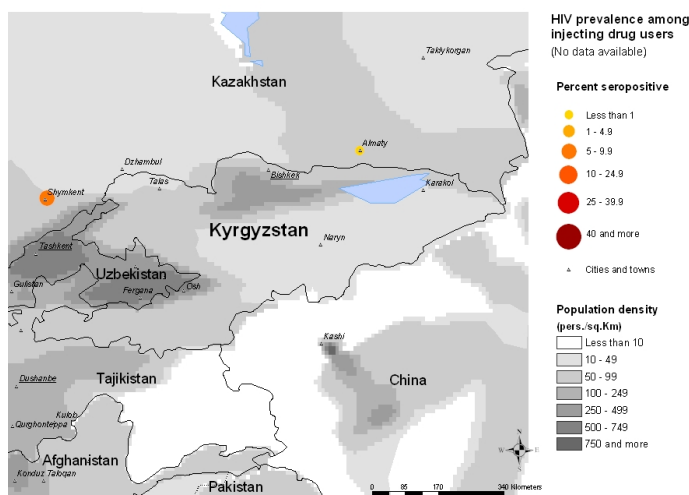


WHO estimate of number of people requiring treatment - end 2004: <200
 Antiretroviral therapy target declared by country: not declared



Map Data Source:
 WHO/UNAIDS Epidemiological Fact Sheets
 and the United States Census Bureau
 Map production:
 Public Health Mapping & GIS
 Communicable Diseases (CDS)
 World Health Organization



SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP

1. Demographic and socioeconomic data

2. HIV indicators

	Date	Estimate	Source
Total population (millions)	2004	5.2	United Nations
Population in urban areas (%)	2003	34.1	United Nations
Life expectancy at birth (years)	2002	64.5	WHO
Gross domestic product per capita (US\$)	2002	317	UNECE
Government budget spent on health care (%)	2002	10.2	WHO
Per capita expenditure on health (US\$)	2002	14	WHO
Human Development Index	2002	0.701	UNDP

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	<0.2%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	700 - 4 200	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15-49 years)	June 2005	25	WHO/UNAIDS
Estimated total number needing antiretroviral therapy in 2004	Oct 2004	<200	WHO/UNAIDS
HIV testing and counselling sites: number of sites		Not available	
HIV testing and counselling sites: number of people tested at all sites		Not available	
Prevalence of HIV among adults with tuberculosis (15-49 years)	2002	0%	WHO

3. Situation analysis

Epidemic level and trend and gender data
 Kyrgyzstan is the smallest country in central Asia in terms of both territorial size and population (5.2 million) and is one of the poorest. Since the break-up of the Soviet Union, Kyrgyzstan, like its neighbours, has faced severe economic problems through its transition from a command economy to a market economy. Unemployment and poverty have resulted in an increase in sex work and injecting drug use, which fuels the HIV/AIDS epidemic. Large quantities of drugs are trafficked through the country, compounding the situation. Officially, Kyrgyzstan is categorized as having a low prevalence of HIV infection at below 0.1%, with 543 cases, mainly among men, recorded up to May 2004. Based on data from the Republican AIDS Centre, officially registered HIV cases in Kyrgyzstan totalled 572 as of 31 December 2004. However, independent estimates put the overall number of cases at up to many times the reported figure. The country is facing a rapidly expanding epidemic, specifically among the most vulnerable groups. Progressively rising levels of sexually transmitted infections reflect widespread unsafe sexual behaviour. Despite the current apparently low prevalence, facilitating factors exist for further and rapid growth of the epidemic.

Major vulnerable and affected groups
 The main vulnerable groups include injecting drug users, sex workers, prisoners and young people. The main mode of transmission has been intravenous drug use, with prevalence rates of up to 85% among injecting drug users, with the highest rates in the cities of Bishkek and Osh. According to estimates of the United Nations Office on Drugs and Crime, Kyrgyzstan had about 80 000-120 000 injecting drug users in 2001 - among the highest in central Asia. More than half of prison inmates are injecting drug users, and 70% share equipment. More than half the people reported as living with HIV in Kyrgyzstan are located in one prison in the district of Osh. There is a recent trend towards infection through heterosexual transmission, though the crude numbers are very low, and a slowly growing proportion of HIV cases among women, who currently represent 10.7% of total cases. Most people living with HIV/AIDS are 20-39 years old (85%). Most sex workers have low levels of education and have extremely limited power to negotiate safe sex.

Policy on HIV testing and treatment
 A national policy on antiretroviral therapy has not yet been developed. Policies for protecting human rights, confidentiality and voluntary counselling and testing do not yet exist. National antiretroviral therapy and care protocols are being developed, following a WHO workshop in Kyrgyzstan in December 2004.

Antiretroviral therapy: first-line drug regimen, cost per person per year
 In 2002, the cost of drugs required for triple-drug therapy per person per year was US\$ 9460.

Assessment of overall health sector response and capacity
 Kyrgyzstan's willingness to respond to a potential HIV epidemic in the early years, when the first cases were originally identified, could be considered an example of international best practice. Although seriously underfunded, the government has actively taken measures to address the potential epidemic. In 1996, when only four cases of HIV infection had been identified, the Parliament adopted the Law on HIV/AIDS Prevention. The National Programme on HIV/STI Prevention was then passed in 1997. The most recent Strategic Plan of National Response to the Epidemic of HIV/AIDS in Kyrgyzstan was passed in 2000, and the Vice-Prime Minister chairs the National Multisectoral Committee on AIDS. The second State Programme on Prevention of HIV/AIDS and Sexually Transmitted Infections (2001-2005) has undertaken the following activities: disseminating information on HIV prevention; training health care personnel in general HIV/AIDS issues; supporting people living with HIV/AIDS; incorporating HIV prevention issues into other programme areas; and advocating for the human rights of those affected by HIV infection. One of the key strategies identified under the State Programme is providing health and social care for people living with HIV/AIDS and their family members. AIDS and prevention of sexually transmitted infections are both included in the Health Reform Programme Manas and in the State Programme for a Healthy Nation. In response to the epidemic of injecting drug use, a key driver in the spread of HIV/AIDS, Kyrgyzstan has launched two pilot methadone substitution projects, one in Osh and one in Bishkek - the first such projects in Commonwealth of Independent States countries. About 40% of the projects' clients are people living with HIV/AIDS. The country is actively promoting needle-exchange programmes. Kyrgyzstan has also introduced some elements of second-generation surveillance, which may help to more precisely assess risks in the future.

Critical issues and major challenges



Cost remains the single greatest barrier to scaling up treatment. Building human resources capacity is essential to scaling up treatment as well as the full involvement of community organizations and local nongovernmental organizations in the HIV/AIDS programme. Relatively high levels of poverty and weak state capacity limit the ability of policy-makers to respond effectively to the growing epidemic. Significant investment is required in improving the data-collecting capacity of the country's public health services.

4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004-2005

- Kyrgyzstan's Round 2 proposal submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria was approved, with a total five-year funding request of about US\$ 17.0 million and two-year approved funding of about US\$ 5.0 million for a comprehensive prevention and treatment programme. Funds disbursed to date total about US\$ 3.3 million. Concerns have been raised with regard to the low pace of implementation of preparatory and normative work as well as the development of a national antiretroviral therapy plan, clinical guidelines and protocols. The government of Germany recently made a significant pledge of just over US\$ 1.0 million, but no funds have been received yet.
- WHO estimates that about US\$ 630 000 is required to support scaling up antiretroviral therapy in Kyrgyzstan during 2004-2005. Given the funds committed to date to support scaling up antiretroviral therapy, and in particular, based on the full investment in treatment programmes anticipated under Kyrgyzstan's Global Fund Round 2 grant, WHO estimates that Kyrgyzstan should not have a funding gap in scaling up antiretroviral therapy.

5. Antiretroviral therapy coverage

In 2003, WHO estimated Kyrgyzstan's total antiretroviral therapy need to be about 50 people, and 131 in 2004. The government has not declared a national treatment target for 2005. Two pregnant women living with HIV were reported in 2002. In both cases preventive treatment was provided by humanitarian aid due to lack of government funding. As at June 2005 WHO/UNAIDS estimates indicated 25 people were receiving ARV treatment in Kyrgyzstan. The Global Fund project plans to provide 100% coverage with antiretroviral therapy, reaching 300 people over five years.

6. Implementation partners involved in scaling up antiretroviral therapy

Leadership and management

The government of Kyrgyzstan coordinates the multisectoral response to the epidemic, provides the legal and policy framework and strengthens partnerships among all stakeholders. The National Multisectoral Coordinating Committee, National AIDS Centre, Regional Centres on HIV/AIDS Prevention, Ministry of Justice and nongovernmental organizations including Tais Plus, Sotsium, Bely Zhuravl, Podruga and Koz Karash engage in activities to strengthen political and legal support for a multisectoral response to the epidemic. UNDP also provides support in this area. WHO provides support for the development of the legal and policy framework, including treatment guidelines and treatment and care protocols.

Antiretroviral therapy service delivery

The National Multisectoral Coordinating Committee will provide overall management and coordination of antiretroviral therapy service delivery. National and regional AIDS prevention and control centres provide health care support to people living with HIV/AIDS. Capacity-building efforts in Kyrgyzstan are supported by the Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia supported by the German Gesellschaft für Technische Zusammenarbeit (GTZ) and the WHO Regional Office for Europe in conjunction with the American International Health Alliance. WHO is involved in treating sexually transmitted infections in sex workers.

Community mobilization

The Ministry of Health plays a leading role in community mobilization activities, supported by organizations of people living with HIV/AIDS and nongovernmental organizations working with vulnerable groups. These organizations are directly engaged in community mobilization activities, including capacity-building, information, education and communication and psychosocial support among people living with HIV/AIDS. Mobilization of the private sector, public universities and independent mass media in response to the epidemic is limited. The Ministry of Labour and Social Protection provides social support to people living with HIV/AIDS. Oblast centres for AIDS prevention and control provide psychosocial support to people living with HIV/AIDS, testing and counselling. The Soros Foundation-Kyrgyzstan supports harm reduction programmes. The National Narcological Centres develop programmes on harm reduction among injecting drug users. Nongovernmental organizations such as the National Red Crescent Society, OASIS, White Stork, Ulgu, Rainbow Centre, Parents against Drugs, Tendesh, the Almaz radio station, EL-Bata and Interdemilghe provide support for and interventions targeting vulnerable groups, including injecting drug users, men who have sex with men, sex workers, youth, refugees and prisoners. UNICEF and the United States Agency for International Development both support educational programmes.

Strategic information

The government of Kyrgyzstan provides overall management and coordination for strategic information activities, including monitoring and evaluation, through the Republican AIDS Association. WHO, UNAIDS and the United States Agency for International Development provide support for surveillance activities.

7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- WHO sponsored a workshop covering the development of national guidelines on antiretroviral therapy and treatment and care protocols in December 2004, supported by the United Kingdom Department for International Development and GTZ.
- Holding a meeting on reducing the prices of antiretroviral drugs for the Commonwealth of Independent States countries in Baku, Azerbaijan in February 2005

Key areas for WHO support in the future

- Carrying out planned follow-up in April 2005 on the development of national antiretroviral therapy and care protocols as well as setting national targets for scaling up treatment
- Developing national clinical guidelines and protocols
- Developing a national plan for antiretroviral therapy
- Developing policy and strategy
- Building capacity in service delivery and improving access to services
- Strengthening national surveillance and monitoring and evaluation
- Conducting a pilot project on health in prisons
- Planning a WHO/UNAIDS estimation workshop for central Asia and the other Commonwealth of Independent States countries in June 2005

Staffing input for scaling up antiretroviral therapy and accelerating prevention

A Technical Officer for the central Asian republics has been recruited and is based in Uzbekistan, and the WHO Regional Office for Europe has recently recruited a National Programme Officer. Additional staffing needs identified include a subregional "3 by 5" Officer, who is expected to be recruited for the central Asian republics.