



HEALTH PROFILE: CENTRAL ASIA

HIV/AIDS

Central Asian Republics	
Kazakhstan	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	16,500 (low-high estimates 5,800–35,000)
Total Population (end 2004)	15,403,000
Adult HIV Prevalence (end 2003)	0.2%
Kyrgyzstan	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	3,900 (low-high estimates 1,500–8,000)
Total Population (end 2004)	5,208,000
Adult HIV Prevalence (end 2003)	0.1%
Tajikistan	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	under 200
Total Population (end 2004)	6,298,000
Adult HIV Prevalence (end 2003)	less than 0.1%

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The five Central Asian Republics—Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan—still have relatively low HIV prevalence (see table). Nonetheless, recent sharp increases in the number of new infections, high prevalence in vulnerable populations, and these countries' position at the crossroads of the drug-trafficking routes between Asia and Europe suggest that they are highly vulnerable to a rapid acceleration of the epidemic.

According to the United Nations Joint Programme on HIV/AIDS (UNAIDS), the number of newly reported HIV/AIDS infections in the region grew from 88 in 1995 to 6,706 in 2003, with most new infections occurring in Kazakhstan, Kyrgyzstan, and Uzbekistan. As elsewhere, however, the number of reported infections is significantly lower than the number of individuals infected. UNAIDS estimates that there were 50,000 HIV-positive people in the region in 2001, with 20,000 in Kazakhstan alone. The U.S. Centers for Disease Control estimates the regional total for that year to be 90,000, with the potential to increase to more than 1.6 million in 2005. The rapid increase in HIV infection is directly related to the increase in the number of injecting drug users in the region. UNAIDS estimates that Kazakhstan, with the highest HIV prevalence of the Central Asian countries, may have as many as 450,000 injecting drug users. Kyrgyzstan is home to an estimated 55,000 injecting drug users, three out of four of whom are believed to be HIV-positive. Increased injecting drug use is also evident in Tajikistan (estimated to be as high as 100,000), Uzbekistan (more than 35,000), and Turkmenistan (7,500).

Although the epidemic started among injecting drug users, and injecting drug use remains the primary mode of transmission, accounting for 70 to 90% of new infections, sexual transmission is increasing. The male-to-female ratio of new HIV/AIDS cases has narrowed from 4:1 to 2:1, indicating that women are increasingly at risk. A growing number of female injecting drug users are engaging in commercial sex work. Commercial sex work and a large migrant population of truck drivers, mariners, refugees, migrant workers, and trafficked women contribute to the spread of HIV into the general population and across borders. In some places, HIV prevalence among these high-risk populations is over 5%.

The effect of HIV/AIDS is further aggravated in the region by the simultaneous emergence of tuberculosis, which can be a major cause of sickness and death in persons living with HIV/AIDS. Similarly, the presence

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Central Asian Republics	
Turkmenistan	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	under 200
Total Population (end 2004)	4,949,000
Adult HIV Prevalence (end 2003)	less than 0.1%
Uzbekistan	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	11,000 (low-high estimates 4,900–30,000)
Total Population (end 2004)	26,479,000
Adult HIV Prevalence (end 2003)	0.1%

Sources: UNAIDS, U.S. Census Bureau.

of sexually transmitted infections such as syphilis and gonorrhea increases HIV transmission risk, and in Central Asia such infections increased a hundredfold between 1991 and 2001. As in other countries in the Europe/Eurasia region, young people are at greatest risk. More than 70% of HIV-infected individuals in Kazakhstan and Kyrgyzstan are under 30 years of age. The majority of commercial sex workers and injecting drug users are under age 30; in fact, young people constitute approximately 40% of the region's population.

Although the epidemic is still nascent, the conditions are in place for rapid acceleration if action is not taken. In addition to the health consequences, the World Bank has estimated that continued spread of HIV could diminish long-term growth rates by about 10% in Kazakhstan and Kyrgyzstan and by 21% in Uzbekistan.

NATIONAL AND REGIONAL RESPONSES

The urgency of the issue and the ease with which HIV/AIDS crosses borders are prompting the Central Asian countries to pursue a coordinated approach. At the Central Asian Conference on HIV/AIDS in 2001, the governments of Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan approved a declaration committing their countries to scaling up national responses and to the following priority actions: HIV prevention among injecting drug users, and prevention and care interventions for sexually transmitted infections; the development and expansion of health promotion programs for young people, especially those most vulnerable; a supportive legal, policy, and cultural environment; and collaboration within the region. Although no

representative from Turkmenistan was present, the government also endorsed the declaration.

All five countries in the region have approved national programs to address HIV/AIDS. Institutional capacity and financial resources are limited, however, and there has been some cultural reluctance to confront the disease. Mass screenings and repressive government measures against vulnerable people during Soviet rule have left a legacy that must still be overcome. Stigma and discrimination persist.

- The Kazakhstan national HIV/AIDS program has three primary objectives: to stabilize HIV prevalence by preventing the spread of infection from high-risk populations to the general population; to reduce the growth of high-risk populations; and to ensure that at least 80% of HIV-infected individuals are covered by medical and social programs.
- Kyrgyzstan stands out in the region for its innovative and early response. Although lacking in funding, the government has actively sought assistance from nongovernmental and international organizations for its prevention plan, which includes the following objectives: reducing the number of HIV-infected people, reducing the spread of HIV, and reducing the incidence of sexually transmitted infections through a range of specific interventions.
- The Tajikistan plan, first developed in 1997, includes the following elements, among others: a multisectoral approach, confidentiality in HIV/AIDS testing, integration of HIV/AIDS prevention and care into other health programs, establishment of a national coordinating mechanism, and wide dissemination of information among youth and other at-risk populations.

International organizations provide a large share of funding for HIV/AIDS programs in the region, but these have not necessarily been well coordinated. An important task for the countries and the funding agencies, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), is to develop and implement coordinating mechanisms to attain maximum benefit from those funds.



USAID SUPPORT

USAID provides some bilateral HIV/AIDS support to each of the Central Asian countries, as well as support through a regional program designed to control the HIV/AIDS epidemic among high-risk populations such as drug users and sex workers and to prevent drug use among vulnerable youth. The still relatively low infection rate offers a unique opportunity for the region to be successful in its efforts to prevent expanding transmission of HIV. The USAID strategy is designed for all five countries, but focuses primarily on Kazakhstan, Tajikistan, and Uzbekistan. Specific interventions include:

Although USAID resources for HIV/AIDS in this region are somewhat limited, strategic use of those resources has enabled it to make significant contributions and will continue to do so.

- Mass media campaigns that address drug prevention, especially among youth
- Focused education programs, outreach, and peer education among vulnerable youth and high-risk groups
- Organizational development and capacity-building to help nongovernmental organizations identify, disseminate, and integrate good practice in HIV/AIDS
- Building local capacity through technical assistance and training workshops
- Condom social marketing
- HIV/AIDS serosurveillance and mapping, including identification of areas where heterosexual transmission is high
- Strengthening of programs such as HIV testing and counseling, treatment of tuberculosis and other opportunistic infections, and syndromic case management of sexually transmitted infections

Although USAID resources for HIV/AIDS in this region are somewhat limited, strategic use of those resources has enabled it to make significant contributions and will continue to do so. For example, USAID provided technical assistance to Kazakhstan and Kyrgyzstan in their successful applications to the Global Fund; their respective grants of \$22 and \$17 million represent significant contributions to their national efforts to fight HIV/AIDS. USAID partnerships with other donors and implementing organizations help to leverage each partner's comparative advantage in the various areas of HIV/AIDS prevention. Working with domestic partners such as the U.S. Centers for Disease Control and Prevention and international partners such as the World Health Organization (WHO), UNAIDS, the United Nations Children's Fund (UNICEF), and Médecins Sans Frontières helps maximize comprehensive HIV/AIDS treatment and prevention.

USAID support for regional HIV/AIDS activities in 2003 amounted to \$1 million; this was in addition to bilateral support for each of the countries: Kazakhstan (\$1.5 million), Uzbekistan (\$0.9 million), Tajikistan (\$0.7 million), Kyrgyzstan (\$0.4 million), and Turkmenistan (\$0.1 million). USAID's resources and strategic focus are part of an integrated response to the region's rapidly escalating HIV/AIDS epidemic, an important step toward long-term stability and development in the region.

Recent USAID-supported activities include:

- Establishment of a network of women's wellness centers that provide information, education, and access to quality HIV/AIDS and sexually transmitted infection services
- A condom social marketing program designed to increase access to affordable condoms and their informed use by youth, injecting drug users, and commercial sex workers
- Grants to local nongovernmental organizations for prevention activities with high-risk populations and prisoners; the organizations offer free medical care, free condoms, referrals to social workers, legal services, and access to sexually transmitted infection clinics and HIV testing sites
- Development of a model site to serve as a training center for enhancing the skills of primary health care providers in educating patients and evaluating risk for HIV/AIDS and other sexually transmitted infections
- In collaboration with the U.S. Centers for Disease Control and Prevention, conducting a large-scale survey of 1,600 injecting drug users and sex workers to assess behavioral risk factors and prevalence of HIV, hepatitis, and sexually transmitted infections

IMPORTANT LINKS AND CONTACTS

USAID HIV/AIDS website, Central Asia

http://www.usaid.gov/our_work/global_health/aids/Countries/eande/caregion.html

USAID Central Asia website, HIV/AIDS

http://www.usaid.gov/locations/europe_eurasia/car/hiv_aids/hiv/hivproj.htm

USAID/Central Asia, Park Place Building, 41 Kazibek Bi St. B Wing, Almaty, Kazakhstan 480100

http://www.usaid.gov/locations/europe_eurasia/car

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For more information, see http://www.usaid.gov/our_work/global_health/aids