

Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 1 000
 Antiretroviral therapy target declared by country: not declared

Estimated number of adults and children living with HIV/AIDS - 2003



Map Data Source:
 WHO Global Atlas
 Map production:
 Public Health Mapping & GIS
 Communicable Diseases (CDS)
 World Health Organization



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	26.5	United Nations
Population in urban areas (%)	2005	36.3	United Nations
Life expectancy at birth (years)	2002	68.2	WHO
Gross domestic product per capita (US\$)	2002	375	UNECE
Government budget spent on health care (%)	2002	6.8	WHO
Per capita expenditure on health (US\$)	2002	21	WHO
Human Development Index	2003	0.694	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.

* Demographic And Health Surveys

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	0.0 - 0.2%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	4 900 - 30 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	0	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	1 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites		NA	
HIV testing and counselling sites: number of people tested at all sites		NA	
Knowledge of HIV prevention methods (15-24 years)% - female*	2002	8	DHS*
Knowledge of HIV prevention methods (15-24 years)% - male*	2002	7	DHS*
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**	2002	50	DHS*

3. Situation analysis

Epidemic level and trend and gender data

The HIV/AIDS epidemic in Uzbekistan is still in a nascent stage, but the country has all the conditions present for a rapid spread of infection. There has been a sharp increase in the number of new cases since 2000 as a result of an outbreak among injecting drug users. Despite a relatively low reported national prevalence rate, the number of HIV cases in Uzbekistan is growing exponentially. According to the Republican AIDS Centre, 5612 people were registered as living with HIV/AIDS as of 31 December 2004. A total of 2016 new people living with HIV/AIDS were registered in 2004 alone. Uzbekistan's epidemic is spreading most rapidly among the country's more than 100 000 injecting drug users. An estimated 85% of reported infections are due to unsafe injecting drug use. The epidemic is concentrated in the capital, Tashkent and the Tashkent oblast (region). Uzbekistan is in a unique position to act rapidly to reduce the HIV/AIDS among vulnerable groups.

Major vulnerable and affected groups

The most vulnerable population groups, which often overlap, include injecting drug users, prisoners, sex workers and men who have sex with men. About 84% of HIV cases are among men, and two thirds are among people 15-34 years old. More than 30% of cases are among prisoners. Injecting drug users currently represent about 75% of the HIV cases in Uzbekistan. The largest concentration of injecting drug users is in the city of Tashkent, where sentinel surveillance from 2001 indicates a 45% prevalence rate among this group.

Policy on HIV testing and treatment

The national HIV/AIDS policies have been revised in accordance with international best practices. In 1999 the parliament passed a law to protect people living with HIV/AIDS from discrimination; this legislation guarantees the right to equal access to education, employment and social protection and the right to free care from government health organizations. The government is committed to increasing access to voluntary testing and counselling services. The government has also committed to developing a strategy to ensure access to HIV/AIDS medicines, with an emphasis on vulnerable groups.

Antiretroviral therapy: first-line drug regimen, cost per person per year

As of December 2005, there was no access to antiretroviral therapy in Uzbekistan. Pregnant women living with HIV/AIDS in Uzbekistan have no access to antiretroviral drugs that reduce the risk of vertical transmission. In 2004, the Minister for Health communicated to WHO and UNAIDS the government's support for accelerated access to antiretroviral therapy.

Assessment of overall health sector reponse and capacity

Uzbekistan's commitment to its response to the HIV/AIDS epidemic has been building steadily since 2000. Most recently, the government developed and approved the Strategic Programme on Counteracting the HIV/AIDS Epidemic in the Republic of Uzbekistan for 2003-2006. Uzbekistan has 14 AIDS centres and 90 laboratories for HIV diagnosis. The National Strategic Programme on HIV/AIDS Prevention was approved in May 2003. Since the parliament passed a law on preventing HIV/AIDS in 2000, more than 200 trust points have been opened throughout the country to provide counselling, testing and free syringes, condoms and information. The Minister of Health has decreed that each oblast AIDS centre should set up at least one trust point providing anonymous counselling and testing for injecting drug users. The government supports the harm reduction approach and has decided to increase the number of trust points to 230.

Critical issues and major challenges

Like all former Soviet republics, Uzbekistan is in a period of massive transition in all sectors of the economy. Limited funding as a result of the ongoing economic transition make it difficult for Uzbekistan to allocate adequate funding to much-needed HIV/AIDS programmes. Other challenges include: developing protocols for using antiretroviral drugs, building second-generation surveillance, availability of and access to voluntary counselling and testing, strengthening the multisectoral response, scaling up efforts to reduce injecting drug use among young adults or at least make the practice safer through widespread needle and syringe exchange, moving away from mandatory mass screening and moving towards less repressive legislation for highly vulnerable groups. Health workers need additional training in areas including voluntary counselling and testing, treatment of opportunistic infections, use of antiretroviral drugs and epidemiological surveillance.

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

- WHO estimates that about US\$ 1.4 million was required to support the scaling up of antiretroviral therapy in Uzbekistan during 2004-2005.
- The government provides some funding for the national HIV/AIDS response from the national budget but faces serious resource constraints.
- Uzbekistan submitted a successful Round 3 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria with a total budget of about US\$ 24.5 million and approved two-year funding of about US\$ 4.7 million focusing on prevention programmes for vulnerable populations and access to care, support and treatment for people living with HIV/AIDS. As of November 2005, US\$ 1.5 million had been disbursed for implementation of activities.
- 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.
- Financial support is also available from United Nations agencies and bilateral partners such as the United States Agency for International Development.

5. Treatment and prevention coverage

In 2003, WHO and UNAIDS estimated Uzbekistan's total antiretroviral therapy need to be about 770 people, and this estimate rose to about 1000 in 2005. The government did not declare a national treatment target for 2005, but the Republican AIDS Centre declared a target of 350 people on treatment by 2005 with the support of the Global Fund grant. As of December 2005, antiretroviral therapy was not being provided through the official health care system in Uzbekistan. However, antiretroviral treatment delivery is planned to begin in 2006 with support from the Global Fund grant.

6. Implementation partners involved in scaling up treatment and prevention**Leadership and management**

The Ministry of Health provides leadership in managing and coordinating the national response to HIV/AIDS. In addition, the Strategic Programme on Counteracting the HIV/AIDS Epidemic in the Republic of Uzbekistan for 2003-2006 outlines the roles and responsibilities of other ministries, including the Ministries of Finance, Interior Affairs, Education, Justice and Labour and Social Protection. UNAIDS provides assistance to the national government in strategic planning. The National Centre for Human Rights Protection assists the national government in advocacy on new legislation and policies. The Global Fund Country Coordinating Mechanism oversees the technical, financial and management integrity of the implementation of the proposal.

Service delivery

The Ministry of Health and the national core network of AIDS centres have responsibility for delivering care and treatment services, including adopting care and treatment protocols, training clinical staff and implementing antiretroviral therapy programmes. The Centre for Effective Drug Policy in the Ministry of Health is responsible for procuring, managing supply and distributing drugs and other medical supplies. WHO provides normative guidance to the national government for HIV/AIDS prevention, treatment and care. WHO also provides assistance to the national government in capacity-building. UNDP provides support for HIV/AIDS prevention for the armed forces. UNICEF supports HIV/AIDS prevention activities for adolescents. The Government of Switzerland provides support for harm reduction interventions. The United Kingdom Department for International Development has started a harm reduction programme including in prison settings.

Community mobilization

The nongovernmental, community-based and faith-based sectors are playing an increasingly important role in Uzbekistan's national response to HIV/AIDS despite an unfavourable environment created by the government. Operations of a number of nongovernmental organizations such as Open Society Institute, Sabo and Istiqbolli Avlod, which were active in harm reduction, have been discontinued due to political reasons. The National Red Crescent Society and local nongovernmental organizations such as Kamolot, Ishonch va Hayot, Ayol, Family and Children and Healthy Future as well as the Bukhara Association of Young Medics are engaged in prevention and care for vulnerable populations and people living with HIV/AIDS.

Strategic information

The Republican Information Analytical Centre in the Ministry of Health and the State Committee on Statistics coordinate monitoring and evaluation and surveillance activities. The existing information system is built around the AIDS centres. The United States Centers for Disease Control and Prevention and WHO provide support for strengthening national monitoring and evaluation and surveillance systems.

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 technical assistance for implementing projects funded by the Global Fund
- Distributing brochures on HIV/AIDS prevention among military officers and their families
- Conducting a national workshop on drug substitution therapy and providing support for the development of a national protocol on drug substitution therapy
- Providing training of both civilian and prison medical staff on voluntary counselling and testing
- Providing on-site training in substitution therapy
- Providing on-site training in delivering antiretroviral therapy

Key areas for WHO support in the future

- Supporting the development of national antiretroviral therapy and care protocols and setting national targets on scaling up treatment
- Supporting the development of policy and strategy on HIV/AIDS treatment and care
- Building the capacity for antiretroviral therapy service delivery and improved access to services
- Strengthening national surveillance and monitoring and evaluation systems
- Conducting a pilot project on health in prisons
- Supporting the piloting and eventual scaling up of drug substitution treatment and its evaluation

Staffing input for scaling up HIV treatment and prevention

A Technical Officer for the central Asian republics has been recruited and is based in Uzbekistan. A United Nations volunteer has also been recruited to support the treatment scale-up in Uzbekistan. Additional staffing needs identified include administrative support for the in-country HIV/AIDS team.