# HARM REDUCTION NOTE-KYRGYZSTAN





This information note has been compiled by Harm Reduction International (HRI) in collaboration with Eurasian Harm Reduction Association (EHRA) to highlight the impact of US funding cuts on harm reduction in Kyrgyzstan.

Last update: 10th April, 2025

## 1. Epidemiological data and harm reduction services

- 1.1 People who use drugs, HIV and HCV
  - There are an estimated of 17,379 people who inject drugs in Kyrgyzstan.<sup>1</sup>
  - The estimated HIV prevalence among people who inject drugs is 16.5 % in 2021, increased from 14.3% in 2016.<sup>2</sup>
  - Prevalence of injecting drug use in the general population aged 15-64 is 0.69%.
  - The Hepatitis C (anti-HCV) prevalence among people who inject drugs is 64.5% and Hepatitis B (anti-HBsAg) prevalence among people who inject drugs is 11.3%.<sup>3</sup>

### 1.2 HIV prevention and harm reduction coverage

- Number of HIV tests taken among people who use drugs is 17,692.<sup>4</sup>
- People who use drugs reached with HIV prevention programmes is 19,831.<sup>5</sup>
- The coverage of opioid agonistic therapy (OAT) among people who inject drugs is 4.4%.6
- There are 24 OAT stations, of which 15 are in healthcare facilities and 9 in the penitentiary system.
- 48.9% of people who inject drugs in Kyrgyzstan avoid health care because of stigma and discrimination.<sup>8</sup>
- There is explicit supportive reference to harm reduction in national policy documents in Kyrgyzstan.
- 9 detention facilities have OAT and 8 facilities have needles syringe programmes with a total coverage of 662 by SEPs and 208 on OST by the end of 2022.<sup>9</sup>
- Take-home naloxone and naloxone peer distribution is available.

### 2. Harm Reduction programmes and funding source mapping

Funding	PEPFAR <sup>10</sup>	Global Fund <sup>11</sup>	Governme nt <sup>12</sup>
agency			nt'-
Partners and	Family Health International;	United Nations Development	
principal	Kyrgyzstan Aids Center;	Programme	
recipients	Trustees Of Columbia		
rooipionio	University in the City of New		
	York.		

Provinces/dist		All regions	
rict covered			
Key interventions	<ul> <li>MAT</li> <li>Community based-testing;</li> <li>Facility-based testing;</li> <li>HIV Clinical Services;</li> <li>PrEP.</li> <li>Self testing</li> </ul>	<ul> <li>Needle and syringe programmes;</li> <li>Opioid substitution therapy and other medically assisted drug dependence treatment;</li> <li>Sexual and reproductive health services, including STIs, hepatitis, postviolence care.</li> </ul>	• OAT
Total reach		17,379 (GC6 reach)	
Total funding	USD 731,500 (2024)	USD 2,913,458 (GC7)	
for People			
who use and			
inject drugs			
Budget for OAT/MAT	NA	USD 1,472,735 (GC7)	USD 300,000 (2023)
Budget for NSP	NA	USD 1,436,796 (GC7)	
PreP	USD 8100 (2024)		

- The major harm reduction services such as opioid agonistic therapy and needles syringe programmes are funded by the Global Fund and government.
- The Global Fund procures methadone (OAT) for all sites while the government funds rent, staff salaries and security.

# 3. Overall estimated Impact of US funding cut on HIV response including harm reduction services<sup>13</sup>

- The amount of PEPFAR funding frozen for HIV response is USD 3 million
- HIV programmes and projects affected mostly by the suspension of US funding are HIV testing, linkages, and Prep; CLM, self-testing
- In Kyrgyzstan 5 NGOs working on HIV response were funded by PEPFAR projects and 1 NGO was advancing CLM- and all are affected.
- Key populations that have been affected mostly are Men having Sex with Men, People Who Use Drugs, young representatives of Key Populations.
- Estimated number of people receiving services covered by PEPFAR funding to be affected, according to NAC, are15% of total Key Populations (about 8000 people); case management- 35% (about 2000 people), PreP 30% (about 200 people).
- As on mid-March CDC will continue supporting population size estimation survey that were planned well before. Hopefully, there will be launch in April.
- People involved into implementation of PEPFAR funded projects to lose their jobs entirely, or have their pay reduced or suspended: staff of 5 NGOs (but % is not clear as they have co-funding from other donors).

### Reference

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<sup>&</sup>lt;sup>1</sup> HRI 2024 Global State of Harm Reduction https://hri.global/flagship-research/the-global-state-of-harm-reduction/

<sup>&</sup>lt;sup>2</sup> Krygyzstan Global Fund GC7 Funding Request https://data.theglobalfund.org/location/KGZ/access-to-funding

<sup>&</sup>lt;sup>3</sup> HRI 2024 Global State of Harm Reduction https://hri.global/flagship-research/the-global-state-of-harm-reduction/

<sup>&</sup>lt;sup>4</sup> Krygyzstan Global Fund GC7 Funding Request https://data.theglobalfund.org/location/KGZ/access-to-funding

<sup>&</sup>lt;sup>5</sup> Krygyzstan Global Fund GC7 Funding Request https://data.theglobalfund.org/location/KGZ/access-to-funding

<sup>&</sup>lt;sup>6</sup> https://www.unaids.org/en/regionscountries/countries/kyrgyzstan

<sup>&</sup>lt;sup>7</sup> Krygyzstan Global Fund GC7 Funding Request https://data.theglobalfund.org/location/KGZ/access-to-funding

<sup>&</sup>lt;sup>8</sup> https://www.unaids.org/en/regionscountries/countries/kyrgyzstan

<sup>&</sup>lt;sup>9</sup> Krygyzstan Global Fund GC7 Funding Request https://data.theglobalfund.org/location/KGZ/access-to-funding

<sup>&</sup>lt;sup>10</sup> The data in this column are derived from https://www.dataetc.org/projects/pepfar/

<sup>&</sup>lt;sup>11</sup> The data in this coumn are derived from https://data.theglobalfund.org/financial-insights

<sup>&</sup>lt;sup>12</sup> Krygyzstan Global Fund GC7 Funding Request https://data.theglobalfund.org/location/KGZ/access-to-funding

<sup>&</sup>lt;sup>13</sup> According to the information officially requested and received by EHRA from the local civil society and technical partners in Kyrgyzstan in March 2025. Information about the current situation with the impact of the US funding freeze presented in the document is actual as on the end of March and may be subject to change on a weekly basis.