов работы Рабочей группы 4  
Выступление репортера

- 12.00–12.45 Обсуждение Центрально-азиатского плана действия по предупреждению ВИЧ/СПИД, координация и следующие шаги
- 12.45–13.00 Подведение итогов и заключительные выступления



**ANNEX 2**

**CONFERENCE PARTICIPANT LIST**



**Bilateral Organizations**

<b>Name, title, organization</b>	<b>Title</b>	<b>Organization</b>	<b>Address</b>	<b>Phone</b>	<b>Fax</b>	<b>E-mail</b>
<b>Dutch Ministry of Foreign Affairs (The Netherlands)</b>						
Jeroen Boender	Second Secretary Embassy of the Netherlands	Dutch Ministry of Foreign Affairs (The Netherlands)	Royal Netherlands Embassy 103 Ulitsa Nauryzbai Bai Batyr, 480072 Almaty, KZ	7.3272.503773	7.3272.5033772	alm@minbuza.nl
<b>US Peace Corps</b>						
Marina Semenova	Public Health Program Manager	US Peace Corps	100 Schevchenko St., 5th Floor	7.3272.692984/5	7.3272.624030	msemenova@kz.peacecorps.gov
<b>USAID</b>						
John Novak	HIV/AIDS Division	USAID, WA DC	RRB, 1300 Pennsylvania Ave, NW, Washington, D.C. 20523-3700	202.712.4814	202.216.3046	jnovak@usaid.gov
Edna Jonas	Health Advisor	USAID/Armenia	YEREVAN	374-1-151955	74-2-151131	ejonas@usaid.gov
Jennifer Adams	Director	USAID/CAR/OST	US Embassy, 97 A Panifilova, 480091 Almaty, KZ	7.3272.507612	7.3272.507636	jeadams@usaid.gov
Almaz Sharman	Infectious Disease Advisor	USAID/CAR/OST	US Embassy, 97 A Panifilova, 480091 Almaty, KZ	7.3272.507612	7.3272.507636	asharman@usaid.gov
Gerardo M. Fernandez	Project Management Assistant	USAID/CAR/OST	US Embassy, 97 A Panifilova, 480091 Almaty, KZ	7.3272.507612	7.3272.507636	gfernandez@usaid.gov

Cheri Vincent	Program Management Specialist	USAID/CAR/Tashkent	Tashkent, UZ	998-71-120-6309		cvincent@usaid.gov
Tatiana Dementyeva	Program Management Specialist	USAID/CAR/Bishkek	US Embassy, 171 Prospect Mira, Bishkek, Kyrgyz Republic	996.312.551241, 551242	996.3318.777203	tdementyeva@usaid.gov
Doris S. Mugrditchian	Sr. Health Advisor to USAID	The Synergy Project	1101 Vermont Avenue, NW Suite 900, Washington, D.C. 20005	202.842.2939	202.842.7646	dmugrditchian@mindspring.com
<b>CDC</b>						
Michael O. Favorov	Director	CDC	91/97 Furmanov St. #15	7.3272.63-86-57	7.3272.63-86-57	mfavorov@usaid.gov>
Gulzhan Muratbayeva,	Project Management Specialist	CDC	91/97 Furmanov St. #15	7.3272.63-86-57	7.3272.63-86-57	gmuratbayeva@usaid.gov
<b>Family Health International</b>						
Sujata Rana	Senior Program Officer, HIV/AIDS Prevention and Care Department	FHI	2101 Wilson Boulevard, Ste 700, Arlington, VA 22201, USA	703.516.9779	703.516.9781	srana@fhi.org
<b>IPPF</b>						
Alfiya Shaumsutdinova	Program Manager	IPPF European Network	245 Mukanova, Apt. 19	7.3272.684108	7.3272.684108	ashippf@asdc.kz

<b>MSF/France</b>						
Laurent Amigues	Head of Mission, Osh, KG	MSF/France	714004 Osh, KG Leningradskaya Str. 1 A	996.3222.57052, 5.72.15	996.3222.57052	msffosh@oshmail. kg
<b>MSF/ Holland</b>						
Fosil Khasanov	Assistant of the Medical Coordinator	MSF Holland, Aral Sea Area and Ferghana Valley Programme	Konstitutsiya Str. 4, PO Box 333 700000 Tashkent, Uzbekistan	998.71.152.4031, 152.4032	998.71.120.707 2	Fozil@msfh- tashkent.uz
Wim Landman	Medical Coordinator	MSF/Holland Russia	Moscow 125267 15-5 Chayanova 8 Russia	7.095.250.6377	7.095.250.6587	wim_landman@ms fholru.org
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**ANNEX 3**

**INTERNATIONAL RESPONSE MATRIX**



	<b>Kazakhstan</b>	<b>Kyrgyzstan</b>	<b>Tajikistan</b>	<b>Turkmenistan</b>	<b>Uzbekistan</b>
<b>Prevention among Youth</b>  [in-school and out-of-school youth]	<u>Umbrella Project:</u>  <b>UNAIDS/UNFPA/UNDP/UNESCO/ Government of KZ</b> Integrated Assistance Program on Healthy Lifestyles \$486,300  <u>Relevant activities under the Umbrella Projects</u>  <b>UNESCO/UNAIDS STD/HIV/AIDS</b> Awareness: A National Healthy Lifestyles Advocacy & Education Campaign in KZ. Development of audio-visual IEC package on HIV/AIDS for use by health and education professionals with youth. \$50,000 (Completed late 1999)  <u>Other activities</u>  <b>*UNFPA/IPPF EN</b> Peer-Led Sex Education Project in Central Asian Countries: survey on RH needs of youth, IEC materials on reprod. health & sexuality, attention to marginal youth (Ongoing)	<u>Umbrella Project:</u>  <b>UNDP/UNAIDS/UNESCO/UNODCCP/WHO/OSI/ Government of KG</b> Prevention of STD and HIV/AIDS in the Kyrgyz Republic. \$695,090  <u>Relevant activities under the Umbrella Project:</u>  <b>UNDP/UNAIDS/UNESCO/ Government of KG</b> Development of school-based Healthy Lifestyles Programs nationwide: (1) Assessment of HIV awareness and risk behaviors among youth (Completed) (2) Support to the Ministry of Education & Culture on policy formulation (Ongoing) (3) Production of a teacher's manual on Healthy Lifestyles in 3 languages and distribution to all educational establishments (Completed)	<u>Umbrella Project:</u>  <b>UNAIDS/UNDP/UNESCO/UNODCCP/UNFPA/UNICEF</b> Promotion of a Multi-sectoral Effective Response to HIV/AIDS and STDs in Tajikistan \$237,000  <u>Relevant activities under the Umbrella Project:</u>  <b>UNFPA</b> (1) NGO, Gender and Development: grants to NGOs conducting training on RH/FP issues including HIV/AIDS (Completed) (2) Strengthening RH Information and Services Project: gender-sensitive IEC campaign; elaboration of a healthy lifestyles textbook for teachers (Ongoing)  <b>UNICEF</b> (1) Support for a Drop-in Center and for Non-formal Education for Street Children (2) Seminars for secondary schools	<u>Umbrella Projects:</u>  <b>a) UNAIDS/UNDP/UNESCO/UNFPA/WHO/UNICEF/British Embassy/Government of TK</b> Strengthening HIV/AIDS Prevention Strategy in Turkmenistan. \$98,862 (Ended)  <b>b) UNAIDS/UNDP/UNFPA/UNICEF/UNODCCP/WHO/USAID/OSI/ Government of TK</b> Multi-sectoral Approach towards the Implementation of a National AIDS/STI Prevention Program in Turkmenistan for 1999-2003. \$305,742 (Ongoing)  <u>Relevant activities under the Umbrella Projects:</u>  <b>UNODCCP/UNICEF/UNAIDS</b> Drug abuse/AIDS/STI prevention amongst youth in Turkmenistan/ Promoting healthy lifestyles among youth	<u>Umbrella Project:</u>  <b>UNDP/UNODCCP/UNAIDS/UNESCO (Regional Office)/UNFPA/WHO/OSI</b> Promotion of an Effective Response to HIV/AIDS, STD and drug abuse in Uzbekistan. \$305,670  <u>Relevant activities under the Umbrella Project:</u>  <b>UNESCO</b> 1) Assessment of preventive education curricula in KZ, KG, TJ & UZ (2) Production and dissemination of IEC materials for youth (Ongoing) (3) Training of youth in peer education, communication and HIV/AIDS/STI prevention (two training sessions completed, two more planned in 2001)  <u>Other activities:</u>

Information in this matrix is based on input received from participating organizations – the input was more detailed in some cases than others – will find some errors, omissions and duplications in the matrix, but should give a fairly accurate snapshot of existing activities (completed, ongoing, and planned) as well as programmatic and geographic gaps. Readers are encouraged to contact the organization directly for more detailed and updated information.

\*Activities marked with an asterisk are those being implemented in more than one country in the sub-region.

	<b>Kazakhstan</b>	<b>Kyrgyzstan</b>	<b>Tajikistan</b>	<b>Turkmenistan</b>	<b>Uzbekistan</b>
	<p>youth (Ongoing)</p> <p><b>*UNICEF/UNESCO</b> Stakeholder Study on Healthy Lifestyles (Implementing partner, Association of Sociologists and Political Scientists)</p> <p><b>*UNESCO</b> Assessment of preventive education curricula in KZ, KG, TJ &amp; UZ (planned)</p> <p><b>*OSI/Street Kids Int'l</b> International Harm Reduction Development Program. Activities build capacity to address drug use and sexual health among marginalized youth in Central Asia (implemented in KZ, KG, and TJ).</p> <p><b>*USAID/CAR</b> Strategy for an Expanded HIV/AIDS Effort Project. Youth will be a priority target audience for the promotional component</p>	<p>(4) Development and implementation of an educational training program for teachers on Healthy Lifestyles fostering – refer to related UNFPA activity below. (Ongoing)</p> <p>(5) Introduction of the Healthy Lifestyles curriculum in schools nation-wide (Ongoing)</p> <p>(6) Mobilization of NGOs to work with the youth on AIDS prevention (Ongoing)</p> <p>(7) Youth peer education programs (Ongoing)</p> <p>(8) Production of IEC materials including videos (Ongoing)</p> <p>(9) Theater performances for students and youth fostering Healthy Lifestyles (Ongoing)</p> <p>(10) Pilot programs for youth on HIV/AIDS prevention (Completed)</p> <p><b>UNDP/UNODCCP</b> Demand reduction and HIV/AIDS prevention among youth:</p>	<p>teachers on introduction of the book “Healthy Life Style” (Planned)</p> <p><u>Other activities:</u></p> <p><b>*UNFPA/IPPF EN</b> Peer Led Sex Education Project in Central Asian Countries: survey on RH needs of youth, IEC materials on RH &amp; sexuality, attention to marginal youth</p> <p><b>*UNICEF/UNESCO</b> Stakeholder Study on Healthy Lifestyles (Implementing partners: Association of Young Leaders and Youth Committee-SAMT)</p> <p><b>*UNESCO</b> Assessment of preventive education curricula in KZ, KG, TJ &amp; UZ (Planned)</p> <p><b>*OSI/Street Kids Int'l</b> International Harm Reduction Development Program: activities build capacity to address drug use and sexual health</p>	<p>lifestyles among youth in Turkmenistan</p> <p><b>UNICEF</b></p> <p>*(1) Central Asian Working Group on Healthy Lifestyles</p> <p>*(2) CARK Area Workshop on Peer Education and Life Skills</p> <p>(3) Development of training materials on life skills and peer education including healthy lifestyles component</p> <p><b>UNFPA</b> Reproductive Health / Reproductive Health Services Project: (1) TOT for the implementation of a new school curriculum on RH which prioritizes HIV/AIDS prevention., (2) IEC project: Production of a biology teacher’s manual that provides guidelines on how to teach HIV/AIDS prevention in schools</p> <p><u>Other activities:</u></p>	<p><b>*UNICEF/UNESCO</b> Stakeholder Study on Healthy Lifestyles (Completed Aug 2001)</p> <p><b>*UNFPA/IPPF EN</b> Peer Led Sex Education Project in Central Asian Countries: survey on RH needs of youth, IEC materials on RH &amp; sexuality, attention to marginal youth</p> <p><b>USAID/CAR</b> (1) Peer Counselor Training among medical students (Completed) *(2)“Strategy for an Expanded HIV/AIDS Effort” Project: Youth will be a priority target audience for the promotional component of the condom social marketing program and the peer outreach education activities for high-risk groups (Planned).</p> <p><b>UNICEF</b> *(1) Central Asian Working Group on</p>

Information in this matrix is based on input received from participating organizations – the input was more detailed in some cases than others – will find some errors, omissions and duplications in the matrix, but should give a fairly accurate snapshot of existing activities (completed, ongoing, and planned) as well as programmatic and geographic gaps. Readers are encouraged to contact the organization directly for more detailed and updated information.

\*Activities marked with an asterisk are those being implemented in more than one country in the sub-region.

	<b>Kazakhstan</b>	<b>Kyrgyzstan</b>	<b>Tajikistan</b>	<b>Turkmenistan</b>	<b>Uzbekistan</b>
	<p>of the condom social marketing program and the peer outreach education activities for high-risk groups (planned).</p> <p><b>UNICEF</b></p> <p>* (1) Central Asian Working Group on Healthy Lifestyles</p> <p>* (2) CARK Area Workshop on Peer Education and Life Skills</p> <p>(3) Youth Friendly Health Education Center in Kyzylorda (implementing partner, Kyzylorda HIV/AIDS Center)</p> <p>(4) Youth Friendly Health Education Center in Semipalatinsk (implementing partner, Semipalatinsk Healthy Lifestyle Center)</p> <p>(5) Pilot Drug Prevention Project in Schools (implementing partner, Information &amp; Research Center for Civic Education)</p> <p>(7) Youth Rock Climbing in Kazakhstan</p>	<p>(1) Publication of a teacher's manual on chemical addiction among youth</p> <p>(2) Production of IEC materials</p> <p>(3) Development of pilot peer education programs on demand reduction and HIV/AIDS prevention</p> <p>(4) Training of teachers, students and librarians on demand reduction and HIV/AIDS prevention</p> <p><u>Other activities:</u></p> <p><b>*UNFPA/IPPF EN</b> Peer Led Sex Education Project in Central Asian Countries: survey on RH needs of youth, IEC materials on RH &amp; sexuality, attention to marginal youth, training for young trainers on peer education (Ongoing)</p> <p><b>UNESCO</b> * (1) Assessment of preventive education curricula in KZ, KG, TJ &amp; UZ (Planned)</p>	<p>among marginalized youth in Central Asia (implemented in KZ, KG and TJ)</p> <p><b>USAID/CAR</b> "Strategy for an Expanded HIV/AIDS Effort" Project: Youth will be a priority target audience for the promotional component of the condom social marketing program and the peer outreach education activities for high-risk groups (Planned)</p> <p><b>IFRC</b> Development and dissemination of IEC materials on HIV/AIDS/STIs at PHC centers ( implementing partner, Tajik National AIDS Center)</p>	<p><b>*UNFPA/IPPF EN</b> Peer Led Sex Education Project in Central Asian Countries.</p> <p><b>*UNICEF/UNESCO</b> Stakeholder Study on Healthy Lifestyles</p> <p><b>*USAID/CAR</b> "Strategy for an Expanded HIV/AIDS Effort" Project: Youth will be a priority target audience for the promotional component of the condom social marketing program and the peer outreach education activities for high-risk groups (Planned).</p> <p><b>UNESCO</b> Development and dissemination of IEC materials targeted toward youth (Completed)</p>	<p>Healthy Lifestyles (implementing partner, Nat. Centre for Healthy Lifestyles) (ends Jun 2001)</p> <p>* (2) CARK Area Workshop on Peer Education and Life Skills (ends Sep 2001)</p> <p>(3) Pilot project: Prevention of harmful habits in schools in Tashkent and Fergana (Implementing partners: Institute "Woman and Society" and "Kamolot-Konun") (ends Dec 2001)</p> <p>(4) Community Drop-in Center ("Progress" Center) in Nukus, Karakalpakstan: provides IEC to youth.</p> <p><b>UNICEF/UNAIDS</b> "Kamolot Youth Movement Joint Project " Information and education of Young People about HIV/AIDS and STI (peer to peer education) US\$42,000 (Starts Oct 2001)</p> <p><b>UNICEF/UNODCCP</b> Preparation of advocacy</p>

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	<p>(implementing partner, Kazakhstan Mountaineering Foundation)</p> <p><b>UNFPA/GTZ</b> Summer Camp for school girls in South Kazakhstan with one-day session on RH issues and STI and HIV/AIDS prevention</p> <p><b>UNODCCP</b> Institution Building &amp; Improving Control Measures in Kazakhstan: assessment of drug abuse in schools, planning prevention programs in schools (Ongoing) \$685,000.</p> <p><b>DFID</b> Training program for teachers and health professionals (Implementing partners: Healthy Lifestyles Centre; Kazakhstan Medical &amp; Pedagogical Association)</p>	<p>(2) Development and dissemination of IEC materials for youth</p> <p><b>*OSI/Street Kids Int'l</b> International Harm Reduction Development Program: activities build capacity to address drug use and sexual health among marginalized youth in Central Asia (implemented in KZ, KG and TJ)</p> <p><b>*USAID/CAR</b> “Strategy for an Expanded HIV/AIDS Effort” Project: Youth will be a priority target audience for the promotional component of the condom social marketing program and the peer outreach education activities for high-risk groups (Planned).</p> <p><b>UNICEF</b> *(1) Central Asian Working Group on Healthy Lifestyles *(2) CARK Area Workshop on Peer</p>			<p>materials on prevention of HIV/AIDS and drug use targeting youth and parents \$12,000 (Ends Dec 2001)</p> <p><b>UNFPA</b> Strengthening of the RH services Operation &amp; Improving the Management Capacities at all Levels of the Health System: TOT of MoE staff on sexual education of adolescents</p> <p><b>UNFPA/UNESCO</b> IEC Support to RH Program in Uzbekistan: (1) Training of youth leaders in peer counseling techniques and sex education. implementing partner, “Kamalot” Youth Social Movement. (2) Development &amp; introduction of a family life education curriculum (FLE) in academic colleges and lyceums. (3) FLE seminars for teachers at colleges and lyceums. (4) Development and</p>

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		<p>Education and Life Skills</p> <p>(3) Development and adoption of life skills materials and training of school teachers</p> <p>(4) Clouds at their Feet (Targets institutionalized kids, implementing partner: Alpine Fund)</p> <p>(5) Young People’s Health Counseling with a focus on substance abuse, incl. hotline.</p> <p>(6) Steering group against trafficking of young girls</p> <p>(7) Young People’s Safe House in Bishkek.</p> <p><b>UNFPA</b></p> <p>Establishment of Expertise &amp; National Capacity on RH/FP:</p> <p>(1) Seminar for school teachers on healthy lifestyles with emphasis on STI/HIV/AIDS</p> <p>(2) Development of a model ‘youth-friendly’ health center</p> <p>(3) Support to “Aitana” Children Welfare Foundation; seminar on “Children Against AIDS” (Completed)</p>			<p>dissemination of IEC materials targeted towards youth (print, TV and radio soap operas).</p> <p><b>UN Theme Group on AIDS Task force for IEC</b></p> <p>Task force to coordinate HIV/AIDS information, education, and communication efforts of UN agencies and international organizations in Uzbekistan.</p> <p><b>US Peace Corps/UNAIDS</b></p> <p>Teen Peer Educator Project- 5 regions (implementing partner, NGO Ayol)</p>

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		<p>(4) Development of an additional module on RH which will be included in the teacher's "Healthy Lifestyle" manual—refer to (4) under joint UNDP/UNAIDS/UNESCO/Government activities above.</p> <p><b>UNFPA</b> Development &amp; Dissemination of IEC Materials on RH/FP Issues: radio series and radio spots on "RH for Youth (Ongoing)</p> <p><b>UNODCCP</b> Training of youth workers (Completed)</p> <p><b>SDC/MSF-France</b> (1) Rainbow Center Project: HIV/AIDS/STI intervention among youth in Osh (2) Extension of peer-education program to Osh and Batken oblasts</p> <p><b>SCF/UK</b></p>			

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		Study tour in Nepal in relation to primary prevention of drug use among school kids and street-kids.  <b>DFID</b> Under consideration: Support to National Health Promotion Center (NHPC)			

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<p><b>Prevention among Injecting Drug Users (IDU)</b></p> <p>[demand reduction &amp; harm reduction including needle exchange and methadone maintenance programs]</p> <p>Note: a growing proportion of IDUs are also engaged in sex work and are reached through sex worker interventions—please refer to activities under this heading.</p>	<p><u>Umbrella Projects:</u></p> <p><b>a) UNAIDS/UNDP/ UNODCCP/Ispat Karmet/UNESCO/ UNFPA/Government</b> Promotion of a Multi-sectoral Effective Response to HIV/AIDS, STD and Drug Use Spread in Karaganda and Nationwide. \$380,260 (Ended)</p> <p><b>b) UNAIDS/UNFPA/ UNDP/UNESCO/ Government of KZ</b> Integrated Assistance Program on Healthy Lifestyles \$486,300 (Ongoing)</p> <p><u>Relevant activities under the Umbrella Projects:</u></p> <p><b>UNAIDS/UNDP</b> (1) Rapid assessment of IDUs in Almaty, Pavlodar, Astana, Shymkent, Petropavlovsk, Ust-Kamenogorsk and Taraz; (2) Pilot IDU interventions (needle exchange, disinfectants,</p>	<p><u>Umbrella Project:</u></p> <p><b>UNDP/UNAIDS/ UNESCO/UNODCCP/ WHO/OSI/ Government of KG</b> Prevention of STD and HIV/AIDS in the Kyrgyz Republic. \$695,090</p> <p><u>Relevant activities under the Umbrella Project:</u></p> <p>[Refer to activities listed under Youth]</p> <p><b>UNAIDS</b> Rapid assessment of IDUs in Bishkek &amp; Osh</p> <p><b>UNDP/UNAIDS/OSI</b> (1) Pilot needle exchange projects in Osh and Bishkek (Completed) (2) Pilot methadone maintenance therapy project in Bishkek (Ongoing) (3) Production and dissemination of IEC materials (Completed) (4) Training of specialists, volunteers and Ministry of Interior</p>	<p><u>Umbrella Project:</u></p> <p><b>UNAIDS/UNDP/ UNESCO/UNODCCP/ UNFPA/UNICEF</b> Promotion of a Multi-sectoral Effective Response to HIV/AIDS and STDs in Tajikistan \$237,000</p> <p><u>Relevant activities under the Umbrella Project:</u></p> <p><b>UNAIDS</b> Rapid assessment of IDUs in Dushanbe</p> <p><b>UNDP/UNFPA</b> HIV and STD prevention among IDUs in Dushanbe (Ongoing)</p> <p><u>Other Activities:</u></p> <p><b>OSI/UNDP</b> *(1) Central Asian Harm Reduction Network; (2) Needle exchange projects in Dushanbe, Khorog, and Khuiand (3) Study tours to methadone substitution programs in E. Europe *(4) Hosted Tajik nationals to attend the New Delhi HP</p>	<p><u>Umbrella Projects:</u></p> <p><b>a) UNAIDS/UNDP/ UNESCO/UNFPA/ WHO/UNICEF/British Embassy/Government of TK</b> Strengthening HIV/AIDS Prevention Strategy in Turkmenistan. \$98,862 (Ended)</p> <p><b>b) UNAIDS/UNDP/ UNFPA/UNICEF/ UNODCCP/WHO/ USAID/OSI/ Government of TK</b> Multi-sectoral Approach towards the Implementation of a National AIDS/STI Prevention Program in Turkmenistan for 1999-2003. \$305,742 (Ongoing)</p> <p><u>Relevant activities under the Umbrella Projects</u></p> <p>Refer to activities listed under Youth</p> <p><u>Other Activities:</u></p> <p><b>UNODCCP</b></p>	<p><u>Umbrella Project:</u></p> <p><b>UNDP/UNODCCP/ UNAIDS/UNESCO (Regional Office)/ UNFPA/WHO/OSI</b> Promotion of an Effective Response to HIV/AIDS, STD and drug abuse in Uzbekistan. \$305,670</p> <p><u>Relevant activities under the Umbrella Project:</u></p> <p><b>UNAIDS</b> Rapid assessment of IDUs in Tashkent, Yangi Yul, Samarkand and Termez)</p> <p><b>UNAIDS/OSI</b> Pilot needle exchange projects at 3 sites in Tashkent</p> <p><b>UNICEF/UNODCCP</b> Preparation of advocacy materials on prevention of HIV/AIDS and drug use targeting youth and parents (ends Dec 2001)</p> <p><u>Other Activities:</u></p>

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	<p>IEC, condoms, STI service) in Almaty, Temirtau, Pavlodar, Petropavlovsk, Ust Kamenogorsk, Taraz and Shymkent</p> <p><u>Other Activities:</u></p> <p><b>OSI</b>  *(1) Central Asian Harm Reduction Network  (2) Needle exchange projects in Karaganda, Kostanai, Aktybinsk, Kzyl-Orda, Kokshetau, Uralsk  (3) Study tours to methadone substitution programs in E. Europe  (4) HIV/AIDS Hotline and mass media activities around drug use  *(5) Refer to OSI/Street Kids Int'l activities listed under Youth.</p> <p><b>*UNODCCP</b>  Preparatory Assistance on Demand Reduction in all five Central Asian countries:  (1) Needs assessment on drug abuse  (2) Rapid Situation</p>	<p>staff (Completed)</p> <p><b>UNDP/UNAIDS</b>  Needle exchange programs in 4 regions of the Kyrgyz Republic: continued support in Osh region, planned in Bishkek city and Chui and Jalal-Abad oblasts.</p> <p><u>Other Activities:</u></p> <p><b>OSI</b>  *(1) Central Asian Harm Reduction Network  (2) Needle exchange projects in Tokmak (in addition to Bishkek and Osh above) (Ongoing)  (3) Methadone maintenance projects in Bishkek (Ongoing)  *(4) Hosted Kyrgyz nationals to attend the New Delhi HR conference  *(5) Refer to OSI/Street Kids Int'l activities listed under Youth.</p> <p><b>*UNODCCP</b>  Preparatory Assistance on Demand Reduction in all five Central Asian</p>	<p>New Delhi HR conference  *(5) Refer to OSI/Street Kids Int'l activities listed under Youth.</p> <p><b>*UNODCCP</b>  Preparatory Assistance on Demand Reduction in all five Central Asian countries:  (1) Needs assessment on drug abuse  (2) Rapid Situation Assessment on Drug Abuse (Ongoing)</p> <p><b>*USAID/CAR</b>  (1) Harm Reduction Study Tour to Vilnius, Lithuania for policy makers of KZ, KG, TJ, TK, and UZ (April 2001)  (2) "Strategy for an Expanded HIV/AIDS Effort" Project : harm reduction activities will be restricted to primary prevention, IEC and health services i.e. no funding for injection equipment or drug substitution (Planned in all five CAR countries)</p>	<p>Preparatory Assistance on Demand Reduction in all five Central Asian countries:  (1) Needs assessment on drug abuse  (2) Rapid Situation Assessment on Drug Abuse (Ongoing)</p> <p><b>*USAID/CAR</b>  (1) Harm Reduction Study Tour to Vilnius, Lithuania for policy makers of KZ, KG, TJ, TK, and UZ (April 2001)  (2) "Strategy for an Expanded HIV/AIDS Effort" Project : harm reduction activities will be restricted to primary prevention, IEC and health services i.e. no funding for injection equipment or drug substitution (Planned in all five CAR countries)</p>	<p><b>*UNODCCP</b>  Preparatory Assistance on Demand Reduction in all five Central Asian countries:  (1) Needs assessment on drug abuse  (2) Rapid Situation Assessment on Drug Abuse (Ongoing)</p> <p><b>*USAID/CAR</b>  (1) Support for two participants each from KZ and UZ to the 12<sup>th</sup> Annual International Harm Reduction Conference in New Delhi, India (April 2001)  (2) Harm Reduction Study Tour to Vilnius, Lithuania for policy makers of KZ, KG, TJ, TK, and UZ (April 2001)  (3) "Strategy for an Expanded HIV/AIDS Effort" Project : harm reduction activities will be restricted to primary prevention, IEC and health services i.e. no funding for injection equipment or drug substitution (Planned in</p>

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	<p>Assessment on Drug Abuse (Ongoing)</p> <p><b>*USAID/CAR</b>            (1) Support for two participants each from KZ and UZ at the 12<sup>th</sup> Annual International Harm Reduction Conference in New Delhi, India (April 2001)            *(2) Harm Reduction Study Tour to Vilnius, Lithuania for policy makers of KZ, KG, TJ, TK, and UZ (April 2001)            *(3) “Strategy for an Expanded HIV/AIDS Effort” Project : harm reduction activities restricted to primary prevention, IEC and health services i.e. no funding for injection equipment or drug substitution (Planned in all five CAR countries)</p>	<p>countries:            (1) Needs assessment on drug abuse            (2) Rapid Situation Assessment on Drug Abuse (Ongoing)</p> <p><b>*USAID/CAR</b>            (1) Harm Reduction Study Tour to Vilnius, Lithuania for policy makers of KZ, KG, TJ, TK, and UZ (April 2001)            (2) “Strategy for an Expanded HIV/AIDS Effort” Project : harm reduction activities will be restricted to primary prevention, IEC and health services i.e. no funding for injection equipment or drug substitution (Planned in all five CAR countries)</p> <p><b>UNFPA</b>            Support of the activities of National AIDS Center: Procurement of condoms for IDU (Ongoing)</p> <p>DFID            Under consideration:</p>			all five CAR countries)

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		(1) Supply of needles and condoms (2) Support for drug substitution programs (MMT)			
<p><b>Prevention among Sex Workers &amp; their Clients</b></p> <p>Note: a growing proportion of sex workers are IDUs and are reached through IDU intervention – please refer to activities under IDU heading.</p>	<p><u>Umbrella Projects:</u></p> <p><b>a) UNAIDS/UNDP/ UNODCCP/Ispat Karmet/UNESCO/ UNFPA/Government</b> Promotion of a Multi-sectoral Effective Response to HIV/AIDS, STD and Drug Use Spread in Karaganda and Nationwide. \$380,260 (Completed)</p> <p><b>b) UNAIDS/UNFPA/ UNDP/UNESCO/ Government of KZ</b> Integrated Assistance Program on Healthy Lifestyles \$486,300 (Ongoing)</p> <p><u>Relevant activities under the Umbrella Projects:</u></p> <p><b>UNAIDS</b> (1) Rapid Situational Assessments of sex</p>	<p><u>Umbrella Project:</u></p> <p><b>UNDP/UNAIDS/ UNESCO/UNODCCP/ WHO/OSI/ Government of KG</b> Prevention of STD and HIV/AIDS in the Kyrgyz Republic. \$695,090</p> <p><u>Relevant activities under the Umbrella Project:</u></p> <p><b>UNDP/UNAIDS</b></p> <p>(1) Rapid assessments of sex workers in Bishkek, Osh, Tokmak and Jalal Abad (Completed)</p> <p>(2) Pilot intervention with sex workers in Bishkek, Chui, Jalal-Abad and Yssyk-Kul oblasts (Ongoing)</p> <p>(3) Preparation and dissemination of IEC materials (Ongoing)</p>	<p><u>Umbrella Project:</u></p> <p><b>UNAIDS/UNDP/ UNESCO/UNODCCP/ UNFPA/UNICEF</b> Promotion of a Multi-sectoral Effective Response to HIV/AIDS and STDs in Tajikistan \$237,000</p> <p><u>Relevant activities under the Umbrella Project:</u></p> <p><b>UNAIDS</b> Rapid assessment of sex workers in Dushanbe</p> <p><b>WHO/UNAIDS/UNDP</b> Workshop on HIV/ AIDS/STI prevention targeting MSM and sex workers, Jan/Feb 2001</p> <p><b>*UNESCO</b> Development and dissemination of IEC materials for sex workers (Ongoing)</p>	<p><u>Umbrella Projects:</u></p> <p><b>a) UNAIDS/UNDP/ UNESCO/UNFPA/ WHO/UNICEF/British Embassy/Government of TK</b> Strengthening HIV/AIDS Prevention Strategy in Turkmenistan. \$98,862 (Ended)</p> <p><b>b) UNAIDS/UNDP/ UNFPA/UNICEF/ UNODCCP/WHO/ USAID/OSI/ Government of TK</b> Multi-sectoral Approach towards the Implementation of a National AIDS/STI Prevention Program in Turkmenistan for 1999-2003. \$305,742 (Ongoing)</p> <p><u>Relevant activities under the Umbrella Projects:</u></p>	<p><u>Umbrella Project:</u></p> <p><b>UNDP/UNODCCP/ UNAIDS/UNESCO/ UNFPA/WHO/OSI</b> Promotion of an Effective Response to HIV/AIDS, STD and drug abuse in Uzbekistan. \$305,670</p> <p><u>Relevant activities under the Umbrella Project:</u></p> <p><b>UNAIDS</b> Rapid Situational Assessment of sex workers in Tashkent</p> <p><b>UNESCO</b> Development and dissemination of IEC materials for sex workers (Ongoing)</p> <p><b>OSI</b> Harm reduction education, training and social services for sex workers in 11 districts in</p>

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	<p>workers in Shymkent, Almaty, Taraz, Pavlodar, and Astana; (2) Pilot Interventions with sex workers in Almaty and Shymkent</p> <p><b>*UNESCO</b> Development and dissemination of IEC materials for sex workers (Ongoing)</p> <p><u>Other Activities:</u></p> <p><b>*UNICEF/UNAIDS/ UNESCO</b> Sub-regional IEC Project along the Silk Road: IEC campaign at truck stops along the main highways in all five Central Asian countries</p> <p><b>*USAID/CAR</b> “Strategy for an Expanded HIV/AIDS Effort” Project: will expand coverage of ongoing sex worker pilot interventions (Planned in KZ, KG and UZ)</p>	<p>(4) Work on development of programs jointly with the personnel of Ministry of Interior</p> <p>(5) Condom distribution for sex workers (Ongoing)</p> <p><b>WHO</b> STI clinic for sex workers in Bishkek (linked to above pilot intervention)</p> <p><b>UNAIDS/UNESCO/ British Council</b> (1) Training on how to conduct outreach work with sex workers (2) production of educational comic book for male clients.</p> <p><b>*UNESCO</b> Development and dissemination of IEC materials for sex workers (Ongoing)</p> <p><u>Other Activities:</u></p> <p><b>*UNICEF/UNAIDS/ UNESCO</b> Sub-regional IEC Project along the Silk Road:</p>	<p><u>Other Activities:</u></p> <p><b>*UNICEF/UNAIDS/ UNESCO</b> Sub-regional IEC Project along the Silk Road: IEC campaign at truck stops along the main highways in all five Central Asian countries.</p>	<p><b>UNAIDS</b> Rapid assessment of sex workers in Ashgabat</p> <p><b>WHO/OSI</b> Pilot outreach project to ‘vulnerable women’ in Ashgabat city</p> <p><b>*UNESCO</b> Development and dissemination of IEC materials for sex workers (Ongoing)</p> <p><b>UNFPA</b> HIV/AIDS awareness campaign in military and police academies (among sex worker clients)</p> <p><u>Other Activities:</u></p> <p><b>*UNICEF/UNAIDS/ UNESCO</b> <b>Sub-regional IEC Project along the Silk Road:</b> IEC campaign along the main truck stops along the main highways in all five Central Asian countries.</p> <p><b>OSI</b></p>	<p>Tashkent – working with NGO “SABO”</p> <p><u>Other activities:</u></p> <p><b>UNICEF/UNAIDS/ UNESCO</b> Sub-regional IEC Project along the Silk Road: IEC campaign along the main truck stops along the main highways in all five Central Asian countries.</p> <p><b>USAID/CAR</b> (1) Study Tour for HIV/AIDS professionals from Tashkent, Yangi Yul and Ferghana to Osh Kyrgyzstan to learn about IDU and sex worker interventions (April, 2001) * (2) “Strategy for an Expanded HIV/AIDS Effort” Project: will expand coverage of ongoing sex worker pilot interventions (Planned in KZ, KG and UZ)</p>

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		<p>Road: IEC campaign at truck stops along the main highways in all five Central Asian countries.</p> <p><b>*USAID/CAR</b> “Strategy for an Expanded HIV/AIDS Effort” Project: will expand coverage of ongoing sex worker pilot interventions (Planned in KZ, KG and UZ)</p> <p><b>SDC/MSF-France</b> HIV/AIDS/STI intervention for sex workers in Osh</p> <p><b>DFID</b> Under consideration: A project to improve sex workers’ access to condoms and STI services.</p>		Harm reduction education, training and social services for sex workers in Ashgabat, Blakanabad and Turkmenbashy – working with NGO “Annageldy”	
<b>Prevention among Men who have Sex with Men (MSM)</b>	<p><u>Umbrella Projects:</u></p> <p>a) UNAIDS/UNDP/ UNODCCP/Ispat Karmet/UNESCO/ UNFPA/Government Promotion of a Multi-sectoral Effective</p>	<p><u>Umbrella Project:</u></p> <p>UNDP/UNAIDS/ UNESCO/UNODCCP/ WHO/OSI/ <b>Government of KG</b> Prevention of STD and HIV/AIDS in the</p>	<p><u>Umbrella Project:</u></p> <p>UNAIDS/UNDP/ UNESCO/UNODCCP/ UNFPA/UNICEF Promotion of a Multi-sectoral Effective Response to HIV/AIDS</p>		<b>WHO/UNAIDS</b> Rapid Situational Assessment among MSM (Completed 1999)

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	<p>Response to HIV/AIDS, STD and Drug Use Spread in Karaganda and Nationwide. \$380,260 (Completed)</p> <p><b>b) UNAIDS/UNFPA/UNDP/UNESCO/ Government of KZ</b> Integrated Assistance Program on Healthy Lifestyles \$486,300 (Ongoing)</p> <p><u>Relevant activities under the Umbrella Projects:</u></p> <p><b>WHO/UNAIDS</b> (1) Rapid assessments of MSM in Karaganda, Almaty and Astana; (2) Pilot interventions for MSM in Karaganda and Almaty</p> <p><b>UNESCO</b> Development and dissemination of IEC materials for MSM (Implemented 1999)</p>	<p>Kyrgyz Republic. \$695,090</p> <p><u>Relevant activities under the Umbrella Project:</u></p> <p><b>WHO/UNAIDS/UNDP</b> (1) Rapid assessment of MSM in Bishkek (Completed) (2) Study tour for 3 MSM peer educators in the Netherlands (Completed) *(3) Regional seminar on MSM in Bishkek (Completed) (4) Intervention among MSM in Bishkek (Ongoing) (5) STI Clinic for sex workers and MSM (Ongoing) (6) Condom distribution among MSM (Ongoing) (7) Production and distribution of IEC materials targeted for MSM</p>	<p>and STDs in Tajikistan \$237,000</p> <p><u>Relevant activities under the Umbrella Project:</u></p> <p><b>UNAIDS</b> Rapid assessments of MSM in Dushanbe</p> <p><b>WHO/UNAIDS/UNDP</b> Workshop on HIV/AIDS/STI prevention targeting MSM and sex workers, 22 Jan – 01 Feb 01</p>		
<b>Prevention among Prisoners</b>	<p><u>Umbrella Projects:</u></p> <p><b>a) UNAIDS/UNDP/UNODCCP/Ispat</b></p>	<p><u>Umbrella Project:</u></p> <p><b>UNDP/UNAIDS/UNESCO/UNODCCP/</b></p>	<p><u>Umbrella Project:</u></p> <p><b>UNAIDS/UNDP/UNESCO/UNODCCP/</b></p>	<p><u>Umbrella Project:</u></p> <p><b>UNAIDS/UNDP/UNFPA/UNICEF/</b></p>	<p><u>Umbrella Project:</u></p> <p><b>UNDP/UNODCCP/UNAIDS/UNESCO/</b></p>

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	<p><b>Karmet/UNESCO/UNFPA/Government</b> Promotion of a Multi-sectoral Effective Response to HIV/AIDS, STD and Drug Use Spread in Karaganda and Nationwide. \$380,260 (Completed)</p> <p><b>b) UNAIDS/UNFPA/UNDP/UNESCO/Government of KZ</b> Integrated Assistance Program on Healthy Lifestyles \$486,300 (Ongoing)</p> <p><u>Relevant activities under the Umbrella Project:</u></p> <p><b>UNDP/UNAIDS</b> Pilot intervention (distribution of IEC materials, condoms, and disinfectant) in the Karaganda penitentiary system. Government seeking funding to expand to Pavlodar, Petropolosk, Shymkent, and Taraz.</p>	<p><b>WHO/OSI/Government of KG</b> Prevention of STD and HIV/AIDS in the Kyrgyz Republic. \$695,090</p> <p><u>Relevant activities under the Umbrella Project:</u></p> <p><b>UNDP/OSI/UNAIDS</b> Pilot peer education intervention among prison inmates (distribution of IEC materials, condoms, and disinfectant) (Completed)</p> <p><b>UNDP/UNAIDS</b> Expansion of the pilot intervention nation-wide (Planned)</p> <p><u>Other Activities:</u></p> <p><b>OSI</b> HIV in Prisons Initiative Project in Bishkek – working with the Main Dept. of HR, Ministry of the Interior, Kyrgyz Republic</p>	<p><b>UNFPA/UNICEF</b> Promotion of a Multi-sectoral Effective Response to HIV/AIDS and STDs in Tajikistan \$237,000</p> <p><u>Relevant activities under the Umbrella Project:</u></p> <p><b>UNFPA</b> National seminar for representatives of the Ministry of Interior Affairs regarding HIV prevention among prisoners (Completed)</p>	<p><b>UNODCCP/WHO/USAID/OSI/Government of TK</b> Multi-sectoral Approach towards the Implementation of a National AIDS/STI Prevention Program in Turkmenistan for 1999-2003. \$305,742</p> <p><u>Relevant activities under the Umbrella Project:</u></p> <p><b>OSI</b> Pilot interventions (distribution of IEC materials, condoms and IEC material) to prisoners in Akhal province</p> <p><u>Other Activities:</u></p> <p><b>OSI</b> HIV in Prisons Initiative in Ashgabat – working with the NGO ‘Force for Change’</p>	<p><b>UNFPA/WHO/OSI</b> Promotion of an Effective Response to HIV/AIDS, STD and drug abuse in Uzbekistan. \$305,670</p> <p><u>Relevant activities under the Umbrella Project:</u></p> <p><b>WHO</b> HIV/AIDS prevention among prisoners: workshop for prisons’ medical personnel, 25-30 Dec 2000</p>
<b>Prevention among Migrant</b>		<u>Umbrella Project:</u>			

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<b>among Migrant Workers, Refugees, Displaced Persons, And Other Vulnerable Groups</b>		<p><b>UNDP/UNAIDS/ UNESCO/UNODCCP/ WHO/OSI/ Government of KG</b> Prevention of STD and HIV/AIDS in the Kyrgyz Republic. \$695,090</p> <p><u>Relevant activities under the Umbrella Project:</u></p> <p><b>UNDP/UNAIDS/ Government of KG</b> (1) Social research among refugees in Osh and Chui oblasts (Completed) (2) HIV/AIDS prevention programs among migrants and refugees including the following activities: development of IEC materials, distribution of condoms, peer education, and creation of support groups (Completed)</p> <p><b>UNHCR/UNFPA/ Kyrgyz Red Crescent Society (KRCS)</b> Distribution of condoms at clinics run by KRCS</p>			

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		<p>in Bishkek, Osh, and Kara-Balta (Ongoing)</p> <p><b>UNFPA/UNHCR/ NGO-Kyrgyz Alliance on Family planning</b>  “HIV/AIDS refugee youth education initiative”: TOT trainings, seminars for youth, distribution of IEC materials and safe sex commodities (Ongoing)</p> <p><b>IOM/OSCE/ODIHR</b>  Assessment of Trafficking in Women and Girls in Kyrgyzstan</p>			

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<b>Condom Programming</b>	<p><b>*UNFPA</b> UNFPA has been the main supplier of condoms distributed to vulnerable groups under the joint UN projects.</p> <p><b>*UNICEF/UNAIDS/UNESCO</b> Sub-regional IEC Project along the Silk Road (Ongoing): condom promotion was an integral component of UNESCO's "Safe Sex" campaign among truck drivers (April 2000)</p> <p><b>*USAID/PSI</b> Condom Social Marketing (CSM) activity in the CAR focusing on KZ, KG, and UZ with limited activities in TJ and TK (Planned) Note: needs assessments conducted in KZ, KG and UZ in Mar 2001 and sub-regional CSM workshop conducted Jun 2001 in Almaty)</p>	<p><b>UNDP/UNAIDS</b> (1) Distribution of condoms among vulnerable groups (Ongoing) (2) Development of IEC materials on condom use, including audio and video materials (Completed) (3) Training on condom use and other condom promotional activities among representatives of vulnerable groups (Ongoing)</p> <p><b>*UNFPA</b> UNFPA has been the main supplier of condoms distributed to vulnerable groups under the joint UN projects (Safe Sex Kyrgyzstan Project in Bishkek) (Ongoing)</p> <p><b>*UNICEF/UNAIDS/UNESCO</b> Sub-regional IEC Project along the Silk Road (Ongoing): condom promotion was an integral component of UNESCO's "Safe Sex" campaign among truck</p>	<p><b>*UNFPA</b> UNFPA has been the main supplier of condoms distributed to vulnerable groups under the joint UN projects.</p> <p><b>*UNICEF/UNAIDS/UNESCO</b> Sub-regional IEC Project along the Silk Road (Ongoing): condom promotion was an integral component of UNESCO's "Safe Sex" campaign among truck drivers (April 2000)</p> <p><b>*USAID/PSI</b> Condom Social Marketing (CSM) activity in the CAR focusing on KZ, KG, and UZ with limited activities in TJ and TK (Planned) Note: needs assessments conducted in KZ, KG and UZ in Mar 2001 and sub-regional CSM workshop conducted Jun 2001 in Almaty)</p>	<p><b>*UNFPA</b> UNFPA has been the main supplier of male and female condoms distributed to vulnerable groups under the joint UN projects.</p> <p><b>*UNICEF/UNAIDS/UNESCO</b> Sub-regional IEC Project along the Silk Road (Ongoing): condom promotion was an integral component of UNESCO's "Safe Sex" campaign among truck drivers (April 2000)</p> <p><b>*USAID/PSI</b> Condom Social Marketing (CSM) activity in the CAR focusing on KZ, KG, and UZ with limited activities in TJ and TK (Planned) Note: needs assessments conducted in KZ, KG and UZ in Mar 2001 and sub-regional CSM workshop conducted Jun 2001 in Almaty)</p>	<p><b>*UNFPA</b> <b>UNFPA has been the main supplier of condoms distributed to vulnerable groups under the joint UN projects.</b></p> <p><b>*UNICEF/UNAIDS/UNESCO</b> Sub-regional IEC Project along the Silk Road (Ongoing): condom promotion was an integral component of UNESCO's "Safe Sex" campaign among truck drivers (April 2000)</p> <p><b>*USAID/PSI</b> Condom Social Marketing (CSM) activity in the CAR focusing on KZ, KG, and UZ with limited activities in TJ and TK (Planned) Note: needs assessments conducted in KZ, KG and UZ in Mar 2001 and sub-regional CSM workshop conducted Jun 2001 in Almaty)</p> <p><b>KfW</b></p>

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		<p>drivers (April 2000)</p> <p><b>DFID</b> Grant of \$150,000 to PSI toward the purchase of condoms for Condom Social Marketing program (Planned)</p> <p><b>*USAID/PSI</b> Condom Social Marketing (CSM) activity in the CAR focusing on KZ, KG, and UZ with limited activities in TJ and TK (Planned) Note: needs assessments conducted in KZ, KG and UZ in Mar 2001 and sub-regional CSM workshop conducted Jun 2001 in Almaty)</p>			Strengthening of FP Process: provision of contraceptives including condoms (5million DM)
<p><b>Reproductive Health and STI Care</b></p> <p>[Note: STI care is often an integral component of interventions targeting youth, IDUs, and sex workers—refer to appropriate headings]</p>	<p><b>UNFPA</b> Reproductive Health Policy &amp; Management Development: (1) Rapid assessment of RH facilities, quality of RH care, and availability of contraceptives in South Kazakhstan, Kzyl-Orda, East Kazakhstan, Karaganda and Astana city. (2) Development of STI management protocols</p>	<p><u>Umbrella Project:</u> <b>UNDP/UNAIDS/ UNESCO/UNODCCP/ WHO/OSI/ Government of KG</b> Prevention of STD and HIV/AIDS in the Kyrgyz Republic. \$695,090</p> <p><u>Relevant activities under the Umbrella Project:</u></p>	<p><u>Umbrella Project:</u> <b>UNAIDS/UNDP/ UNESCO/UNODCCP/ UNFPA/UNICEF</b> Promotion of a Multi-sectoral Effective Response to HIV/AIDS and STDs in Tajikistan \$237,000</p> <p><u>Relevant activities under the Umbrella Project:</u></p>	<p><b>UNFPA</b> Reproductive Health / Reproductive Health Services: (1) Training in RH and HIV/AIDS/STI prevention for OB/GYN and family physicians, and nurses. (2) National RH Strategy designed and adopted.</p> <p><b>UNAIDS/UNFPA/</b></p>	<p><b>UNFPA</b> Strengthening RH Services Network Operation: (1) Development of guidelines on rational use of contraceptives that includes a chapter on STI and HIV/AIDS prevention; (2) seminars for OB/GYN and midwives that include information on STI and HIV/AIDS-</p>

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	<p>management protocols for PHC level (3) Toll-free telephone hotline for South Kazakhstan on RH and related issues</p> <p><b>UNFPA</b> Strengthening RH Service Delivery at the Oblast Level: (1) Assessment of STI case management practices (2) FP training including HIV/AIDS/STI prevention for service providers</p> <p><b>USAID/Abt Associates</b> ZdravPlus Pilot Project: (1) Introduction of syndromic STI case management in Zhezkazgan (2) Training of PHC providers on how to assess client's risk for HIV/AIDS/STIs and educate them (3) Toll-free telephone hotline to address peoples' confidential RH questions (4) IEC materials and</p>	<p><b>WHO/UNAIDS/UNDP</b> (1) Support for the adoption of a national policy on STI prevention and control based on WHO recommendations (Completed) (2) STI situational assessment in KG (Completed) (3) Establishment of a network of client-friendly STI clinics for vulnerable groups (Ongoing) (4) Support for free and anonymous STI services for sex workers in Bishkek (MSM can also access these services) (Completed) (5) Production and printing of IEC materials (Completed) (6) Reprinting of WHO STI treatment guidelines (Completed) (7) Training of STI specialists and Family Group Practice providers in STI syndromic case management (Completed March</p>	<p><b>UNFPA</b> Strengthening RH Information and Services Project: Seminars on the introduction of the syndromic approach to STI case management (Completed).</p> <p><b>WHO</b> Printing of Russian version of STI case management work books, 2000</p> <p><b>UNICEF</b> Support Reproductive health education and sexual education</p>	<p><b>WHO/USAID</b> (1) National workshop on STI syndromic case management, 6-9 June 2000; (2) Reprinting of the seven WHO/UNAIDS STD training modules</p> <p><b>WHO</b> Anonymous Free STI Clinic in Ashgabat</p>	<p>on STI and HIV/AIDS; (3) STI prevention and management included in curricula and materials revised for providers at PHC level</p> <p><b>USAID/CAR</b> Introduction of syndromic management of STIs.</p>

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	<p>media campaigns regarding contraception and condom use.</p> <p><b>USAID/American International Health Alliance (AIHA)</b> Instruct and mentor health professionals at the Women's Wellness Center on the provision of consumer information and education for safe contraception and HIV/AIDS/STI prevention practices</p> <p><b>WHO</b> (1) STI assessment (2) Integration of STI care into Family Group Practice's services, 4-17 March 2001</p>	<p>2001)</p> <p><u>Other activities:</u></p> <p><b>MSF/France</b> (1) Training physicians in STI case management in Osh (2) Establishment of an STI referral network for sex workers in Osh</p> <p><b>OSI</b> STI pilot project which is attempting to integrate STI diagnosis and treatment into primary health care services</p> <p><b>USAID/CAR</b> (1) Pilot project to introduce syndromic STI case management in Issyk-Kul, Kyrgyzstan (Completed) (2) Training health care professionals in STI syndromic case management. This activity will be expanded nationally in Kyrgyzstan.</p>			

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		<p><b>UNFPA</b>  (1) Refer to UNFPA activities listed under Youth.  (2) Support of the Social Patronage System: salary support to the Social patronage workers in the south of KG, training on FP and RH issues, procurement of computer and medical equipment (Ongoing)</p> <p><b>UNICEF</b>  (1) Safe motherhood (Ensuring the timely onset of adequate antenatal care for pregnant women.)  (2) Breastfeeding (Advocacy among mother's to make informed decision on child feeding)</p> <p><b>DFID</b>  Strengthening STI services (Planned)</p>			
<b>Care &amp; Social Support for People Living with HIV and</b>	<b>UNAIDS/UNDP</b> Grants and technical assistance for micro-enterprise activity	<u>Umbrella Project:</u> <b>UNDP/UNAIDS/UNESCO/UNODCCP/</b>	<b>UNFPA</b> Seminars on HIV diagnosis and care, and counseling as an integral	<b>UNFPA</b> Reproductive Health / Equipment and Contraceptive Supply/	<b>MSF-Holland</b> “DOTS for All” Aral Sea and Ferghana Valley Tuberculosis Health

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<b>with HIV and AIDS</b>	through NGO “Shapagat” in Timertau.	<b>WHO/OSI/ Government of KG</b> Prevention of STD and HIV/AIDS in the Kyrgyz Republic. \$695,090  <u>Relevant activity under the Umbrella Project:</u>  <b>UNDP/UNAIDS/ WHO/ Government of KG</b> Training specialists in counseling as an integral component of HIV testing (Completed)	component of HIV testing	Reproductive Health Services: HIV counseling and testing (supply of HIV test kits)  <b>MSF-Holland</b> “DOTS for All” Tuberculosis Health Education Program	Education Program
<b>Legal, Policy, and Ethical Issues</b>  [Note: Advocacy activities also addressed under Public Awareness Campaigns]	<u>Umbrella Projects:</u>  <b>a) UNAIDS/UNDP/ UNODCCP/Ispat Karmet/UNESCO/ UNFPA/Government</b> Promotion of a Multi-sectoral Effective Response to HIV/AIDS, STD and Drug Use Spread in Karaganda and Nationwide. \$380,260 (Completed)  <b>b) UNAIDS/UNFPA/ UNDP/UNESCO/ Government of KZ</b> Integrated Assistance	<u>Umbrella Project:</u>  <b>UNDP/UNAIDS/ UNESCO/UNODCCP/ WHO/OSI/ Government of KG</b> Prevention of STD and HIV/AIDS in the Kyrgyz Republic. \$695,090  <u>Relevant activities under the Umbrella Project:</u>  <b>UNDP/UNAIDS/WHO</b> (1) Support for the development of a National AIDS	<u>Umbrella Project:</u>  <b>UNAIDS/UNDP/ UNESCO/UNODCCP/ UNFPA/UNICEF</b> Promotion of a Multi-sectoral Effective Response to HIV/AIDS and STDs in Tajikistan \$237,000  <u>Relevant activities under the Umbrella Project:</u>  <b>UNAIDS/UNDP</b> (1) Advocacy for a legal, policy and ethical framework that is	<u>Umbrella Project:</u>  <b>UNAIDS/UNDP/ UNFPA/UNICEF/ UNODCCP/WHO/ USAID/OSI/ Government of TK</b> Multi-sectoral Approach towards the Implementation of a National AIDS/STI Prevention Program in Turkmenistan for 1999-2003. \$305,742  <u>Relevant activities under the Umbrella Project:</u>	<u>Umbrella Project:</u>  <b>UNDP/UNODCCP/ UNAIDS/UNESCO (Regional Office)/ UNFPA/WHO/OSI</b> Promotion of an Effective Response to HIV/ AIDS, STD and drug abuse in Uzbekistan. \$305,670  <u>Relevant activities under the Umbrella Project:</u>  <b>UNDP/UNAIDS</b> (1) Advocacy for a legal,

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	<p>Program on Healthy Lifestyles \$486,300 (Ongoing)</p> <p><u>Relevant activities under the Umbrella Projects:</u></p> <p><b>UNAIDS/UNDP</b>            (1) Advocacy for a legal, policy and ethical framework that is conducive HIV/AIDS prevention            (2) Support to the national multi-sectoral strategic planning process: training of national professionals in strategic planning of a response to HIV/AIDS</p> <p><u>Other activities:</u></p> <p><b>*UNAIDS/UNICEF/USAID</b>            Support for the Conference on the Prevention of HIV/AIDS &amp; STIs in Central Asia, Almaty, 16-18 May 2001</p> <p><b>OSI</b>            (1) Support for public advocacy and debate on drug issues            (2) Study tours to drug</p>	<p>Prevention Program in 1997 and Provincial Programs in 2001 (Ongoing)</p> <p>(2) Advocacy and support for a multi-sectoral approach and the national strategic planning process (Ongoing)</p> <p>(3) Advocacy for a legal, policy and ethical framework that is conducive HIV/AIDS prevention (including an assessment and a conference) (Ongoing)</p> <p>(4) Mobilization of NGOs and CBOs in HIV/AIDS prevention (Ongoing)</p> <p><u>Other activities:</u></p> <p><b>*UNAIDS/UNICEF/USAID</b>            Support for the Conference on the Prevention of HIV/AIDS &amp; STIs in Central Asia, Almaty, 16-18 May 2001</p> <p><b>UNFPA</b>            Development, printing, dissemination and</p>	<p>conducive HIV/AIDS prevention            (2) Support to the national multi-sectoral strategic planning process</p> <p><u>Other activities:</u></p> <p><b>*UNAIDS/UNICEF/USAID</b>            Support for the Conference on the Prevention of HIV/AIDS &amp; STIs in Central Asia, Almaty, 16-18 May 2001</p> <p><b>OSI</b>            Harm reduction education project for police</p>	<p><b>UNAIDS/UNDP</b>            (1) Advocacy for a legal, policy and ethical framework that is conducive HIV/AIDS prevention            (2) Support to the national multi-sectoral strategic planning process</p> <p><u>Other activities:</u></p> <p><b>*UNAIDS/UNICEF/USAID</b>            Support for the Conference on the Prevention of HIV/AIDS &amp; STIs in Central Asia, Almaty, 16-18 May 2001</p> <p><b>*UNAIDS/UNICEF/USAID</b>            Support for the Conference on the Prevention of HIV/AIDS &amp; STIs in Central Asia, Almaty, 16-18 May 2001</p>	<p>policy and ethical framework that is conducive HIV/AIDS prevention            (2) Support to the national multi-sectoral strategic planning process</p> <p><u>Other activities:</u></p> <p><b>*UNAIDS/UNICEF/USAID</b>            Support for the Conference on the Prevention of HIV/AIDS &amp; STIs in Central Asia, Almaty, 16-18 May 2001</p> <p><b>UNAIDS/UNFPA/UNDP/UNICEF/World Bank</b>            Establishment of UNAIDS national point officer position for Uzbekistan to assist the UN Theme Group on HIV/AIDS in its efforts to mobilize and support the coordinated national response to HIV/AIDS</p> <p><b>USAID/UNICEF/OSI</b>            Support of Ibn Sino Conference in Bukhara</p>

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	<b>Kazakhstan</b>	<b>Kyrgyzstan</b>	<b>Tajikistan</b>	<b>Turkmenistan</b>	<b>Uzbekistan</b>
	<p>rehabilitation and substitution therapy centers in Eastern Europe 3) Hosted representative from the local NGO “Legal Initiative,” which promotes legal reform and monitors civil liberties issues, to attend TLC conference in New Mexico, USA</p> <p><b>UNFPA</b> Reproductive Health Policy &amp; Management Development: assistance in planning for the implementation of a National RH Strategy.</p>	<p>advocacy the Law of the Kyrgyz Republic on Reproductive Rights (Completed)</p>			<p>to raise awareness among policymakers, health care professionals, NGOs and students about the STI/HIV/AIDS situation in Uzbekistan (Sep 2001)</p> <p><b>UNICEF/UNODCCP</b> Preparation of advocacy materials on prevention of HIV/AIDS and drug use targeting youth and parents</p> <p><b>UNFPA/UNESCO</b> Increasing Political &amp; Community Support for Health Reforms, RH, Reproductive and Gender Issues</p>
<b>Public Awareness Campaigns</b>	<p><b>*UNICEF/UNAIDS/UNESCO</b> Sub-regional IEC Project along the Silk Road (Implemented 4/2000): (1) Publication of INTO FOCUS a Central Asia HIV/AIDS newsletter for professionals and policy makers (Ongoing) (2) Cross-border ‘Safe Sex’ and condom promotion campaigns</p>	<p><u>Umbrella Project:</u></p> <p><b>UNDP/UNAIDS/UNESCO/UNODCCP/WHO/OSI/ Government of KG</b> Prevention of STD and HIV/AIDS in the Kyrgyz Republic. \$695,090</p> <p><u>Relevant activities under the Umbrella Project:</u></p>	<p><b>*UNICEF/UNAIDS/UNESCO</b> Sub-regional IEC Project along the Silk Road (Implemented 4/2000): (1) Publication of INTO FOCUS a Central Asia HIV/AIDS newsletter for professionals and policy makers (Ongoing) (2) Cross-border ‘Safe Sex’ and condom</p>	<p><b>*UNICEF/UNAIDS/UNESCO</b> Sub-regional IEC Project along the Silk Road (Implemented 4/2000): (1) Publication of INTO FOCUS a Central Asia HIV/AIDS newsletter for professionals and policy makers (Ongoing) (2) Cross-border ‘Safe Sex’ and condom</p>	<p><b>*UNICEF/UNAIDS/UNESCO</b> Sub-regional IEC Project along the Silk Road (Implemented 4/2000): (1) Publication of INTO FOCUS a Central Asia HIV/AIDS newsletter for professionals and policy makers (Ongoing) (2) Cross-border ‘Safe Sex’ and condom</p>

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	<b>Kazakhstan</b>	<b>Kyrgyzstan</b>	<b>Tajikistan</b>	<b>Turkmenistan</b>	<b>Uzbekistan</b>
	<p>(Completed) (3) HIV/AIDS awareness workshops for editors and journalists (Completed)</p> <p><b>*UNESCO/UNAIDS/ UNICEF/UNODCCP</b> Jonathan Mann Awards in all five Central Asia countries (Ongoing)</p> <p><b>*UNFPA/IPPF EN</b> Peer Led Sex Education Project in Central Asian Countries: mass media and advocacy campaigns targeting policy makers, MoE, teachers and parents (Ongoing)</p> <p><b>*UNODCCP</b> Training of Central Asian mass media practitioners and raising of public awareness on drug related issues in all five Central Asian countries: workshop conducted in Nov 2000.</p> <p><b>UNFPA</b> (1) World Population Day essay contest including issues on</p>	<p><u>the Umbrella Project:</u></p> <p><b>UNDP/UNAIDS/WHO/ Kyrgyz Government</b> (1) Implementation of World AIDS Day activities (Ongoing) (2) Support for the participation of mass media in prevention programs (Ongoing) (3) Seminars for journalists (Completed) (4) Preparation and distribution of IEC materials on HIV/AIDS prevention ) (Ongoing) (5) Preparation and replication of audio and video films (Completed) (6) Mobilization of state structures and NGOs for the organization of HIV/AIDS prevention programs (Completed) (7) Implementation of Healthy Lifestyles program in the Republic (Completed)</p> <p><u>Other activities:</u></p> <p><b>*UNICEF/UNAIDS/ UNESCO</b> Sub-regional IEC Project along the Silk</p>	<p>promotion campaigns (Completed) (3) HIV/AIDS awareness workshops for editors and journalists (Completed)</p> <p><b>*UNESCO/UNAIDS/ UNICEF/UNODCCP</b> Jonathan Mann Awards in all five Central Asia countries (Ongoing)</p> <p><b>*UNFPA/IPPF EN</b> Peer Led Sex Education Project in Central Asian Countries: mass media and advocacy campaigns targeting policy makers, MoE, teachers and parents (Ongoing)</p> <p><b>*UNODCCP/UNESCO /UNAIDS/OSCE</b> Training of Central Asian mass media practitioners and raising of public awareness on drug related issues in all five Central Asian countries (Planned Nov 2001)</p> <p><b>UNFPA</b> Strengthening RH Information and</p>	<p>promotion campaigns (Completed) (3) HIV/AIDS awareness workshops for editors and journalists (Completed)</p> <p><b>*UNESCO/UNAIDS/ UNICEF/UNODCCP</b> Jonathan Mann Awards in all five Central Asia countries (Ongoing)</p> <p><b>*UNFPA/IPPF EN</b> Peer Led Sex Education Project in Central Asian Countries: mass media and advocacy campaigns targeting policy makers, MoE, teachers and parents (Ongoing)</p> <p><b>*UNODCCP/UNAIDS</b> Training of Central Asian mass media practitioners and raising of public awareness on drug related issues in all five Central Asian countries (Conducted Nov 2000)</p> <p><b>UNFPA</b> Reproductive Health / IEC/ Advocacy Project: (1) In collaboration with</p>	<p>promotion campaigns (Completed) (3) HIV/AIDS awareness workshops for editors and journalists (Completed)</p> <p><b>*UNESCO/UNAIDS/ UNICEF/UNODCCP</b> Jonathan Mann Awards in all five Central Asia countries (Ongoing)</p> <p><b>*UNFPA/IPPF EN</b> Peer Led Sex Education Project in Central Asian Countries: mass media and advocacy campaigns targeting policy makers, MoE, teachers and parents (Ongoing)</p> <p><b>*UNODCCP/OSCE</b> Training of Central Asian mass media practitioners and raising of public awareness on drug related issues in all five Central Asian countries (Conducted Nov 2000)</p> <p><b>UNESCO/UNFPA</b> TV soap opera entitled 'Womankind':12 episodes broadcast</p>

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	<b>Kazakhstan</b>	<b>Kyrgyzstan</b>	<b>Tajikistan</b>	<b>Turkmenistan</b>	<b>Uzbekistan</b>
	<p>HIV/AIDS (2) Advocacy for Population and Development among Decision Makers: activities include four TV spots on contraception and condom use for STI prevention. (3) IEC Support to RH projects: awareness campaign for youth, men and women (Planned) (4) Dissemination of information on STI, HIV/AIDS issues to the general population through community-based volunteers</p>	<p>Road (Implemented 4/2000): (1) Publication of INTO FOCUS a Central Asia HIV/AIDS newsletter for professionals and policy makers (Ongoing) (2) Cross-border ‘Safe Sex’ and condom promotion campaigns (Completed) (3) HIV/AIDS awareness workshops for editors and journalists (Completed)</p> <p><b>*UNESCO/UNAIDS/ UNICEF/UNODCCP</b> Jonathan Mann Awards in all five Central Asia countries (Ongoing)</p> <p><b>*UNFPA/IPPF EN</b> Peer Led Sex Education Project in Central Asian Countries: mass media and advocacy campaigns targeting policy makers, MoE, teachers and parents (Ongoing)</p> <p><b>*UNODCCP/UNESCO</b> Training of Central Asian mass media practitioners and raising</p>	<p>Services: (1) Silk Road Radio Soap: gender sensitive awareness campaign aimed at increasing male involvement and responsibility in FP, safe motherhood, safe abortion–and RTI including HIV/AIDS (Ongoing) (2) Production and dissemination of booklets, posters, and calendars to raise public awareness about HIV/AIDS and STIs (Ongoing)</p>	<p>the Women’s Union and the Youth Union respectively established 10 information resource centers each in Velayats and Ashgabat for the general public (2) Small grants to NGOs to support public awareness campaigns among youth, women and sportsmen</p>	<p>twice, 7 more episodes to be broadcast in 2001</p> <p><b>UNESCO/UNFPA/ UNODCCP/SDC</b> Radio drama entitled “A Cure to Every Disease”: first 100 episodes airing on national radio; next 44 episodes under development.</p> <p><b>WHO</b> (1) Charity concert for awareness and prevention of HIV/AIDS and ways of prevention, November 2000 (2) Video clip on STI, HIV/AIDS prevention for Uzbek National TV, December 2000</p> <p><b>MSF-Holland</b> Community based (not risk population specific) HIV/AIDS education and STI education in the Uzbek Ferghana Valley. (Planned, Nov. 2001)</p>

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		<p>of public awareness on drug related issues in all five Central Asian countries (Planned late October 2001)</p> <p><b>UNFPA</b> Quarterly press conference for mass media representatives (Ongoing)</p> <p><b>UNFPA/WHO</b> Media competition for mass media representatives on the following themes “Demographic Situation in KG”, “HIV/AIDS in KG”, “Reproductive Rights and Reproductive Health of People of KG” and “Increase of Awareness of Youth about Unwanted Pregnancy, STI and Family Planning”, “Healthy life style” (Completed)</p> <p><b>UNICEF</b> (1) Youth TV program Generation X (implementing partner, UNTITLE Ltd) (2) Radio Salaam</p>			

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		<p>Batken (implementing partner, FTI and INTERNEWS)</p> <p><b>SDC/MSF-France</b> Rainbow Center in Osh: (1) Radio, TV, newspapers, mass media campaigns (2) Dissemination of leaflets, posters, booklets, calendars (3) Social events for World AIDS Day</p> <p><b>DFID</b> Under consideration: Support to National Health Promotion Center (NHPC)</p>			
<b>Blood Safety &amp; Universal Infection Control Precautions</b>	<p><b>*USAID/Centers for Disease Control &amp; Prevention (CDC)</b> Improve blood bank screening techniques and lab methodologies to avoid transfusion of HIV positive blood and ensure quality control in labs</p> <p><b>USAID/American International Health Alliance (AIHA)</b> Adoption of hospital-based infection control procedures to reduce the</p>	<p><u>Umbrella Project:</u></p> <p><b>UNDP/UNAIDS/ UNESCO/UNODCCP/ WHO/OSI/ Government of KG</b></p> <p>Prevention of STD and HIV/AIDS in the Kyrgyz Republic. \$695,090</p> <p><u>Relevant activities under the Umbrella Project:</u></p>	<p><b>*USAID/Centers for Disease Control &amp; Prevention (CDC)</b> Improve blood bank screening techniques and lab methodologies to avoid transfusion of HIV positive blood and ensure quality control in labs</p> <p><b>*OSI</b> To host Salzburg Seminar on Blood Safety in November 2001 – inviting potential participants from all</p>	<p><b>*USAID/Centers for Disease Control &amp; Prevention (CDC)</b> Improve blood bank screening techniques and lab methodologies to avoid transfusion of HIV positive blood and ensure quality control in labs</p> <p><b>*OSI</b> To host Salzburg Seminar on Blood Safety in November 2001 – inviting potential participants from all</p>	<p><b>*USAID/Centers for Disease Control &amp; Prevention (CDC)</b> Improve blood bank screening techniques and lab methodologies to avoid transfusion of HIV positive blood and ensure quality control in labs</p> <p><b>*OSI</b> To host Salzburg Seminar on Blood Safety in November 2001 – inviting potential participants from all</p>

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	<b>Kazakhstan</b>	<b>Kyrgyzstan</b>	<b>Tajikistan</b>	<b>Turkmenistan</b>	<b>Uzbekistan</b>
	<p>risk of HIV/AIDS among health care workers and patients</p> <p><b>*OSI</b> To host Salzburg Seminar on Blood Safety in November 2001 – inviting potential participants from all Central Asian countries.</p>	<p><b>UNDP/UNAIDS/WHO/ /Kyrgyz Government</b></p> <p>(1) Outfitting of 8 provincial laboratories with modern HIV testing equipment (completed)</p> <p>(2) Laboratory Training for specialists (completed)</p> <p>(3) Supply of HIV test kits to improve blood safety (completed)</p> <p><u>Other activities:</u></p> <p><b>*USAID/Centers for Disease Control &amp; Prevention (CDC)</b> Improve blood bank screening techniques and lab methodologies to avoid transfusion of HIV positive blood and ensure quality control in labs</p> <p><b>*OSI</b> To host Salzburg Seminar on Blood Safety in November 2001 – inviting potential participants from all Central Asian countries.</p>	Central Asian countries.	Central Asian countries.	Central Asian countries.

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	<b>Kazakhstan</b>	<b>Kyrgyzstan</b>	<b>Tajikistan</b>	<b>Turkmenistan</b>	<b>Uzbekistan</b>
<b>HIV/AIDS Serological &amp; Behavioral Surveillance</b>	<p><b>WHO</b> Preparations for 2<sup>nd</sup> generation HIV surveillance workshop and action plans for CAR</p> <p><b>WHO/UNAIDS/UNDP</b> Building of national capacities and providing technical assistance in the development of the national protocol for HIV serological and behavioral surveillance</p> <p><b>USAID/CAR</b> (1) Population-based KAP assessment of HIV/AIDS/STI in conjunction with 1999 KZ Demographic Health Survey (DHS) (2) HIV outbreak investigation in Temirtau *(3) Capacity building in STI and HIV/AIDS sentinel surveillance in all five Central Asian countries (Ongoing)</p> <p><b>UNFPA</b> Reproductive Health Policy Management Development:</p>	<p><u>Umbrella Project:</u></p> <p><b>UNDP/UNAIDS/UNESCO/UNODCCP/WHO/OSI/ Government of KG</b></p> <p>Prevention of STD and HIV/AIDS in the Kyrgyz Republic. <b>\$695,090</b></p> <p><u>Relevant activities under the Umbrella Project:</u></p> <p><b>WHO/UNAIDS/UNDP</b> Support of the implementation of sentinel surveillance among vulnerable groups of population (Ongoing)</p> <p><u>Other activities:</u></p> <p><b>*USAID/CAR</b> Capacity building in STI and HIV/AIDS sentinel surveillance in all five Central Asian countries.</p> <p><b>DFID</b> Under consideration: Establishing sentinel</p>	<p><b>WHO/UNAIDS</b> Preparations for 2nd generation HIV surveillance workshop and action plans for Caucasus and CAR</p> <p><b>*USAID/CAR</b> Capacity building in STI and HIV/AIDS sentinel surveillance in all five Central Asian countries.</p>	<p><b>WHO</b> Preparations for 2nd generation HIV surveillance workshop and action plans for Caucasus and CAR</p> <p><b>*USAID/CAR</b> (1) Population-based KAP assessment of HIV/AIDS/STI in conjunction with 2000 TK Demographic Health Survey (DHS) (2) Capacity building in STI and HIV/AIDS sentinel surveillance in all five Central Asian countries.</p>	<p><b>WHO/UNAIDS</b> Preparations for 2nd generation HIV surveillance workshop and action plans for Caucasus and CAR</p> <p><b>*USAID/CAR</b> Capacity building in STI and HIV/AIDS sentinel surveillance in all five Central Asian countries.</p>

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	strengthening MIS for RH in pilot oblasts	surveillance sites			

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	<b>Kazakhstan</b>	<b>Kyrgyzstan</b>	<b>Tajikistan</b>	<b>Turkmenistan</b>	<b>Uzbekistan</b>
<p><b>Capacity Building</b></p> <p>[In addition to capacity building subsumed under the activities listed under previous headings]</p>	<p><b>*UNICEF/UNAIDS/UNESCO/UNDP</b></p> <p>Sub-regional IEC Project along the Silk Road (implemented in all five Central Asian countries): capacity building in the development and production of quality IEC materials, in peer-to-peer education; in mass media strategies.</p> <p><b>UNFPA</b> Reproductive Health Policy &amp; Management Development: management training</p>	<p><u>Umbrella Project:</u></p> <p><b>UNDP/UNAIDS/UNESCO/UNODCCP/WHO/OSI/ Government of KG</b></p> <p>Prevention of STD and HIV/AIDS in the Kyrgyz Republic. \$695,090</p> <p><u>Relevant activities under the Umbrella Project:</u></p> <p><b>UNDP/UNAIDS/WHO/Kyrgyz Government</b> (1) Establishment of 3 HIV/AIDS resource centers (Completed) (2) Improving capacity to ensure blood safety (refer to activities listed under Blood Safety) (Completed)</p> <p><b>UNODCCP/UNDP</b> Establishment of an HIV/AIDS resource center and support to two other centers (Completed)</p>	<p><b>*UNICEF/UNAIDS/UNESCO/UNDP</b></p> <p>Sub-regional IEC Project along the Silk Road (implemented in all five Central Asian countries): capacity building in the development and production of quality IEC materials, in peer-to-peer education; in mass media strategies.</p>	<p><b>*UNICEF/UNAIDS/UNESCO/UNDP</b></p> <p>Sub-regional IEC Project along the Silk Road (implemented in all five Central Asian countries): capacity building in the development and production of quality IEC materials, in peer-to-peer education; in mass media strategies.</p>	<p><b>*UNICEF/UNAIDS/UNESCO/UNDP</b></p> <p>Sub-regional IEC Project along the Silk Road (implemented in all five Central Asian countries):</p> <p>Capacity building in the development and production of quality IEC materials, in peer-to-peer education; in mass media strategies.</p> <p><b>UNFPA</b> Strengthening of the RH services Network Operation: capacity building in contraceptive logistics MIS</p>

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		<p><u>Other Activities:</u></p> <p><b>*UNICEF/UNAIDS/ UNESCO/UNDP</b></p> <p>Sub-regional IEC Project along the Silk Road (implemented in all five Central Asian countries):</p> <p>Capacity building in the development and production of quality IEC materials, in peer-to-peer education; in mass media strategies.</p> <p><b>UNFPA</b></p> <p>Capacity building in Logistics MIS and Social Patronage System (Ongoing)</p> <p><b>SDC/MSF-France</b></p> <p>Rainbow Center project: capacity in fundraising, management, and accounting</p>			

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**ANNEX 4**

**THE CENTRAL ASIA DECLARATION ON HIV/AIDS PREVENTION**



## THE CENTRAL ASIA DECLARATION ON HIV/AIDS PREVENTION

### *HIV/AIDS—a global emergency*

#### *Central Asia at the threshold of a large-scale epidemic*

Today more than 36 millions people are living with HIV/AIDS worldwide. According to the UN Secretary General AIDS has become a global emergency and today's most formidable development challenge. At the global level, political leadership and commitment to address this challenge is gaining momentum, as demonstrated by recent resolutions of the UN Security Council, the G8 Summit in Okinawa and the Millennium Summit. The UN Secretary General has called upon highest-level representation of the Member States at the UN General Assembly Special Session on HIV/AIDS, 25–27 June 2001.

A window of opportunity to prevent a large-scale spread of HIV in Central Asia is closing rapidly. The Eastern Europe and Central Asia region is currently experiencing the steepest rate of new infections worldwide. There is evidence that HIV is gaining a stronghold among IDUs in Central Asia and the epidemic is rapidly unfolding in the sub-region in a manner already witnessed in Ukraine, the Russian Federation, Belarus, Moldova and Kazakhstan (1996). In Central Asia, with the exception of Kazakhstan, the prevalence of HIV has been low. Recent developments in the region demonstrate, however, that this situation can rapidly change. So far the epidemic is concentrated among injecting drug users and their partners, and large and growing populations of yet uninfected drug injectors are at immediate risk of infection. Furthermore, the high rates of sexually transmitted infections indicate the potential for a large-scale sexually transmitted HIV/AIDS epidemic. Vulnerable young people are particularly susceptible to the epidemics of HIV/AIDS, sexually transmitted infections and injecting drug use.

At the “Central Asian Conference on HIV/AIDS” held 16–18 May 2001 in Almaty, Kazakhstan, representatives of the governments of Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan declared the following commitments to scale up national responses to HIV/AIDS. Although there were no representatives from Turkmenistan at the Conference, Turkmenistan has officially pledged its support to this initiative and has agreed to co-sign the declaration.

We declare our commitment to scale up national responses to HIV/AIDS to prevent a widespread HIV epidemic in Central Asia, and agree to following priorities of action:

#### **HIV Prevention among Injecting Drug Users**

We recognize the urgency to expand HIV prevention among injecting drug users in order to prevent a large-scale epidemic. Prevention programs, which reach a majority of injecting drug users, can effectively prevent the further spread of HIV. Such programs should include access to clean needles, condoms, information, access to drug treatment and other care services. We will actively support expansion of such programs; strengthen cross-border collaboration, exchange of best practices and technical capacity in the region.

#### **Prevention and Care of Sexually Transmitted Infections**

We recognize the urgent need to respond to the epidemics of sexually transmitted infections (STIs) both as a risk factor in relation to HIV, as well as a major public health problem in its own right. Early diagnosis and treatment of STIs is cost effective, and greatly reduce vulnerability to HIV infection. We will take action to strengthen primary prevention and effective case management, with special attention to young people and highly vulnerable groups such as injecting drug users, sex-workers, men who have sex with men.

#### **Promoting Young People's Health**

**We will support the development and expansion of comprehensive health promotion programs for young people, with an emphasis on vulnerable youth. We recognize that health promotion is one of the most important components of HIV prevention. We will support the inclusion of life skills and health education in the national curricula, and development of peer education and outreach programs to promote healthy**

**lifestyles, particularly sexual health and prevention of drug abuse. We will ensure the availability and accessibility of youth friendly medical and preventive services based on the principles of strict confidentiality.**

### **Political and Social Commitment**

We will strive for a strong political and social commitment to address the priorities of action through the implementation of national strategic plans on HIV/AIDS. We will take action to ensure that existing governmental resources and structures contribute optimally, and as required, are reoriented towards the priorities of action. We will ensure effective and operational coordination and collaboration mechanisms to enable involvement of all sectors of society, both public and private. In this regard, we actively encourage and support the participation of non-governmental organizations.

### **Supportive Legal, Policy and Cultural Environment**

We will respect and protect human rights in our HIV prevention efforts. No individual or group should suffer discrimination or stigmatization in relation to HIV or AIDS. We will take action to ensure a review of existing legislation related to HIV/AIDS, sexually transmitted infections, injecting drug use, homosexuality and prostitution, and address any existing legal barriers to effective HIV/AIDS prevention. We will bring the issue of HIV/AIDS prevention to the attention of the religious community leaders, and strive to ensure their active involvement and support.

### **Meeting the Challenge through Partnership**

We value the long tradition of collaboration and networking among the Central Asian Republics and we recognize that it is only by working together that we can effectively halt the spread of HIV and AIDS. Each country has expertise and technical capacity in specific areas, which other countries can benefit from through exchange of information, lessons learnt and best practices.

**We will therefore encourage collaboration among governmental and non-governmental partners throughout the sub-region, and support cross-border initiatives in areas, which can best be addressed through joint efforts. We urge international organizations and agencies to play an active role in supporting our efforts and participate in the implementation of the national strategic plans on HIV/AIDS.**

**Almaty, May 2001**

**ANNEX 5**  
**CENTRAL ASIA MAPS**