

Kyrgyz Republic

Snapshot

Executive Summary

Overview

In 2016, the HIV National Strategic Plan (NSP) was updated for the period 2017–2021. The plan focuses on priorities aiming to fight the concentrated epidemic and targets populations with high-risk behaviour. The priorities include improving policies, creation of legal and social supportive environment, reducing HIV infection risks, counselling and testing, stigma and discrimination, prevention of mother to child transmission (PMTCT), treatment, care and support; tuberculosis (TB)/HIV; monitoring and evaluation (M&E). Strengthening communities and health systems are also among the program key strategies.

Key Populations

Key populations are people who Inject Drugs (PWID); Sex Workers (SW); Men who have Sex with Men (MSM); prisoners; People living with HIV (PLHIV).

HIV Epidemic and Behavioural Data

The HIV epidemic in the Kyrgyz Republic is concentrated among key affected populations (KAP), mostly PWID, SW and MSM, with an estimated HIV prevalence in adult general population of 0.2%. The estimated number of PLHIV varies between 8,100¹ and 8,806 (UNAIDS 2016, SPECTRUM).

The number of newly diagnosed PLHIV stabilized over the past years at around 615 cases per year.

The preliminary 2016 Integrated Biological and Behavioural Study (IBBS) data showed an increase in HIV prevalence compared to the 2013 IBBS in PWID (from 12.4% to 14.5%), in MSM (from 6.3% to 6.7%) and prisoners (from 7.6% to 11.4%); a stable prevalence has been notified in SW (2.1% compared to 2.2%).

The predominant mode of HIV transmission is sharing equipment among PWID (49%).

Condom use is high among MSM, and sex workers and safe injecting is high among PWID.

Program Coverage

Only 33% of estimated PLHIV are on ART and only just over 20% of all PLHIV have achieved viral suppression.

Reported prevention service coverage for key populations is low. The percentage of key populations reached with a defined package of services ranges from 32.2% of MSM to 58.7% of PWID. The percentage of key populations that have received an HIV test and know their results over the past 12 months ranges from 15.4% of sex workers to 27.8% of PWID

National Strategy Funding

HIV funding is largely dependent on external donors. While there is an investment framework for a well-defined, time bound transfer of key interventions from external to domestic funding government commitments are less than required to implement the HIV program.

Policy Environment in relation to HIV, SOGIE and Sexual Behaviour

Homosexuality is not criminalised in Kyrgyz Republic. However, a parliamentary bill that criminalised expression which creates a positive attitude toward non-traditional sexual relations, using the media or information and telecommunications networks has passed two readings. Transgender people are allowed to change legal gender in Kyrgyz Republic but require undergoing sex reassignment therapy. Drug use is criminalised.

Although the Law on HIV/AIDS provides for non-discrimination and the development of prevention programs for key populations, the Kyrgyz Republic Country Coordinating Mechanism reports evidence of harassment of key populations by law enforcement officials.

Meaningful involvement of the Community

Community groups are consulted in program implementation decisions. There is some involvement by community groups in program implementation.



Overview of the National Strategic Plan

In 2016, the HIV National Strategic Plan (NSP) was updated for the period 2017–2021 to streamline activities around the existing strategic priorities taking into consideration cost-efficiency for sustainable development. The activities of the program were streamlined on the priority provision of integrated services for Key Affected Populations (KAP): People who Inject Drugs (PWID), Sex Workers (SW), Men who have Sex with Men (MSM), prisoners and People living with HIV (PLHIV) in accordance with the 90-90-90 goals. The plan is focused on priorities aiming to fight the concentrated epidemic and targeting populations with high-risk behaviour. They include improving policies, creation of legal and social supportive environment, reducing HIV infection risks, counselling and testing stigma and discrimination, PMTC, treatment, care and support, TB/HIV and M&E. Strengthening communities and health systems are also among the program key strategies.²

Key Populations

Key populations are:

- People who Inject Drugs (PWID)
- Sex Workers (SW)
- Men who have Sex with Men (MSM)
- prisoners
- People living with HIV (PLHIV)

Key population size estimates are in the table below. The estimated number of MSM is significantly lower than the proportion of MSM estimated by most countries (usually at least 2 % of the adult population). The estimated number of MSM is less than 1% of the adult male population. No separate estimate could be found for the transgender population.

Key Population	Population Size	HIV Prevalence	Estimated PLHIV
MSM	830,000	5% (2018)	41,500
TGW	190,000	3.95% (2018)	7,505
PWID	7,400	29% (2015)	2,146
Sex workers	210,000	0.6% (2015)	1,260



HIV Epidemic and Behavioural Data

The HIV epidemic in the Kyrgyz Republic continues to be concentrated among key affected populations (KAP), mostly PWID, SW and MSM, with an estimated HIV prevalence in adult general population of 0.2%. According to national statistics, a total of 7,117 HIV cases were registered by 1 January 2017. The estimated number of PLHIV varies between 8,100 and 8,806 (UNAIDS 2016, SPECTRUM). The number of newly diagnosed PLHIV stabilized over past years around 615 cases per year. During recent years, an increase in HIV infected women is observed: reaching 40.7% out of the total number of the PLHIV in 2016. Cases of HIV-infection have been registered in all administrative-territorial regions and towns.⁵

The preliminary 2016 IBBS data showed an increase in HIV prevalence compared to 2013 IBBS in PWID (from 12.4% to 14.5%), in MSM (from 6.3% to 6.7%) and prisoners (from 7.6% to 11.4%); a stable prevalence has been notified in SW from 2.2% to 2.1%.⁶

The predominant mode of HIV transmission is sharing equipment among PWID (49%), however transmission through heterosexual sex is increasing and currently accounts for 55%; the majority of PLHIV are in 25-49 age group.⁷

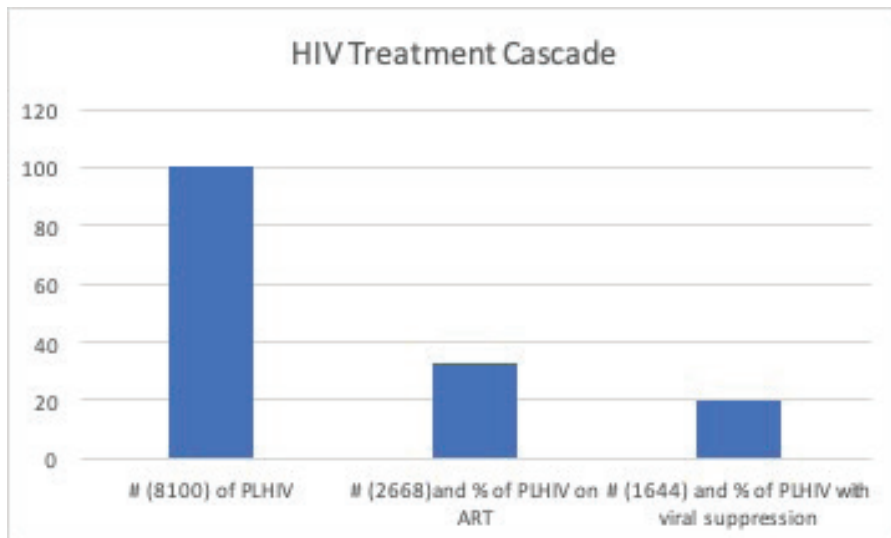
The following table provides data for condom use, safe injecting practices, ART coverage and HIV testing and status awareness for key populations. Condom use is high among MSM, and sex workers and safe injecting is high among PWID⁸.

Population	Condom Use	Safe Injecting	ART Coverage	HIV status awareness
Men who have sex with Men	81.1% ⁹		NO COUNTRY DATA FOR THIS INDICATOR	NO COUNTRY DATA FOR THIS INDICATOR
Transgender people	NO COUNTRY DATA FOR THIS INDICATOR		NO COUNTRY DATA FOR THIS INDICATOR	NO COUNTRY DATA FOR THIS INDICATOR
Sex workers	97.2% ¹⁰		NO COUNTRY DATA FOR THIS INDICATOR	57.5% ¹¹
People who inject drugs	58.8% ¹²	80.9% ¹³	NO COUNTRY DATA FOR THIS INDICATOR	NO COUNTRY DATA FOR THIS INDICATOR



Program Coverage

Only 33% of estimated PLHIV are on ART and only just over 20% of all PLHIV have achieved viral suppression.



Reported prevention service coverage for key populations is low. The percentage of key populations reached with a defined package of services ranges from 32.2% of MSM to 58.7% of PWID. The percentage of key populations that have received an HIV test and know their results over the past 12 months ranges from 15.4% of sex workers to 27.8% of PWID.

Prevention Service Coverage	
Percentage of sex workers reached with HIV prevention programs - defined package of services	57%
Percentage of sex workers that have received an HIV test during the reporting period and know their results	15.4%
Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	32.2%
Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	15.7%
Percentage of people who inject drugs reached with HIV prevention programs - defined package of services	58.7%
Percentage of people who inject drugs that have received an HIV test during the reporting period and know their results	27.8%

National Strategy Funding

HIV funding is largely dependent on external donors. While there is an investment framework for a well-defined, time bound transfer of key interventions from external to domestic funding government commitments are less than required to implement the HIV program.¹⁵



Policy Environment in relation to HIV, SOGI and Sexual Behaviour

Homosexuality is not criminalised in Kyrgyz Republic. However, a parliamentary bill that criminalises expression which creates a positive attitude toward non-traditional sexual relations, using the media or information and telecommunications networks has passed two readings. A 2017 survey by Kyrgyz Indigo, a local LGBT advocacy group, found that 84% of LGBT Kyrgyzs had experienced physical violence and 35% sexual violence.¹⁶

Transgender people are allowed to change legal gender in Kyrgyzstan, but require undergoing sex reassignment therapy.¹⁷

At the time of the Integrated Behavioural and Biological Survey (IBBS) in 2016, a large number of police raids were observed, which led to a decrease in the number of SW in the places of their usual places of work.¹⁸

Although the Law on HIV/AIDS provides for non-discrimination and the development of prevention programs for key populations, the Kyrgyz Republic Country Coordinating Mechanism reports evidence of harassment of key populations by law enforcement officials (e.g. forced testing of sex workers, presence of law enforcement officers in OST and HR sites etc.)¹⁹

Meaningful involvement of the Community

Community groups are consulted in program implementation decisions. There is some involvement by community groups in program implementation. For example, to reduce loss to follow up and ensure client flow from HIV testing to ART initiation and adherence integration of NGO-based peer case managers, treatment supporters are being introduced.²⁰

1. Kyrgyz Republic Country Coordinating Mechanism. APPLICANT SELF-ASSESSMENT TO INFORM PROGRAM CONTINUATION. Funding period 1/1/2018 – 31/12/2020. Performance Framework annex
2. Kyrgyz Republic Country Coordinating Mechanism. APPLICANT SELF-ASSESSMENT TO INFORM PROGRAM CONTINUATION. Funding period 1/1/2018 – 31/12/2020.
3. It is likely that sex workers only refer to female sex workers
4. Kyrgyz Republic Country Coordinating Mechanism. APPLICANT SELF-ASSESSMENT TO INFORM PROGRAM CONTINUATION. Funding period 1/1/2018 – 31/12/2020. Performance Framework annex
5. Kyrgyz Republic Country Coordinating Mechanism. APPLICANT SELF-ASSESSMENT TO INFORM PROGRAM CONTINUATION. Funding period 1/1/2018 – 31/12/2020.
6. Ibid
7. Ibid
8. <https://kpatlas.unaids.org/dashboard#/home> accessed July 2021
9. Kyrgyz Republic Country Coordinating Mechanism. APPLICANT SELF-ASSESSMENT TO INFORM PROGRAM CONTINUATION. Funding period 1/1/2018 – 31/12/2020. Performance Framework annex
10. <https://kpatlas.unaids.org/dashboard#/home> accessed July 2021
11. <https://kpatlas.unaids.org/dashboard#/home> accessed July 2021
12. <https://kpatlas.unaids.org/dashboard#/home> accessed July 2021 Note Kyrgyz Republic Country Coordinating Mechanism. APPLICANT SELF-ASSESSMENT TO INFORM PROGRAM CONTINUATION. Funding period 1/1/2018 – 31/12/2020. Performance Framework annex reports 47.5% of PWID reporting the use of sterile injecting equipment the last time they injected
13. <https://kpatlas.unaids.org/dashboard#/home> accessed July 2021
14. Kyrgyz Republic Country Coordinating Mechanism. APPLICANT SELF-ASSESSMENT TO INFORM PROGRAM CONTINUATION. Funding period 1/1/2018 – 31/12/2020. Performance Framework annex
15. Kyrgyz Republic Country Coordinating Mechanism. APPLICANT SELF-ASSESSMENT TO INFORM PROGRAM CONTINUATION. Funding period 1/1/2018 – 31/12/2020
16. https://en.wikipedia.org/wiki/LGBT_rights_in_Kyrgyzstan Accessed July 2021
17. Ibid
18. Kyrgyz Republic Country Coordinating Mechanism. APPLICANT SELF-ASSESSMENT TO INFORM PROGRAM CONTINUATION. Funding period 1/1/2018 – 31/12/2020. Performance Framework Annex
19. Kyrgyz Republic Country Coordinating Mechanism. APPLICANT SELF-ASSESSMENT TO INFORM PROGRAM CONTINUATION. Funding period 1/1/2018 – 31/12/2020.
20. Kyrgyz Republic Country Coordinating Mechanism. APPLICANT SELF-ASSESSMENT TO INFORM PROGRAM CONTINUATION. Funding period 1/1/2018 – 31/12/2020.