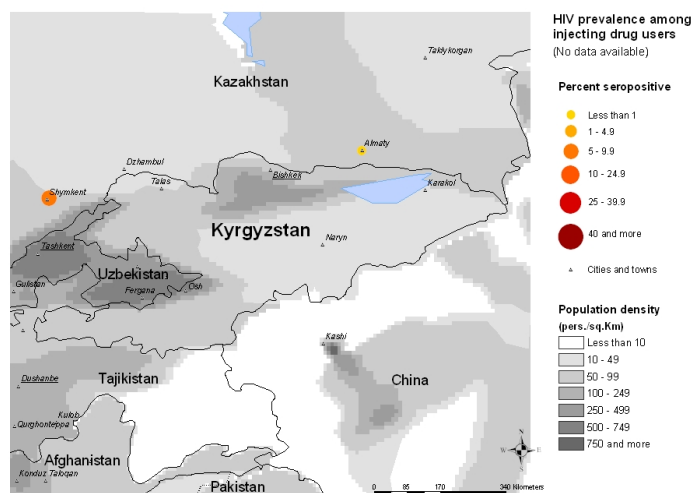


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: <500
 Antiretroviral therapy target declared by country: not declared



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	5.1	NSC*
Population in urban areas (%)	2003	34.9	NSC*
Life expectancy at birth (years)	2002	68.1	NSC*
Gross domestic product per capita (US\$)	2002	232	NSC*
Government budget spent on health care (%)	2002	9.8	NSC*
Per capita expenditure on health (US\$)	2002	6.4	NSC*
Human Development Index	2003	0.702	UNDP

*= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

**=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

* National Statistical Committee;

2. HIV indicators

	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 (0-49 years), 2005	Dec 2005	46	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	<500	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2005	38	National AIDS Centre
HIV testing and counselling sites: number of people tested at all sites	2004	144 927	National AIDS Centre
Knowledge of HIV prevention methods (15-24 years)% - female ^o		NA	
Knowledge of HIV prevention methods (15-24 years)% - male ^o		NA	
Reported condom use at last higher risk sex (15-24 years)% - female ^{**}		NA	
Reported condom use at last higher risk sex (15-24 years)% - male ^{**}		NA	

3. Situation analysis

Epidemic level and trend and gender data

Kyrgyzstan is a central Asian republic with a population of 5.1 million and is a low-income country. Since the Soviet Union dissolved, Kyrgyzstan, like its neighbours, has faced severe economic problems in 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. Population mobility is high. Officially, Kyrgyzstan is categorized as having a low prevalence of HIV infection, with 807 cases, mainly among men, recorded up to December 2005. However, independent estimates put the overall number of cases at up to many times the reported figure. The first HIV case was registered in 1996, but incidence increased greatly in 2001. The country is facing a rapidly expanding epidemic, specifically among the most vulnerable groups. A total of 161 new HIV cases were reported in 2004. 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 and prisoners. The main mode of transmission has been intravenous drug use, with prevalence rates as high as 65% in Bishkek and 91% in Osh in 2002. According to estimates of the United Nations Office on Drugs and Crime, Kyrgyzstan had about 80 000-100 000 injecting drug users in 2001 - among the highest in central Asia. More than half of prison inmates are injecting drug users, and many share equipment. The HIV prevalence among prisoners in 2002 was 2.7%. More than half the people reported as living with HIV/AIDS in Kyrgyzstan are located in one prison in the district of Osh. Most sex workers have low levels of education and have extremely limited capacity to negotiate safe sex. There is a recent trend towards infection through heterosexual transmission, although the crude numbers are very low, and a slowly growing proportion of HIV cases among women, who currently represent 11% of total cases. Most people living with HIV/AIDS are 20-39 years old (85%).

Policy on HIV testing and treatment

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. A Law on HIV/AIDS was adopted in 2005 and includes regulatory issues for preventing HIV/AIDS transmission, legal guarantees and social protection for people living with HIV/AIDS and social security assurance for the citizens of Kyrgyzstan in accordance with international norms of eligibility. A national policy on antiretroviral therapy has been developed and is to be reflected in the third State Programme, pending approval by the government. Policies for protecting human rights, confidentiality and voluntary counselling and testing exist but have not been fully implemented. Policies for protecting human rights, confidentiality and voluntary counselling and testing have been developed. 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 2005, the annual cost of drugs required for triple-drug therapy is US\$ 600 per adult and US\$ 1500 per child.

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 State Programme on Prevention of HIV/AIDS and Sexually Transmitted Infections 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. The Vice-Prime Minister chairs the National Multisectoral Committee on AIDS. Key strategies of the national response have been identified under the State Programme on Prevention of HIV/AIDS and Sexually Transmitted Infections, including 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 Taa'limi 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 30% 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 greatest single barrier to scaling up treatment. Building human resource 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. Mobilization of the private sector, public universities and independent mass media in the response to the epidemic needs to be strengthened.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

WHO estimates that about US\$ 630 000 was required to support scaling up antiretroviral therapy in Kyrgyzstan during 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, which has been disbursed for implementation of activities. Financial support is also provided by United Nations agencies and bilateral cooperation agencies such as the United States Agency for International Development and the United Kingdom Department for International Development. The World Bank has awarded a recent grant of US\$ 26 million for a regional project in central Asia that aims to minimize the human and economic impact of HIV/AIDS in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. The Government of Germany recently pledged just over US\$ 1.0 million to support HIV/AIDS programmes in the country, but no funds have been disbursed yet.

5. Treatment and prevention coverage

In 2003, WHO estimated Kyrgyzstan's total antiretroviral therapy need to be about 21 people. In 2005, WHO estimated that Kyrgyzstan's total antiretroviral therapy need was up to 500 people. 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. Antiretroviral therapy began to be provided through the public sector in 2005. As at June 2005, WHO/UNAIDS estimates indicated that 25 people were receiving antiretroviral therapy in Kyrgyzstan, and by October 2005 this had increased to 45 people. The Global Fund project plans to provide 100% coverage with antiretroviral therapy over five years.

6. Implementation partners involved in scaling up treatment and prevention

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 and regional centres for HIV/AIDS prevention and control, Ministry of Justice, United Nations organizations and other international organizations 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 and training.

Service delivery

National and regional AIDS prevention and control centres provide health care support to people living with HIV/AIDS. The National Multisectoral Coordinating Committee provides overall management and coordination of antiretroviral therapy service delivery. 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 also provides support for treating sexually transmitted infections in sex workers. The United Nations Population Fund supports the procurement and distribution of condoms. The United States Agency for International Development supports prevention programmes.

Community mobilization

The Ministry of Health plays a coordinating role in community mobilization activities, supported by organizations of people living with HIV/AIDS and nongovernmental organizations working with vulnerable groups. A national network of people living with HIV/AIDS was created in 2005. 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 and the United Kingdom Department for International Development support 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 support educational programmes.

Strategic information

The Government of Kyrgyzstan provides overall management and coordination for strategic information activities, including monitoring and evaluation. WHO, UNAIDS and the United States Agency for International Development provide support.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Supporting the development of national antiretroviral therapy and care protocols as well as setting national targets for scaling up treatment, including sponsoring 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 the German Gesellschaft für Technische Zusammenarbeit (GTZ)
- Providing support for accessing high-quality antiretroviral drugs at minimum prices, and facilitating participation in a meeting on reducing the prices of antiretroviral drugs for the Commonwealth of Independent States countries in Baku, Azerbaijan in February 2005
- Providing support for HIV surveillance, including participation in a WHO/UNAIDS workshop on HIV/AIDS estimates for central Asia and the other Commonwealth of Independent States countries in June 2005

Key areas for WHO support in the future

- Supporting the development of national clinical guidelines and protocols
- Supporting the development of a national plan for antiretroviral therapy
- 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

Staffing input for scaling up HIV treatment and prevention

- WHO staff providing support for HIV/AIDS activities include a Technical Officer for the central Asian republics based in Uzbekistan and a National Programme Officer based in Kyrgyzstan.