

Kyrgyzstan

Key analysis and recommendations:

Kyrgyzstan is a lower low-middle income country, still heavily dependent on external financing. HIV prevalence among people who inject drugs is 14.3%. This constitutes high disease burden within a key population as defined by the Global Fund eligibility criteria. New HIV infections among people who inject drugs are also high, whereas coverage of ART is low, standing at 34%.

Harm reduction is available both in community and in prisons but a lack of geographical spread and of gender specific services limit access to them. Harm reduction services are delivered by civil society and government. However, it has been proven that services delivered by civil society are the key link to HIV prevention, testing, treatment, care and support for key populations. Coverage of needle and syringe programmes is high but of opioid substitution therapy is low. People who inject drugs are required to register with 'narcology services' in order to receive treatment. Many refuse to do so in fear of also being registered in the police registry.

The Global Fund reduced its funding for HIV-related services in the period from 2014 to 2018. In response and under pressure from civil society, the Ministry of Health developed a national plan for the transition to public funding. However, financing for preventive programmes (including NSP) remains problematic as the government does not regularly cost specific packages of services for key populations to be sure that budget allocations are realistically sufficient. The Global Fund HIV/AIDS country envelope for 2020-2022 is USD11,266,362, which is 2% higher than that of the 2017- 2019 window.

It is imperative that harm reduction services are preserved and scaled up under the next Global Fund grant. The country application should include:

- Increased investment in scaling up of OST services, specifically delivered by community-led and civil society organisations and in prisons.
- Increased investment in HIV testing and treatment in order to achieve 90-90-90 targets for key populations.
- Specific and preferably earmarked funding for community-led and civil society service delivery in order to increase geographic spread of services.
- Investment in gender specific harm reduction services to reach women who inject drugs.
- Funding for advocacy and capacity building should be made available for community led organisations and civil society. Especially, to advocate for human rights of people who inject drugs, and for continued and sustainable funding for preventive programmes (including NSP) in domestic budget allocations.

Additionally, the Global Fund should be working closely with community led organisations, civil society and the government to develop cost specific packages of services for key populations to be included in domestic budget allocations. The Global Fund should not discontinue funding for preventive programmes until the costing is done and the budget has been allocated.

Key data:

1. Epidemiological data

- a) Population size estimate: **26,700**¹
- b) Demographics of people who inject drugs: **16%** women, **99.3%** people who inject heroin².
- c) HIV, HBV, HCV prevalence among people who inject drugs:
 - HIV prevalence: **14.3%**³
 - HCV prevalence: **60.9%**⁴
 - HBC prevalence: no data
 - TB prevalence: no data
- d) HIV incidence among people who inject drugs: **15.2%** (the highest among key populations)⁵.

2. Current state of harm reduction:

- a) Harm reduction explicitly endorsed in national strategy and people who inject drugs are recognised as a key population⁶.
- b) Harm reduction services accessible through civil society organisations and government services.
- c) Needle and syringe programmes: **available both in community and prisons**
 - NSP coverage: **high** (224 needles per person per year⁷ accessible in 40 NSP sites around the country⁸).
 - NSP available in 14 prisons (no data on coverage)⁹.
- d) Opioid substitution therapy: **available both in community and prisons**
 - OST coverage: **low** (4.4%¹⁰ accessible in 31 OST sites around the country¹¹).
 - OST available in nine prisons¹² (for the duration of imprisonment).
 - Take-home doses of methadone available for up to five days: 36% of OST clients receives it¹³.
 - Coverage of ART: 34%¹⁴.
 - Naloxone available through community distribution¹⁵, all OST and NSPs sites, and emergency services¹⁶.

¹Parsons, D., Burrows, D., Falkenberry, H. & McCallum, L. (April 2019). Regional Analysis: Assessment of HIV Service Packages for Key Populations in Selected Countries in Eastern Europe and Central Asia. APMG Health, Washington, DC: https://apmghealth.com/sites/apmghealth.com/files/projects/docs/apmg_health_key_populations_package_assessment_eastern_europe_and_central_asia_regional_report_final_april_2_2019_0.pdf

² Результаты дозорного эпидемиологического надзора за ВИЧ-инфекцией в Кыргызской Республике (2016): https://indigo.kg/wp-content/uploads/2018/10/IBBS_report_21_12_2017_final.pdf

³ UNAIDS: Kyrgyzstan Country Data (2018): <https://www.unaids.org/en/regionscountries/countries/kyrgyzstan>

⁴ Результаты дозорного эпидемиологического надзора за ВИЧ-инфекцией в Кыргызской Республике (2016): https://indigo.kg/wp-content/uploads/2018/10/IBBS_report_21_12_2017_final.pdf

⁵ Отчет по проведению ситуационного анализа в сфере предоставления услуг по профилактике, диагностике и лечению инфекций, передающимся половым путем (ИППП) в гг.Бишкек и Ош (2019): https://kyrgyzstan.unfpa.org/sites/default/files/pub-pdf/report%20STI_DA_03.05.19.pdf

⁶ The Global Fund: Baseline Assessment - Kyrgyzstan Scaling up Programs to Reduce Human Rights Related Barriers to HIV and TB Services (2018): https://www.theglobalfund.org/media/8145/crg_humanrightsbaselineassessmentkyrgyzstan_report_en.pdf?u=637153279610000000

⁷ UNAIDS Report (2019) Health, rights and drugs harm reduction, decriminalization and zero discrimination for people who use drugs: https://www.unaids.org/sites/default/files/media_asset/IC2954_UNAIDS_drugs_report_2019_en.pdf

⁸ Stone K, Shirley-Beavan S (2018) Global State of Harm Reduction 2018. Harm Reduction International: London.

⁹ AFEW: Fifteen years of HIV prevention in Kyrgyz prisons: <http://afew.org/eecaids2018/kyrgyz-prisons-eng/>

¹⁰ UNAIDS: Kyrgyzstan Country Data (2018): <https://www.unaids.org/en/regionscountries/countries/kyrgyzstan>

¹¹ Stone K, Shirley-Beavan S (2018) Global State of Harm Reduction 2018. Harm Reduction International: London.

¹² AFEW: Fifteen years of HIV prevention in Kyrgyz prisons: <http://afew.org/eecaids2018/kyrgyz-prisons-eng/>

¹³ Asia Region Operational Plan, ROP 2019 Strategic Direction Summary: https://www.state.gov/wp-content/uploads/2019/09/Asia-Regional_COP19-Strategic-Directional-Summary_public.pdf

¹⁴ IBID

¹⁵ Global State of Harm Reduction: 2019 updates: <https://www.hri.global/global-state-of-harm-reduction-2019>

¹⁶ WHO: Evaluation of opioid substitution therapy in Kyrgyzstan (2016): http://www.euro.who.int/_data/assets/pdf_file/0006/316932/Evaluation-opioid-substitution-therapy-Kyrgyzstan.pdf?ua=1

3. Funding for harm reduction:

- Kyrgyzstan is classified as a lower low-middle income country¹⁷.
- **The Global Fund remains the biggest harm reduction donor**, despite a significant reduction in the funding of HIV-related services in the period from 2014 to 2018¹⁸.
- The Ministry of Health and CCM worked together to develop a **national plan for the transition to public funding**, in order to switch to domestic funding, while the external financial resources were still available for support¹⁹.
- Key areas included in the national plan: ensuring access to ART and introducing mechanisms for public funding of prevention programs through NGOs. **However, at the time of the national's plan approval, one of the most problematic area is the mechanisms for financing preventive programs**²⁰. This is due to the government not routinely collecting or analysing expenditure data, or regularly costing specific packages of services for key populations to be sure that budget allocations are realistically sufficient²¹.
- The Global Fund HIV/AIDS country envelope for 2020-2022 is USD11,266,362, which is 2% higher than that of the 2017- 2019 window.

4. Barriers and challenges to accessing harm reduction services:

- Drug use is not a criminal offense in Kyrgyzstan, though possession of drugs is²².
- Government regulation stipulates that people who inject drugs must register with 'narcology services' to access treatment. This often leads to registration in the police register²³. There is evidence that people who inject drugs fear the registration and avoid it. This prevents them from accessing healthcare services²⁴ and leads to increased social marginalisation²⁵.
- There is a lack of female outreach workers and harm reduction services designed specifically to meet the needs of women who inject drugs²⁶.
- Limited geographical presence of NSP and OST sites also presents a key barrier to accessing harm reduction services^{27 28}.

¹⁷ The Global Fund Eligibility List 2020: https://www.theglobalfund.org/media/9016/core_eligiblecountries2020_list_en.pdf?u=637166000460000000

¹⁸ Parsons, D., Burrows, D., Falkenberry, H. & McCallum, L. (April 2019). Regional Analysis: Assessment of HIV Service Packages for Key Populations in Selected Countries in Eastern Europe and Central Asia. APMG Health, Washington, DC:

https://apmghealth.com/sites/apmghealth.com/files/projects/docs/apmg_health_key_populations_package_assessment_eastern_europe_and_central_asia_regional_report_final_april_2_2019_0.pdf

¹⁹ IBID

²⁰ IBID

²¹ IBID

²² The Global Fund: Baseline Assessment - Kyrgyzstan Scaling up Programs to Reduce Human Rights-Related Barriers to HIV and TB Services (2018):

https://www.theglobalfund.org/media/8145/crg_humanrightsbaselineassessmentkyrgyzstan_report_en.pdf?u=637153279610000000

²³ Deryabina, A. (2017). Uptake of needle and syringe program services in the Kyrgyz Republic: Key barriers and facilitators:

<https://www.sciencedirect.com/science/article/abs/pii/S0376871617303782>

²⁴ Stone K, Shirley-Beavan S (2018) Global State of Harm Reduction 2018. Harm Reduction International: London:

<https://www.hri.global/files/2019/02/05/global-state-harm-reduction-2018.pdf>

²⁵ El-Bassel, N., Strathdee, S. A., & El Sadr, W. M. (2013). HIV and people who use drugs in central Asia: confronting the perfect storm. Drug and alcohol dependence, 132 Suppl 1(0 1), S2–S6. <https://doi.org/10.1016/j.drugalcdep.2013.07.020>: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4006578/>

²⁶ Central Asia region PEPFAR gender analysis summary (2016): <https://tj.usembassy.gov/wp-content/uploads/sites/143/2016/12/CAR-ROP16-Gender-Analysis.pdf>

²⁷ Результаты дозорного эпидемиологического надзора за ВИЧ-инфекцией в Кыргызской Республике (2016): https://indigo.kg/wp-content/uploads/2018/10/IBBS_report_21_12_2017_final.pdf

²⁸ Deryabina, A. (2017). Uptake of needle and syringe program services in the Kyrgyz Republic: Key barriers and facilitators:

<https://www.sciencedirect.com/science/article/abs/pii/S0376871617303782>