



REGIONAL STRATEGY on HIV Control in Central Asia

(draft version for discussion)

February 2009

CONTENT

ACRONYMS	3
FOREWORD.....	ОШИБКА! ЗАКЛАДКА НЕ ОПРЕДЕЛЕНА.
EXECUTIVE SUMMARY	4
1. INTRODUCTION	5
2. GOALS, OBJECTIVES AND MAIN PRIORITY AREAS.....	6
3. RATIONALE	7
3.1. EPIDEMIOLOGICAL SITUATION IN CENTRAL ASIAN STATES	7
3.2. RISK FACTORS	10
4. REGIONAL STRATEGY: RELEVANCE, OBJECTIVES, EXPECTED OUTCOMES.....	12
PRIORITY 1. TO CREATE INTEGRATED LEGAL FRAMEWORK IN RESPONSE TO HIV	12
PRIORITY 2. TO IMPROVE COORDINATION AND HARMONIZATION OF INTERNATIONAL DONORS, ORGANIZATIONS AND PROJECTS	13
PRIORITY 3. MOBILIZATION AND BUILDING CIVIL SOCIETY CAPACITY (RELIGIOUS LEADERS, NON- GOVERNMENTAL ORGANIZATIONS, MASS MEDIA).....	14
PRIORITY 4. FOCUS ON HIGHLY VULNERABLE GROUPS (COVERAGE AND PRIORITY FINANCING).....	15
PRIORITY 5. CAPACITY BUILDING (REGIONAL TRAINING CENTERS)	16
PRIORITY 6. TO IMPROVE, HARMONIZE AND INSTITUTIONALIZE SENTINEL EPIDEMIOLOGICAL AND ELECTRONIC SURVEILLANCE SYSTEMS	18
PRIORITY 7: TO ESTABLISH AND DEVELOP REGIONAL M&E SYSTEM.....	20
PRIORITY 8. IMPROVING AND ENHANCING PUBLIC HEALTH SYSTEM	21
PRIORITY 9. FINANCIAL RESOURCES MOBILIZATION	22
5. REGIONAL STRATEGY IMPLEMENTATION MECHANISMS.....	23
6. INTERRELATION OF THE REGIONAL STRATEGY PRIORITY AREAS AND UNGASS KEY ELEMENTS.....	24
7. MAIN EVENTS UNDER PREPARATION OF THE REGIONAL STRATEGY ON HIV COUNTERACTION IN CENTRAL ASIAN STATES.....	25
8. Appendices	

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CA	Central Asia
EurAsEC	Eurasian Economic Community
HIV	Human Immunodeficient Virus
IDU	Injection Drug Users
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
OCAC	Organization for Central Asian Cooperation
PLWH	People living with HIV
RAF	Regional AIDS Fund
RTC	Regional Training Center
RTWG	Regional Technical Working Group
SS	Sentinel Surveillance
STD	Sexually Transmitted Diseases
SW	Sex Workers
UN	United Nations Organization
UNAIDS	UN Program on HIV/AIDS
UNGASS	Special Session of UN General Assembly
USAID	US Agency for International Development
WB	World Bank

Preamble

Executive Summary

(will be drafted later)

1. Introduction

According to UNAIDS and WHO reports on Global AIDS epidemic, published in 2008, epidemic of HIV infection has stabilized worldwide, but remains very high. According to estimates, number of people living with HIV in the world is about 33 million (from 30 to 36 million). Increase of new HIV cases has slowed down in a number of countries, but it is not reflected on a global scale due to a high level of new infections in other countries. Number of new cases in 2007 equaled to 2.7 million (from 1.6 to 3.9 million). Due to ARV-therapy, number of deaths because of AIDS decreased. 2 million people died from AIDS in 2007 (from 1.8 to 2.3 million). 50% of PLWH in the world are women (60% of them live in Africa southward of Sahara). 24% of them are represented by youth at the age of 15-24 years. Number of children below 15 years is 2 million (almost 90% of them are in Africa southward of Sahara). In 2007, according to estimates, 1.5 million HIV-infected people live in Eastern Europe and Central Asia (from 1.1 to 1.9 million people).

An opportunity to prevent widescale spread of HIV in Central Asia is quickly vanishing. Eastern Europe and Central Asia are currently undergoing the quickest growth of new HIV infection cases in the world. There is evidence that HIV in Central Asia is winning its position among injection drug users and the epidemic is quickly getting out of control like it happened in the Russian Federation, Belarus, Ukraine and Moldova.

In Central Asia, except for Kazakhstan, the level of HIV infection remains low. However, the studies indicate the situation is changing. For example, the epidemic has engrained among injection drug users and their partners, and the growing number of not yet infected injection drug users runs a risk of infection. High level of sexually transmitted diseases is another potential way of widescale spread of HIV/AIDS. Young people from vulnerable groups are at higher risk of infection with HIV/AIDS, STDs and injecting drug abuse. In addition, labor migration in Central Asia is growing on a wide scale due to increasing gap in wages between the countries in the south (Tajikistan, Uzbekistan and Kyrgyzstan) and the developing north, mainly the Russian Federation and Kazakhstan which became a center of labor migration after 2000. Labor migrants are often in vulnerable position in terms of violation of their rights (for a lack of labor contracts and social insurance) as well as access to health and other services.

At present, governments of the Central Asian countries continue further development of regional and national partnership between state, non-governmental, religious, private and international organizations working in the area of HIV epidemic control in the Central Asian countries, aimed at priority areas focused on the most vulnerable groups of people.

2. Goals, Objectives and Main Priority Areas

The first regional strategy on HIV control is prepared based on trends in the epidemiological situation in the Central Asian countries as well as lessons learnt on coordination and harmonization of efforts of a great number of partners both at national and regional levels.

The main areas of activities at the national level are formulated in the Declaration of Commitment to HIV/AIDS Control passed in June 2001 at the UNGASS Special Session on HIV/AIDS and signed by 189 countries.

These areas fully reflect priorities of the Central Asian countries (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) on HIV/AIDS prevention and are reflected in the Declaration passed at the conference in Almaty on May 18, 2001, organized with support of UNAIDS, UNICEF and USAID. The conference which convened high government officials from the countries in the region as well as representatives of donor organizations and NGOs launched the Central Asian initiative.

The goal of the regional strategy is:

To contain spread of HIV epidemic in Central Asia at concentrated stage, preventing it from transferring to generalized stage through use of regional approach to ensure universal access to prevention, treatment, care and support for all needed people.

Main Priority Areas

1. Creating a single legal framework in the field of response to HIV epidemic;
2. Improving coordination and harmonization of activities held by international donors, organizations and projects;
3. Mobilizing and strengthening civil society capacity (religious leaders, non-governmental organizations, Mass Media);
4. Focusing on the most vulnerable population groups (coverage and priority funding);
5. Strengthening capacity (regional training centers);
6. Enhancing, harmonizing and institutionalizing sentinel and electronic surveillance;
7. Creating and developing regional M&E system
8. Enhancing and strengthening public healthcare system;
9. Mobilizing financial resources

3. Rationale

3.1. Epidemiological situation in Central Asian states

Population of 4 Central Asian states (Kazakhstan, Kyrgyz Republic, Tajikistan and Uzbekistan) in total is 54 million people. The largest territory belongs to Republic of Kazakhstan. Number of Uzbekistan's population equals to the almost half of the whole Central Asia's population.

In view of the fact that HIV-infection at initial stages of its development does not have any clinical symptoms, which does not motivate people to apply to healthcare services, therewith, number of marginal social groups amongst infected people, who refuse to contact health care providers, is high. Therefore, number of people with HIV registered worldwide is considerably low compared to its actual number. Real number of people with HIV is estimated by identifying HIV prevalence in representative samples of separate population groups with the help of sentinel surveillance (hereinafter referred to as SS) with subsequent extrapolation of results on general population.

According to the evaluation data, in 2007 number of PLWH in CAR was 42 200, including, 12 000 in Kazakhstan, 4 200 in the Kyrgyz Republic, 10 000 in Tajikistan and 16 000 in Uzbekistan. First HIV cases in the region were registered in 1987. They were sporadic cases imported from the foreign countries.

Analysis of studies on dynamics of epidemiological process in CAR countries revealed, at least, three epidemic waves of HIV-infection.

The first wave (1987-1996) was the initial stage of epidemic characterized by sexual way of transmission and spread of HIV infection amongst homo and bisexuals. 88 HIV and isolated cases of AIDS were found within this period (RK-3).

The second epidemic wave started in 1996 and was linked to integration of HIV into injection drugs users' environment. By the end of 1997, number of HIV-carriers 13 times exceeded the 1995 level, reaching 548 people. In Kazakhstan as well as in other countries of the region, proportion of injection drugs users composed more than 75 % of all cases registered. Over 50 % were unemployed, 35 % of HIV-infected were detected while entering the pre-trial prisons in RK, in KR and RT – no cases, in RU – only 1 case.

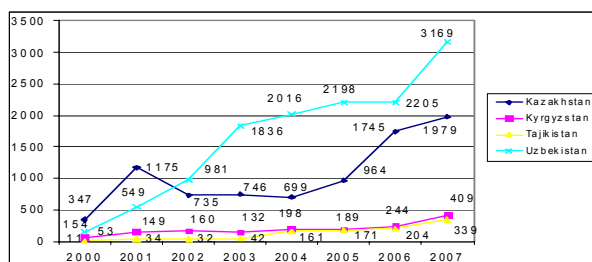
The third epidemic wave started in 2001, where other cities in the CAR states were involved, but the epidemic remained to be driven by injection drug users.

According to case registration statistics, cumulative number of registered HIV cases as of January 1, 2008 was 25,090 people, of them 3,494 died, including 794 deaths from AIDS. Amongst cumulatively registered HIV cases in the CAR states, 62.8 % are injection drug users (IDU), 76.6 % are men, over 65 % – unemployed and not working for various reasons, 38.8 % are youth between 15 and 29 years of age. HIV was found amongst 398 children infected transplacentally, while child-birth and breast-feeding by their mothers. In the recent years, number of sexually transmitted HIV cases has been progressively growing, 28.9 % of them newly registered in 2007 (in 2003 – 15.2 %); at the same time, proportion of HIV-infected women within structure of newly registered cases has gone up (from 16 % in 2003 to 28.3 % in 2007).

Existing epidemiological situation requires concentrated attention to interventions in new population groups that practice unsafe behavior. First of all, this is a group of men having sex with men, prisoners, youth as well as unsupervised teenagers, military servicemen, unemployed, migrants and people working in conditions favorable to sexual contacts with irregular sexual partners (workers of land transportation, "shuttle" traders, roadside vendors and others).

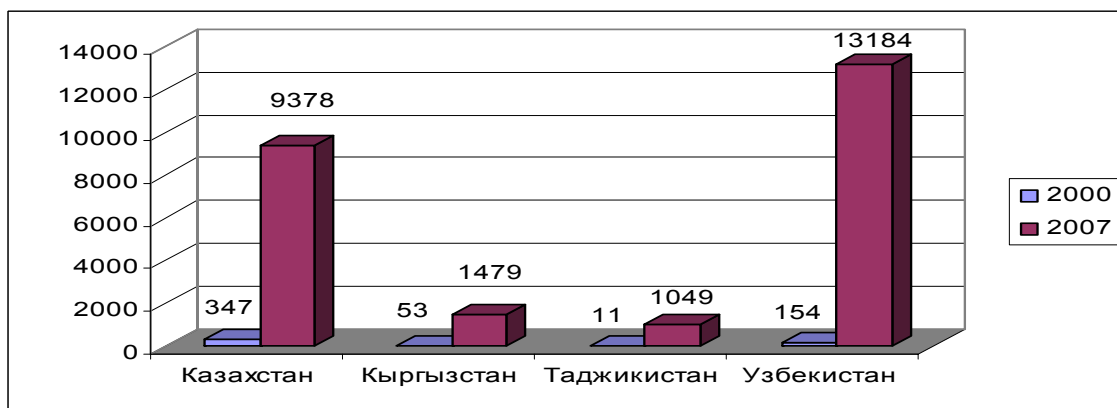
In 2005 – 2007, for the first time in Central Asian states, the HIV epidemic spread amongst children being treated at children’s hospitals. The main factors of HIV transmission were transfusion of donor blood and its components, use of reusable medical instruments due to lack of control over safety of blood stocks and its components and violation of disinfection-sterilization regiment at health care facilities.

Dynamics of HIV cases registration amongst population of CAR states during 2000-2007



Epidemiological situation in Central Asia has a tendency to annual growth of registered cases.

Кумулятивное число зарегистрированных случаев ВИЧ-инфекции в странах ЦАР (2000, 2007 гг.)



In the 90s new technologies of epidemiological surveillance of HIV infection appeared in many counties. This is a second generation epidemiological surveillance, which includes sentinel surveillance (SS).

Development of new technologies was preconditioned by several reasons.

First, it became more obvious that collection of epidemiological information and HIV testing must be cost-saving. Secondly, there were a huge number of ethical issues related to screening of general population for HIV. So, it is well-known that HIV transmission has close connection with sexual behavior, injection drugs use, i.e. with behavioral characteristics of a person, that must be considered while conducting the surveillance. Finally, thirdly, most researchers believe that second generation sentinel surveillance system ensures representative,

reliable, complete information, that is necessary, first of all, for planning and implementation of prevention-related interventions.

Sentinel surveillance of HIV-infection is a systematic data collection on tendencies of HIV spread in sample population groups. It is organized and implemented on several sites and amongst certain population groups and scaled up depending on epidemiological situation and identification of further needs based on existing resources. The main objective is to gather information related to level of HIV spread in sentinel groups in administrative regions taking into account demographic and behavioral data. Principal requirement to such surveillance is to implement the surveillance using standard methods, and gathering data on a continuous and regular basis.

According to opinions of many researchers, studies on tendencies of infection spread in sentinel groups by time and geographic location allow to reveal changes related to ways and factors of HIV transmission.

Starting from 2002, sentinel surveillance of HIV-infection is implemented and scaled up in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan.

Now, the SS is launched and implemented at national level in RK (started in 2005) thanks to the state funding. In KR it is implemented in 5 pilot oblasts under the financial and technical assistance of Central Asia AIDS Control Project, CDC/CAR and Global Fund for AIDS Control, tuberculosis and malaria, in RT – in 6 regions, and in RU – in 14 regions.

Spread of HIV according to the SS data in 2007

States	IDU %	SW %	Prisoners %	MSM %	STD %	Pregnant %
Kazakhstan	3.9% 197/5070	2.3% 48/2103	2.0% 90/4486	0.0% 0/215	0.5% 24/4836	0.0% 0/6405
Kyrgyzstan	7,7% 69/898	1.3% 8/618	3.3% 25/750	3,9% 3/77	1.0% 9/893	0.3% 6/2084
Tajikistan	19,4% 266/1370	1.8% 9/549	6,8% 55/804	-	-	0.3% 5/1554
Uzbekistan	13,0% 486/3743	2,2% 55/2493	-	6,6% 14/211	1,0% 6/590	0,2% 8/3908

Based on results of the SS held in 2007, the following conclusions can be made:

- HIV-infection is on its concentrated stage throughout the region, because in each of four CAR states there are areas where spread of HIV in groups at risk exceeds 5%;
- Spread of HIV amongst SW-drug users remains at a higher level compared to the group of SW, who do not use drugs, which proves once again significance of parenteral HIV transmission within the region;
- Use of different information sources allows to have a full picture of HIV/AIDS epidemic.

3.2. Epidemic Driving Forces

Over the last several years there was the substantial progress achieved in Central Asia in terms of counteracting to HIV infection such as ensuring political support of the highest level, increasing financing by multiple times and implementing a wide range of actions within the framework of the National HIV/AIDS Control Programs. However, despite the implemented activities the number of new HIV cases and the number of people living with HIV continues to grow steadily. The analysis of reasons causing such a rapid spread of the epidemic shows that as during previous years the major risk factor of HIV infection remains to be injection drug using.

The geographic location of CA countries based on the route of heroin trafficking from Afghanistan to countries in Europe preconditions the high level of heroin supply to the market and the countries are facing continuous threats of illegal distribution of heroin which is trafficked through their regions, growing number of injection drug users and, hence, increased rate of HIV/AIDS prevalence.

The second important route of HIV transmission in the region is through sexual contacts. Casual and irregular sexual contacts, in particular a commercial sex, contribute to the sexual route of infection transmission. Another group of population prone to have sexual contacts with multiple partners are men having sex with men (MSM). The lack of knowledge in terms of HIV infection among representatives of vulnerable groups, their low self-esteem, risky behavior, lack of access to contraceptives and patients friendly health care increase the risk of HIV infection. The existing legal practices of forced examination for HIV without informed consent and pre-test counseling prevent from establishing interaction with representatives of these groups and ensure necessary catchments by preventive programs to prevent HIV infection. They opt to avoid contacts with public or state authorities including health facilities because of fear of registration and disclosure of confidential information. In view of this the efforts to control the infection spread among these groups are substantially undermined and weak. This issue is quite relevant in terms of promotion of preventive interventions among injection drug users, commercial sex workers and MSM.

There is a growing number of HIV positive prisoners in Central Asia. Primarily it is due to do with the following factors: in prisons, as a rule, there is great deal of living conditions which don't correspond to standards which includes insufficient hygiene and ventilation, overcrowded rooms and casual and irregular sexual contacts. Overcrowded prisons, and in particular, pre-trial detention units are universally common cases. Frequently there is shortage of funds for renovation and maintenance. The tensions emerging due overcrowded prisons and the inmates are forced to share rooms in hostile conditions which instigate violence among prisoners. The inmates are frequently come from socially vulnerable communities and socially marginalized groups such as urban slums inhabitants, newly settled migrants and injection drug users. This is to do with the fact that mental and somatic diseases are largely spread among inmates rather than among general public. In addition, one of the reasons why the inmates in prisons don't have access to adequate health care can be insufficient funding of health care facilities. The continuous elements of forcing and regiment which are inherent to prisons increment already tensed atmosphere and formidable conditions.

The issues of labor migration became extremely important for countries in the region. Labor migration can contribute to HIV epidemic spread as the major part of them are seasonal laborers and "shuttle" traders who continuously cruise between their homeland and their job placements in countries where HIV/AIDS rate is quite high.

The important social factor which affects the level of awareness of the youth, primarily the ladies, and thus impacting the choice of safe behavior is the traditional taboo of discussing issues related to sexual contacts and HIV/AIDS transmission. The effect of taboo to address these issues are exacerbated by the problem gender inequality of women, their financial dependency on men, double standards of public morality with regard to extramarital sexual relations practiced by men and women as well as public tolerance to domestic violence towards women. There is still low social demand for condoms in pace.

One of the reasons of HIV infection spread in countries is stigmatization of people living with HIV. Currently the population of the countries in question opts not to know about their HIV status. The person living with HIV/AIDS has to cope with the additional burden of responsibility according to the law in case of exposing another person to the risk of infection. The disclosure of information on HIV status leads to stigma and discrimination towards the person living with HIV who in practice has limited access to health care, education and employment.

HIV infection transmission routes in % (as of 01.01.2008.)

HIV transmission routes (as of 01.01.2008)	<i>Kazakhstan</i>	<i>Kyrgyzstan</i>	<i>Tajikistan</i>	<i>Uzbekistan</i>
Parenteral (IDUs)	74,1	72,3	59,2	57,3
Sexual	19,8	23,5	21,5	22,1
Vertical	0,8	0,9	0,8	2,7
Unknown	5,3	3,3	18,5	17,9

4. Regional Strategy: Relevance, Objectives, Expected Outcomes

Priority 1. To create Integrated Legal Framework in Response to HIV

Relevance:

By now the world community recognized that despite the fairly active global actions to control HIV/AIDS it continues to pose a serious threat from health, social, legal and economic perspectives. The solid resource for improving quality of efforts aimed at controlling HIV spread is the development and harmonization of legal framework at the regional level. One of the approaches to implement such initiatives is to create Central Asian Interparliamentarian Working Group on HIV issue.

Objectives:

1. To create enabling environment for implementation of relevant regional strategy to control HIV/AIDS including preventive interventions among such highly vulnerable groups of population as drug users, commercial sex workers, men having sex with men, inmates in prisons and mobile population;
2. To upgrade information and decision making process based on good quality and appropriate epidemiological data;
3. To build up capacity to overcome overall barriers and hurdles in terms of designing and implementing efficient responses including legislative and regulatory reforms;
4. To improve policy related to health care and treatment of people living with HIV.

Expected Outcomes:

1. Legal discrimination of highly vulnerable groups (injection drug users; commercial sex workers; MSM; migrants; people living with HIV/AIDS) is eliminated and arrangements are in place to protect human rights and monitor violations of such rights of these groups of population.
2. Harmonized and coordinated strategies are implemented to control HIV/AIDS in order to tackle the threats scaling up regionally or future overriding factors of epidemic: migration, drug trafficking, women trafficking, and a special group (prisoners).
3. The regulatory and legal framework is developed which is focused on meeting commitments to ensure universal access to prevention, treatment and care in case of HIV positive cases.
4. The representatives of legislative and executive branches of power are engaged in HIV prevention efforts.

Priority 2. *To improve Coordination and Harmonization of International Donors, Organizations and Projects*

Relevance:

Three key mechanisms which gained ground over the last three years in the region are the efficient tools for coordinating the activities, leaving no scope for redundancy or overlapping and efficient use of financial resources:

- Regional Technical Working Groups (RTWG) are created and operating to address different fields and areas of HIV control efforts;
- Forum of Partners is held annually;
- Memorandums on mutual cooperation and implementation of joint plans of actions with partners are concluded;

RTWG is an efficient tool for regional partnership between the governments, NGOs, private sector and international projects and organizations. Currently there are 8 Working Groups operating in the region:

1. Interparliamentarian;
2. Regional Technical Assessment Committee (expert examination of grant applications);
3. On activities with religious leaders (with Islam clergy);
4. On issues related to HIV prevention among the youth;
5. On issues of reduction of harm associated with drug use;
6. On issues related to HIV prevention among the migrants;
7. On issues of treatment, care and support to people living with HIV;
8. On issues related to monitoring and evaluation;

Objectives:

- To ensure regional approaches in different areas of HIV counteraction efforts in the region;
- To exchange information, coordination, harmonization of issues related to HIV control in Central Asia;
- To provide training, advisory and information support at regional and national levels (using best practices);

Expected Outcomes:

- Regional liaison is established which facilitates the most efficient employment and use of resources available in the region and integrating patterns of best practices related to control of HIV;
- Regional Technical Working Groups is functioning on ongoing and sustainable basis.

Priority 3. *Mobilization and Building Civil Society Capacity (religious leaders, non-governmental organizations, mass media)*

Relevance:

The worldwide practice proves that the involvement of the civil society in addressing this issue affects the efficiency of implementation of HIV preventive programs (non-governmental organizations, religious leaders, and mass media). Therefore, mobilization and building civil society capacity is one of the priority areas of the regional HIV/AIDS strategy.

Currently many NGOs lack capacity and they need institutional and technical support. The role and efficacy of civil society performance in terms of counteracting HIV epidemic should be strengthened through integrating efforts of the civil society and elaborating principles of intrasectoral and intersectoral interaction and ensuring liaison of non-profit organizations, representatives of power of different ranks and business structures.

Lately in countries of Central Asia the number of young people who follow the Islam traditions is increasing, they regularly visit mosques. The religious leaders are gaining more and more authority and credibility among the public, especially among the youth, and take an active part in political and social life of the population. Virtually in all countries throughout the region the Muslim religious leaders are engaged in the process of drafting National HIV/AIDS Programs and express their commitment to its implementation and to lead activities among the public.

Currently the majority of residents in Central Asian countries are aware about HIV/AIDS only through mass media but not from personal experience of communication with HIV positive people. This entails that mass media play a crucial role in building knowledge, attitudinal/behavioral practices and public opinion with regard to HIV and AIDS. Through providing valid and reliable information on HIV/AIDS the mass media depict a positive image of HIV positive or exposed/affected people.

Objectives:

- To provide comprehensive support to non-governmental organizations acting as AIDS service providers in establishing solid relations and interaction at the regional level (development of a regional network of PLWH, harm reduction and others);
- To involve civil society in the process of both planning and implementation, monitoring and evaluation of HIV related programs;
- To ensure wide involvement of religious leaders of CA countries in efforts to counteract HIV as well as building tolerant attitude of population to PLWH (establish Regional Educational and Information Resource Center to train religious leaders to lead activities among the public);
- To create conditions for promoting media partnership in Central Asian region.

Expected Outcomes:

- The civil society is involved in implementation of the Regional Strategy;
- There is increased number of religious leaders, primarily Muslim leaders, disseminating HIV related information among the laymen or congregants;
- The public has changed its attitude to community of people living with HIV (substantially reduced stigma and discrimination towards them).

Priority 4. *Focus on Highly Vulnerable Groups (Coverage and Priority Financing)*

Relevance:

To create enabling environment for implementation of the regional strategy as well as the implementation of the regional strategy to control HIV and AIDS itself, first of all, is identical to pursuing the same policy at the national level. In conditions of the concentrated stage of HIV epidemic in Central Asia the key to success of epidemic containment is the priority financing of preventive interventions among highly vulnerable groups. The national programs for HIV counteraction in all countries of Central Asia highlight this field of activity as a priority one. Slowing down the rate of HIV/AIDS prevalence among these groups will enable not only to save lives of members of such groups but also to prevent a wide spread of HIV/AIDS among the general public.

Objectives:

1. To create sustainable and competent mechanism of financing HIV prevention programmes in Central Asia;
2. To harmonize approaches to preventive interventions focused on highly vulnerable groups of population in Central Asia, including issues pertaining to quality assurance, procurement of consumables and commodities, monitoring and evaluation of such interventions;
3. To build up capacity of AIDS service providers for efficient implementation of preventive programmes focused on highly vulnerable groups of population;
4. To use scientific evidence base during planning, M&E of preventive programmes focused on highly vulnerable groups to HIV and PLWH.

Expected Outcomes:

1. The sustainable regional and intersectoral mechanism is in place to finance HIV prevention programmes, which allocate at least 60% of funds for implementation of programmes focused on highly vulnerable groups;
2. The programmes on harm reduction, reducing demand for drugs, HIV prevention among migrants, care and support to PLWH have clear standards of providing services which are used for evaluation of their quality and their budget matches with the financing realities and capacity available in the region;
3. The policy and programme is developed and implemented to strengthen technical capacity of AIDS service providers of 1, 2 и 3 levels (including initiative groups in communities);
4. The regional scientific evidence base is created and operational which is used for development, planning, implementation, M&E of preventive programmes.

Priority 5. *Capacity Building (Regional Training Centers)*

Relevance:

There are different educational and training institutions in all countries of Central Asia. The international partners are undertaking efforts to build up capacity of countries through arranging and providing diverse range of training. However, there is no clear coordination of HIV/AIDS related educational and training activities in the region. As before the issues of institutionalization and certification of developed training courses are not solved yet and the existing training programmes require regular updating, revisions and proper translation into state languages.

The unified and integrated regional approach to harmonization of national and international partners' efforts will enable to pool the long standing jointly accumulated expertise, to establish pool of developed training materials and trained trainers, and to use best practices of countries in the region in the course of training at regional level.

As yet the Concepts for creation, development and support of four Regional Training Centers (RTC) are developed, presented for wider discussion and approved by countries: Kazakhstan – HIV prevention among the youth; Kyrgyzstan – Harm reduction programmes; Tajikistan – HIV prevention among migrants; Uzbekistan – treatment, care and support to people living with HIV.

The situational analysis proved the need for strengthening capacity of countries and cooperation of concerned public, non-governmental, international organizations, individuals in terms of HIV prevention and treatment through providing training and information support at regional and national levels.

Objectives:

- To advocate harm reduction programmes, HIV prevention among the youth and labor migrants, as well as issues related to treatment, care and support to PLWH.
- To build professional capacity of countries through training;
- To institutionalize developed training programmes in CAR countries, certify training courses;
- To provide expertise, advisory and technical assistance to interested organizations and experts;
- To implement research and analytical activities;
- To ensure network interaction and liaison, collection and publication of training and methodological materials followed by dissemination of regularly updated information in above mentioned fields and areas.

Expected Outcomes:

1. The Regional Training Centers focused on HIV prevention among the youth, labor migrants, treatment, care and support to PLWH are in place and operate on a sustainable, ongoing basis under public educational and training institutions in Kazakhstan, Tajikistan and Uzbekistan and Central Asian Harm Reduction Center operating as a legally independent non-governmental organization in the Kyrgyz Republic;

2. The capacity of countries is built through training highly qualified team of trainers and implementing educational and training courses at national and regional level followed by monitoring of performance of trained professionals and trainers;
3. The training materials are updated on a regular basis in the above mentioned areas. Support is provided in terms of adjustment and distribution of methodological guidelines and manuals;
4. The data base on trainers and organizations which implement HIV/AIDS prevention and treatment programmes is pooled and jointly used by partners.

Priority 6. ***To Improve, Harmonize and Institutionalize Sentinel Epidemiological and Electronic Surveillance Systems***

Sentinel Epidemiological Surveillance

Relevance:

To ensure access to systematic, representative, reliable, comprehensive and cost effective epidemiological information for development, planning, integration and implementation of preventive programmes and efficient control measures over their implementation.

Objectives:

- 1) To assess the HIV spread and prevalence rate in sentinel groups of population by administrative territories based on demographic and behavioral data;
- 2) To monitor trends of HIV spread over certain period of time;
- 3) To identify groups of population exposed to high risk of infection;
- 4) To assess patterns of behavior and risk factors which determine the likelihood of HIV infection;
- 5) To identify epidemic stage of HIV;
- 6) To use standard methods and get access to information on ongoing and regular basis;
- 7) To use obtained data for purposes of development, planning and integration of preventive programmes;
- 8) To project HIV prevalence rates both at regional and national levels;
- 9) To provide information in order to develop HIV control programmes and validate the need for allocation of resources;
- 10) To evaluate effectiveness and efficiency of preventive programmes.

Expected Outcomes:

1. The analytical capacity of existing epidemiological surveillance systems is strengthened enabling for more comprehensive use of accumulated information;
2. The financial and human resources are focused on identifying risk factors for HIV spread among certain groups of population;
3. The obtained data are used for target driven prevention programmes;
4. The HIV prevalence rate is contained.

Electronic Surveillance of HIV and AIDS Cases

Relevance:

To improve statistical system of collection and processing of information and analysis of data on registered HIV cases in an on-line or “real time” mode for organizing AIDS services (Republican, oblast and city AIDS centers)

Objectives:

- 1) To create integrated data base of all registered HIV positive individuals in each country;
- 2) To plan activities related to treatment, care and support to PLWH;
- 3) To estimate current and potential needs for ARV medications;
- 4) To analyze the range of services delivered to PLWHA;
- 5) To estimate and assess the care provided to PLWHA (adherence rate to ARVT and factors affecting such adherence, AIDS morbidity and mortality rates and AIDS indicating diseases);
- 6) To ensure rapid access to information for specialists of AIDS centers (all health and medical information on PLWHA, outcomes of preventive and curative and diagnostic efforts, tests results available to the doctor at his/her job place, at central and local levels, including laboratory tests data and other diagnostic tests regardless of the place of conducting such tests)

Expected Outcomes:

1. The access to evidence based data on registered HIV and AIDS cases is in place, the epidemiological situational analysis of HIV infection and AIDS morbidity rate is conducted and monitoring of ongoing treatment and dispensary follow-up is ensured;
2. The information collection procedures are unified, the scope for rapid information exchange is envisaged, high information value of data is ensured through easy and rapid computerized analysis of individual rather than aggregated data in each country;
3. Aggregated data (epidemiological analysis of the situation) are in place for rapid information exchange between the countries;
3. The likelihood of medical malpractice is reduced due to execution of the list of mandatory diagnostic and curative algorithms by the doctor, which will be monitored by higher ranking professionals – both at oblast and national levels (templates of examination and treatment are designed with involvement of the best professionals and tailored to local contexts and conditions);
4. The quality of medical information is improved due to correct and comprehensive records of medical documentation at AIDS centers in each country;
5. The preventive interventions are improved owing to essential information support to dynamic monitoring as well as dispensary follow-up of PLWHA at AIDS centers in each country.

Priority 7: *To Establish and Develop Regional M&E System*

Relevance:

To enhance national monitoring and evaluation systems as well as to harmonize M&E systems in the Central Asian states which will lay the ground for creation of regional M&E systems in Central Asia.

In order to promote these ideas the M&E Regional Technical Working Group was established with involvement of representatives of all national and international partners. This Group will also facilitate the process of integration of monitoring and evaluation tools which are required in countries.

At the present, there is no properly established information exchange mechanism between the partners in Central Asia covering all groups of stakeholders, organizations and population groups. In order to facilitate such information exchange arrangements and improve access to such information CARISA data base was established. CARISA could serve as M&E tool at the regional level for achieving the regional M&E goals and objectives, as well as achieving these goals and objectives in each participating country separately.

Objectives:

- Under RTWG on M&E to contribute to enhancing national monitoring and evaluation systems in countries of Central Asia, which in its turn will facilitate promoting the idea of establishing regional M&E systems and initiate efforts in this direction;
- To build up capacity in the region to harmonize approaches to monitoring and evaluation in order to improve planning, analysis, response and coordination of efforts on HIV control through strengthening coordination between the partners and delivery of required training and resources;
- To create integrated regional source of quality information on HIV/AIDS information, in order to ensure access to information for national AIDS services providers, ministries of health, donors, non-governmental organizations, PLWH and general public through populating with information the web-portal www.carisa.info

Expected Outcomes:

- The National M&E systems are enhanced and capable to produce appropriate quality information with qualitative data analysis reflecting the real picture of HIV epidemiological situation in countries, thus contributing to depicting full regional picture;
- Outcome-driven approaches are used in the process of planning and implementation of HIV programmes;
- The capacity is built to harmonize approaches to monitoring and evaluation as well as M&E of financial and technical assistance provided by international partners;
- HIV/AIDS related information is available and accessible and transparency of performance of organizations engaged in HIV control in CAR is enhanced.

Priority 8. *Improving and Enhancing Public Health System*

Relevance:

Public Health system in CA countries can be described as fragmented one and consists of 7 vertical services (National AIDS Centers, TB Centers, Narcology Centers, Skin and Venereal Diseases Centers, Sanitary and Epidemiological Service, Republican Health Promotion Centers and Republican Blood Transfusion Centers). The situational analysis implemented in Central Asian countries showed that AIDS prevention services are allocated from the overall health budget from 0.01% in Tajikistan up to 0.1% in the Kyrgyz Republic. The programme based activities on HIV/AIDS prevention is largely supported by international organizations– varying from 75% in the Republic of Kazakhstan up to 90% in the Kyrgyz Republic.

Objectives:

- To establish integrated Public Health System based on strengthened horizontal links between vertical services (National AIDS Centers, TB Centers, Narcology Centers, Skin and Venereal Diseases Centers, Sanitary and Epidemiological Service, Republican Health Promotion Centers and Republican Blood Transfusion Centers);
- To introduce performance driven investment programs in Public Health system;
- To ensure adequate financing of Public Health services;
- To develop Public Health Human Resources;
- To ensure joint activities between Public Health services and all partners at all levels.

Expected Outcomes:

- The existing Public Health system will be improved;
- The enabling environment will be established for a new Public Health system in CA countries.

Priority 9. Financial Resources Mobilization

Relevance:

The efficient implementation of regional initiatives and interventions is not feasible without creating regional partnership structures or coordination arrangements in the region. This structure should be built on partnership backed up by commitments (pledges) of all states and national institutions, international organizations and private sectors in their joint efforts and shared responsibility for mobilizing resources to implement regional strategies. Obligatory regional partnership will facilitate strengthening close cooperation between regional and national response systems, as well as financing, which is vital and critical for successful mobilization (attraction) of foreign investments from international donor-based financial institutions, which in its turn will be of help to donors as well to arrange financing across the region in a rational and harmonized manner.

Objectives:

- To contribute to creating enabling environment for formation of regionally pooled resources with clear process and procedure of allocating funds to countries accounting for specific features of Central Asia. This platform or a structure is established through efforts of countries in the region based on expertise of worldwide best practices and have wide range of authorities to address issues of different sectors in implementation of Regional Strategy;
- To ensure clear information exchange procedures and better coordination of partners' efforts in identifying priority areas of the Regional Strategy for financing;
- To ensure transparent administrative and financial platform which is efficiently operating at the regional level designed to attract, appropriate and rational use and management of financial resources;
- To ensure sustainable earmarking mechanisms, efficient use of financial resources as well as monitoring and evaluation of the progress in terms of Regional Strategy implementation.

Expected Outcomes:

- Interaction and cooperation between partners will enable to efficiently pool goals and financing areas in the region.
- The pooled joint resources will enable to focus on efficient interventions of the regional strategy, achieve better pay-off and improve access to resources of all partners and member-countries.
- Harmonized and coordinated approach to donors' financing will enable to reduce overlapped activities in countries and redundant donors' financing of activities in the region.

5. Regional Strategy Implementation Mechanisms

Experience gained in the area of HIV epidemic counteraction throughout the world as well as in Central Asia shows effective regional initiatives that require united and harmonized efforts at the regional level. Therefore, a Regional Strategy on HIV Counteraction is being developed.

It is proposed that a Regional AIDS Fund (RAF) is established as a Regional Strategy implementation mechanism. The Fund will provide a long-term platform for harmonization of policy at a high level.

Activities of the Regional Fund will focus on implementation of main goals and priorities of the Regional Strategy. RAF will serve as an epidemic counteraction tool whereby support to regional cooperation and national capacity building in the area of HIV counteraction in EurAsEC countries will be at the forefront.

Main objectives of RAF:

- Provide technical, administrative and financial assistance;
- Organize and conduct training, provide information, technical assistance and other forms of capacity building of Parties in HIV/AIDS counteraction;
- Mobilize resources for financing HIV/AIDS control activities implemented by government agencies and non-governmental organizations;
- Assist participating countries in addressing national and international challenges in the area of HIV/AIDS counteraction.

It is proposed that the Regional AIDS Fund is established under EurAsEC as a legal entity with a status of an international organization. A EurAsEC member-state where the Fund will be based shall facilitate activities of the Fund on its territory.

6. Interrelation of the Regional Strategy Priority Areas and UNGASS Key Elements

Priority Areas	Declaration of Commitment to UNGASS
Creating a single legal framework in field of response to HIV epidemic	<ul style="list-style-type: none"> • Leadership • Human Rights
Improving coordination and harmonization of activities held by international donors, organizations and projects	<ul style="list-style-type: none"> • Leadership
Mobilizing and strengthening civil society capacity (religious leaders, non-governmental organizations, mass media)	<ul style="list-style-type: none"> • Prevention
Focusing on the most vulnerable population groups (coverage and priority funding)	<ul style="list-style-type: none"> • Vulnerability reduction
Strengthening capacity (regional training centers)	<ul style="list-style-type: none"> • Treatment, care and support • Prevention
Enhancing, harmonizing and institutionalizing sentinel and electronic surveillance	<ul style="list-style-type: none"> • Research and development
Creating and developing regional M&E systems	<ul style="list-style-type: none"> • Follow-up actions
Enhancing and strengthening public healthcare system	<ul style="list-style-type: none"> • Reduction of social and economic impact
Mobilizing financial resources	<ul style="list-style-type: none"> • Resources

7. Key Events under preparation of the Regional Strategy on HIV Control in Central Asian Countries

- Agreement on Establishment of the Eurasian Economic Community (October 10, 2000)
- Central Asian Declaration of HIV/AIDS Prevention (May 2001)
- Memorandum of Understanding on HIV/AIDS Control between the governments of the states in the region, the World Bank, UNAIDS and DFID (June 28, 2004)
- Decisions on integrating the Organization for Central Asian Cooperation (OCAC) and the Eurasian Economic Community (EurAsEC) into a single structure (October 7, 2005)
- Decision of the Health Council under EurAsEC Integration Committee on Institutionalization on the Regional AIDS Fund in CA under EurAsEC (June 3-4, 2008, Bishkek)
- Resolution of the Third Interparliamentarian Conference of CA countries and Azerbaijan (October 9-10, 2008, Dushanbe) on the need to prepare Regional Strategy on HIV/AIDS
- Resolution of the Third Central Asian Forum of Partners working in the area of HIV epidemic counteraction on main priority areas of the Regional Strategy (October 21-23, 2008, Almaty)
- Decision on creation of the Working Group of the Health Council under EurAsEC Integration Committee on finalizing concept documents to establish the Regional AIDS Fund of Central Asian countries (November 24-25, 2008)
- Meeting of the Working Group of the Health Council under EurAsEC Integration Committee on drafting the Regional Strategy and on finalizing concept documents on establishment of the Regional AIDS Fund of Central Asian countries (February 10-12, 2008, Bishkek)