



## Partnership to Fight HIV/AIDS in the Central Asia Republics

Currently concentrated in less than 1% of the population, the HIV epidemic in the five Central Asian Republics (CAR) is primarily driven by injection drug use which follows the flow of heroin through urban centers and along drug transport corridors from Afghanistan through Tajikistan, Turkmenistan, Uzbekistan, Kyrgyzstan, and Kazakhstan. In addition to people who inject drugs (PWID), sex workers (SW), men who have sex with men (MSM), and prisoners are also considered key populations in CAR.

With modest resources, PEPFAR has prioritized support to Kazakhstan, Kyrgyzstan and Tajikistan. PEPFAR provides technical assistance to build the capacity of host governments and civil society organizations to plan, direct and monitor national HIV programs, with emphasis on prevention among key populations, surveillance, testing and counseling, and quality care and treatment. PEPFAR investments in Central Asia compliment local and international funding of the national AIDS program in the region. Through effective planning, Central Asia host governments and civil society actors have been able to better plan and direct HIV programs, coordinating funding to avoid duplication and assure effective host country management of the HIV response.

The PEPFAR strategy concentrates on three strategic priorities. The first is expanding the availability of, and access to comprehensive HIV/AIDS prevention, treatment and care services for key populations. The second priority is systematic strengthening of the capacities of institutions, organizations, and individuals to more effectively plan, deliver, and monitor quality services for key populations. The third priority is to build the capacity of public health institutions to collect, analyze, disseminate and utilize data to obtain accurate and complete information about the epidemic, to support policy development, program planning and implementation, and to improve outreach prevention efforts and

### Saving Lives: PEPFAR Program Results

In most concentrated epidemic countries, PEPFAR does not deliver services directly. Instead, support focuses on provision of technical support, and may include development of innovative program approaches and technically sound guidelines, and policy and advocacy, especially to enable key populations to access HIV services. Because PEPFAR does not provide direct service delivery, reports typically represent achievements of only small-scale model programs. Progress achieved in Central Asia Region through direct PEPFAR support during fiscal year (FY) 2011<sup>1</sup>:

• **2,400** HIV-positive individuals received care and support (including TB/HIV)



### Republics

	Kazakhstan <sup>3</sup>	Kyrgyzstan <sup>4</sup>	Tajikistan <sup>5</sup>
Adult (15–49) HIV prevalence, 2009:	0.1%	0.3%	0.3%
PWID	2.9%	12.8%	15-19%
CSW	1.3%	--	0.7-1.8%
MSM	0.3%	--	--
Prisoners	2.6%	--	6.4%
Estimated adults and children (ages 0-49) living with HIV, 2009 <sup>6</sup> :	13,000	9,800	9,100
Estimated number of people needing antiretroviral therapy based on WHO 2010 guidelines, 2009 <sup>7</sup> :	4,400	4,600	3,200

### U.S. Support for the Central Asia Republics

#### PEPFAR Regional and Bilateral Funding for the Central Asia Republics (US\$ in millions)<sup>2</sup>

FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	Total FY04-11
4.68	9.99	6.39	6.49	3.46	15.26	15.81	15.81	77.89

#### Additional Information

- PEPFAR Central Asia Region Page: [http://www.pepfar.gov/countries/central\\_asia/index.htm](http://www.pepfar.gov/countries/central_asia/index.htm)
- Kazakhstan Global Fund Grant Portfolio: <http://portfolio.theglobalfund.org/en/Country/Index/KAZ>
- Kyrgyzstan Global Fund Grant Portfolio: <http://portfolio.theglobalfund.org/en/Country/Index/KGZ>
- Tajikistan Global Fund Grant Portfolio: <http://portfolio.theglobalfund.org/en/Country/Index/TAJ>

PEPFAR defines direct support as data that captures the number of individuals receiving prevention, care, and treatment services through service delivery sites or providers directly supported by U.S. Government (USG) interventions or activities at the point of service delivery. An intervention or activity is considered to be direct support if it can be associated with counts of uniquely identified individuals receiving prevention, care, or treatment services at a unique program or service delivery point benefiting from the intervention or activity.

Total bilateral planned funding does not include funds programmed to central initiatives and allocated for use in country. Funding levels include all sources of PEPFAR funding. All funding levels are planned and subject to change due to reprogramming or the allocation of additional funds upon the Global AIDS Coordinator's approval.

Materials of the Regional Conference entitled HIV Epidemics in Central Asia: Strengthening of Epidemiological Surveillance, May 18-19, 2010; Almaty, Kazakhstan.

Materials of the Regional Workshop on HIV and Drug Use, HIV Prevention, Care and Treatment for People Who Inject Drugs, July 11-15, 2011; Kyiv, Ukraine.

Country Programme Action Plan between the Government of Tajikistan and the United Nations Development Programme, 2010-2015.

UNAIDS, Report on the global AIDS epidemic, 2010.

UNAIDS, Report on the global AIDS epidemic, 2010.