IMPORTANT LIFE-SKILLS IN THE HIV/AIDS ERA

Source: Listen, Learn, Live! 1999 World Aids Campaign, UNAIDS

When working with people, young and old on HIV/AIDS awareness and prevention, it is important to address underlying issues such as vulnerability. Some of the important life-skills that need to be developed include:

◆ How to make sound decisions about relationships and sexual intercourse, and to stand up for those decisions.
◆ How to deal with pressures of unwanted sex or drugs.

◆ How to recognize a situation that might turn risky or violent.
◆ How and where to ask for help and support.
◆ When ready for sexual relationships, how to negotiate protected sex or other forms of safer sex.
◆ How to show compassion and solidarity towards people with HIV/AIDS.
◆ How to care for people with AIDS in the family and community.

BRIEFS FROM THE REGION

◆ The government of Kazakhstan has approved a National STD Control Board Programme for $140,000.

◆ HIV/AIDS prevention and harm reduction in prisons was one of the main agenda items at the meeting of representatives from the Ministry of the Interior and national oblasts which took place on 18-19 February in Astana. As a result of discussions the Ministry of the Interior agreed to give priority to addressing issues of STD/HIV/AIDS and drug use prevention in 1999. At this effect a pilot intervention project covering twenty penitentiary houses has been developed and resources have been mobilized.

◆ On 25 – 28 February 1999 a multi-donor mission to Karaganda/Temirtau to assess the status of the HIV/AIDS Prevention Project took place. In 1997, in response to the drastically increasing problem of HIV/AIDS infection in Temirtau & Karaganda, UN agencies in collaboration with the government and a private company, began a pilot project. The project has been supported financially and technically by UNDP, UNAIDS, UNDCP, UNESCO, UNFPA, and the private company Ispat-Karmet. The joint mission was an occasion to bring together relevant partners, assess the impact of the project to date and to consolidate and coordinate future plans and activities.

◆ During the 1st Quarter of 1999, 14 new cases of HIV infection were registered in Uzbekistan, 7 new cases were registered in Kyrgyzstan, 52 cases in Kazakhstan. The total number of HIV infection in Tajikistan is 4.

◆ Based on a UNAIDS rapid assessment of the situation with IDUs, CSWs and MSM in five Central Asian cities, new projects have been approved and are ready to be launched in Shymkent, Tashkent and Bishkek. Projects aim to work with vulnerable groups and decision makers in the areas of information dissemination, capacity building, prevention, and advocacy.

On 3-5 March 1999 UNAIDS and UNESCO implemented the Second of a series of five media training workshops in Tashkent. The five workshops are to be conducted within the framework of the UNAIDS funded, UNESCO Almaty executed Project, STD/HIV/AIDS: A Regional IEC Initiative along the Silk Roads of Central Asia. One workshop is scheduled for each of the Central Asian Republics. To date two have been completed: Bishkek, Kyrgyzstan and Tashkent, Uzbekistan. The next is scheduled to be held 13-15 April in Dushanbe, Tajikistan.
EPIDEMILOGICAL SITUATION in the Central Asian Region

One key factor indicating potential rapid increase in HIV infection in Central Asia is the dramatic increase in STDs. During the transition years reported syphilis rates have risen in all Central Asian countries. The most drastic growth has been in Kazakhstan followed by Kyrgyzstan. In Kazakhstan STD rates have increased 110 fold, in Kyrgyzstan 63 fold.

Even more worrying is that STD services in both Kazakhstan and Kyrgyzstan have noted an appearance of congenital syphilis and marked increase in syphilis incidence among children and adolescents.

In **KAZAKHSTAN**, latent syphilis is increasingly being diagnosed through the syphilis screening programmes. The result of this is that the proportion of reported cases of primary and secondary syphilis has decreased from 51% in 1994 to 35% in 1996. A notable incidence of congenital syphilis, 1.1 per 1,000 childbirths, was first reported in 1995. The syphilis incidence among adolescent girls aged 15-17 in Temirtau town was found to be 700 per 100,000 which is 2.6 times higher than the country average, clearly indicating that young people are exposed to unprotected intercourse.

In **KYRGYZSTAN** patients with primary and early secondary syphilis accounted for 25.6% of STD patients in 1995, 19.5% in 1996 and 15.5% in 1997. Before 1995 there was virtually no indication of congenital syphilis. However, the number of cases has grown from 12 in 1995 to 45 in 1997 and 56 within the first eleven months of 1998. Syphilis rate among adolescents 14-17 years old grew two-fold between 1995 and 1997.

Each Central Asian Republic is being affected by the increase in STDs in a unique way. In **TAJIKISTAN** STD services have reported the emergence of “new” risk groups such as military forces and policeman.

In **TURKMENISTAN** for the first time ever in 1996 syphilis rates among women were reportedly higher than among men.

In **UZBEKISTAN** percentages of syphilis cases in primary stage and in early secondary stage are low and declining: from 17% in 1995 to 16% in 1996 and 15.3% in 1997 for primary syphilis, and from 25% in 1995 to 23% in 1996 and 21.7% in 1997 for early secondary syphilis. Uzbekistan STD service refers to a warning trend of STD growth among the rural population. Thirty one per cent of syphilis cases 1998 were registered in rural areas. The STD services believe that this pattern may reflect the burden of poverty and unemployment that leads to migration in search for employment. The rapidly increasing STD rates among women is also alarming. Recently rates have begun to exceed the rates among men. This is viewed as indicative of the growing number of non-marital sexual encounters.

Alongside socio-economic change, erosion of family values and the increase in mobility of populations has occurred in Central Asian countries. This has resulted in significant increase in both casual and commercial sex amongst the populations.

The STD situation in Central Asia is compounded by the late presentation of syphilis patients to medical services. There seems to be no quick solution to this problem. For the facts remain that upon diagnosis, the majority of those with STDs are confined for treatment, and that there is a lack of confidentiality. These factors discourage people from accessing STD service at an early stage.

![Incidence of syphilis, per 100,000 population, over 1991-1998](image-url)
GOVERNMENT PROGRAMME ON STD PREVENTION AND CARE IN KAZAKHSTAN

The government of the Republic of Kazakhstan has recently approved a new programme for the prevention and care of STDs. The programme is supported by the WHO and is in line with the President’s decree of increasing prevention activities. A number of actors are involved in the programme including the mass media, local authorities, the Ministry of Health, Ministry of Education, Travel and Sport, and the Ministry of Internal Affairs.

Programme strategic priorities include:
◆ distribution of information on prevention of STDs and HIV/AIDS
◆ education of general public
◆ education of vulnerable groups
◆ decentralization of STD services
◆ implementation of newly developed WHO treatment model

Decentralization of STD services is to result in services being more accessible to a wider population, including people living in remote parts of the country. Utilization of the WHO model guarantees effective treatment without utilization of expensive laboratory testing.

OVERVIEW of UN ACTIVITIES 1996-1998

RISK AND VULNERABILITY: SITUATION WITH HIV/AIDS, STDs AND SUBSTANCE USE

Substantial economic dislocation in Central Asian countries at the rupture of the USSR has resulted in a number of consequences associated with increased risk of HIV spread including economic hardship, rise in poverty, high mobility of population, decline in the health of the people, and changes in life styles and familial relations.

The first cases of HIV infection in the Central Asian region were detected in the late 1980s - early 1990s. Infection was traced primarily to sexual contact with infected persons residing in countries outside the region. HIV incidence in Central Asia was very low. This fact was backed by extensive data from screening of large population groups. These groups included: blood donors and recipients, persons from behavioural and occupational risk groups, clinically suspected patients, travellers, and foreigners. Results indicated that the Central Asian region had been only slightly touched by HIV.

However, by the middle of 1996, it had become evident that HIV infection was increasing with great velocity in the central part of Kazakhstan, in Karaganda oblast and particularly Temirtau town. HIV prevalence in Kazakhstan over 1995-1998 increased 163-fold. The explosive growth is attributed mostly to a localised outbreak among injecting drug users in Karaganda/Temirtau. It must be noted through that although Kazakhstan faces a concentrated epidemic among IDU in central part of the country, all oblasts have become affected.

Given the existence, throughout the Central Asian region, of factors that tend to facilitate the spread of HIV, such as STD epidemics and increase in drug trafficking and usage, the threat of a rapid increase in the prevalence of HIV/AIDS in the region is a very serious one.

WOMEN AND CHILDREN, A DUAL VULNERABILITY

Source: UNAIDS Briefing Paper “Children and HIV/AIDS”

During 1998, 5.2 million adults became infected with HIV, nearly half of whom are women. Women of childbearing age make up an ever-increasing proportion of people with HIV worldwide - a trend that reflects their biological and social vulnerability to infection. Longstanding legal, economic and societal manifestations of gender discrimination and inattention to their sexual health influence women’s vulnerability to HIV considerably.

Reducing the vulnerability of infants to infection with HIV demands the same kind of action as reducing the magnitude of sexual transmission to women. The human rights of women must be fully promoted and protected. Such an approach encompasses the ability of all women, whether or not infected with HIV, to make and carry out decisions as to their reproductive and sexual health, including the avoidance of unplanned and/or unwanted pregnancies.

Of the more than 4 million infants and children under 15 years infected with HIV since the beginning of the pandemic, over 90% acquired the virus through HIV positive mothers - through the birth process or breastfeeding. Not all children born to HIV-positive mothers become infected, most studies suggest that the probability that an HIV-positive women’s baby will be infected ranges from 15-35%. Statistics show the poorer the country, the higher the rate of infection among newborns.
POLICY FRAMEWORKS IN THE AREAS OF HIV/AIDS, STD AND DRUG DEMAND/HARM REDUCTION in CENTRAL ASIA

Following the National HIV/AIDS Policy Consensus Conferences that took place in 1995 in countries of the sub-region, Central Asian Republics embarked on a strategic planning process for HIV/AIDS and STDs. The strategy development exercise aimed to substantially revise pre-independence HIV policies that had been based on the principles and policies of the former USSR. These included, as main priorities, epidemiological surveillance through massive mandatory testing, case finding and contact tracing, and control over risk behaviour groups. Such an approach lacks a preventive focus, and does not promote multi-sectoral and multi-level partnerships. Thus was unfit for focused interventions aimed to assist vulnerable groups and geographic areas where the problem of HIV is greatest.

The process of strategic planning was supported by a series of UNAIDS-assisted workshops on programme development and has taken approximately two years for most of the Central Asian countries to formulate the progressive three to five year HIV/STD programmes.

In two countries, Tajikistan and Kyrgyzstan, the National Programmes on HIV/AIDS and STD Prevention have already been formally adopted. In two others, Turkmenistan and Uzbekistan, the Programmes are expected to be approved shortly.

The strategic planning process in Kazakhstan has been a special case. Although, unlike in the other four countries, no substantial revision of the pre-independence HIV policy has yet been made in Kazakhstan, an important development was the formulation and formal approval of two important strategic documents: the National Healthy Lifestyle Development Strategy (HLDS); and the Integrated Programme of HLDS Implementation in the areas of reproductive health/family planning, HIV/AIDS, STD and drug abuse prevention. Both documents have placed HIV/AIDS, STD and drug demand/harm reduction higher on the country development agenda and have opened up possibilities for comprehensive revision of relevant sub-sectoral policies in a broader and more integrated strategic context.
PREVENTION THROUGH EDUCATION SYSTEM

SCHOOL BOOK ON HEALTHY LIFE STYLE, AN EXPERIMENTAL PROGRAMME IN KYRGYSTAN

Within the framework of the World AIDS Campaign, “Listen, Learn, Live,” the Ministry of Health has prepared and approved training of medical experts and the general public on issues surrounding HIV/AIDS, with an emphasis being placed on prevention. A number of activities specifically designed for youth are also occurring. Medical doctors from the Republican AIDS Centre in Bishkek conducted a lecture for high school students. The lecture, “Marriage and Family,” addressed issues of sexuality, sexual relations, and STDs/HIV/AIDS.

The UNDP has financially supported the production of a 20-minute documentary addressing drug use, STDs/HIV/AIDS, specifically designed for youth. A schoolbook entitled “Experimental School Programme on Healthy Lifestyle Formation” recently went to print. Seven hundred copies are to be produced and distributed throughout Kyrgyzstan.

PARTNERSHIPS IN PREVENTIVE SCHOOL EDUCATION EXPAND IN KAZAKHSTAN

Several initiatives have been undertaken in developing a preventive education curriculum in Kazakhstan. As a result, two modules embracing the issues of high relevance for HIV/AIDS, STD and drug abuse prevention have been introduced. Considering the extreme competition for curriculum space, this is a great accomplishment. This success can be largely attributed to the participatory inter-sectoral approach that stresses both a broad forum for discussion of curriculum content and advocacy for new curricula approval.

An NGO, Kazakhstan Medical and Pedagogical Association, has taken the lead in the development of the school curriculum on moral and sex education. The Association was set up in 1996 in order to consolidate the efforts of health professionals, teachers, journalists and youth leaders in promoting sex education among youth. The NGO conducted a survey among school students to analyse sources of information about risks associated with unprotected sex and to identify gaps in knowledge. Based on survey findings, a curriculum for grades I through XII and an instructional manual for teachers were developed. The curriculum and manual have been developed with the support of the UK Know How Fund, and recently approved by the Ministry of Education, Culture and Health for introduction into the school system.

In addition to curriculum and instructional materials development, the NGO has built the capacity of a core group of trainers: doctors, paramedics and medical students. The trainers have in turn embarked on teacher training.

SCHOOL EDUCATION ON SAFE BEHAVIOUR TO TRANSLATE INTO LOWER RISK OF EXPOSURE TO STDs, HIV, AND DRUG ABUSE IN UZBEKISTAN

Three modules in school curriculum designed to promote moral and family values and cover important issues of HIV/AIDS, STD and drug abuse prevention have been introduced into the school system in Uzbekistan: Culturology; Human Health; and Ethics and Psychology of Family Life. Innovative approaches in the sector also include establishment of a course for parents entitled ‘Parents’ Universities.’ The course encourages continuous dialogue between teachers and parents thus reinforcing mutual efforts in promoting safe behaviour among children.

Teacher retraining through a network of post-diploma institutions at both central and local levels, has been promptly adapted to respond to the needs in teaching these new courses. Teachers’ skills are upgraded through post-diploma training either through a 1-month long refresher course or an 8-10 month retraining course. In addition, counselling specialists have existed in all schools since 1996. Extracurricular activities such as sport and cultural events, and summer camps are viewed a powerful instrument for promoting safe behaviour among children.

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This experience presents a notable example of how safe behaviour can be promoted in school settings in Asian countries where addressing behavioural aspects associated with unprotected sex or drug use is a highly sensitive issue.
CAR MAJOR ROUTE FOR ILLICIT DRUG TRAFFICKING

The Central Asian sub-region has turned into a major route for transit of drugs from Afghanistan, accounting for 58% of world illicit opium production in 1997, to Western Europe and the USA. Weak control on borders, limited capacity for effective interdiction efforts, and deficiencies in law enforcement systems contribute to the perception of a relatively low risk associated with illicit transit in the region. These factors are compounded by advanced transport communications and transparent interstate borders within Central Asia that facilitate drug trafficking.

The 1997-98 Annual report of UNDCP Regional Office for Central Asia refers to a significant rise in drug trafficking in recent years. Tajikistan is seen as a key conduit for illicit drug trafficking in the region due to the political and economic instability. The country has been profoundly affected by the consequences of civil war such as the collapse of the national economy and the dramatic increase in poverty amongst the population. Thus rehabilitation service for drug addicts. The Programme seeks to enable comprehensive assessment of the magnitude of the problem of drug abuse; to significantly strengthen IEC activities that the National Drug Control Commission, in cooperation with relevant sectors, has begun to promote; and to promote progressive legislation on medical and social rehabilitation of drug addicts including legitimization of anonymous service.

In TAJIKISTAN, despite the difficult internal situation, the Government has taken steps to develop an anti-drug strategy. The new drug control plan includes addressing social problems that contribute to the escalation of drug abuse and to the improvement of treatment and rehabilitation services for drug users.
Launch of the 1999 World AIDS Campaign

«LISTEN, LEARN, LIVE»

Listen to children and young people, hear their views and concerns, and understand what is important in their lives.

Learn from one another about respect, participation, support, and ways to prevent HIV infection.

Live in a world where the rights of children and young people are protected and where those living with HIV/AIDS are cared for and do not suffer from discrimination.

The launch of 1999 World AIDS Campaign “Listen, Learn, Live” is in progress in the five republics of Central Asia.

In KAZAKHSTAN the 1999 World AIDS Campaign was launched on March 24th. More than 30 media representatives as well as the head of the Republican AIDS Centre, Deputy Director of the Healthy Lifestyle Centre and the Head of the UN Theme Group on HIV/AIDS for Kazakhstan were in attendance. At the launch of the campaign a number of important issue were addressed including: the value cooperation; necessity of intensification of the actions; the impact of IEC on behavioral change and the importance of devoting greater attention to solving the problem of drug trafficking.

In UZBEKISTAN the 1999 World AIDS Campaign was launched on March 17th. Over 30 officials, UN representatives, international and national journalist, and community leaders gathered at the launch. Questions and discussion lasted for over one and half hours.

In TURKMENISTAN the Campaign was launched on April 17th. Over 300 representatives of the student population, governmental institutions, ministries, mass media and NGOs gathered at the launch in Ashgabad.

The Campaign has also been launched in KYRGYZSTAN.

KYRGYZSTAN: NGO/GOVERNMENT PARTNERSHIP IN ACTION

The concept of promotion of NGO/Government cooperation to assist vulnerable groups came into realization with strong support from the National Programme in Kyrgyzstan. The concept is based on the understanding of the need for NGOs and governmental partners to collaborate. Each party has a specific role to play in a manner that complements the other. NGOs and CBOs facilitate people’s access to the Government’s preventive and care services and reinforces them with peer education. The state health services, through this partnership, are becoming increasingly aware of the importance of trusting relations with vulnerable groups and improving capacity to meet their particular needs.

Example 1: Men who have Sex with Men (MSM) NGO OASIS. A group of young MSM has been voluntarily cooperating with the National AIDS Centre in Bishkek, Kyrgyzstan since 1995. In 1997 the partnership was significantly strengthened when the group registered as an NGO and began to work on joint programmes with the Centre. Activities have included: conducting a KAPB survey among MSM and preparation and publication of twelve different booklets on safe sex behaviour. The NGO has begun to produce a monthly bulletin Infodrom.

The National AIDS Center, as Secretariat to the National HIV/AIDS/STD Coordination Committee, ensured participation of the NGO in three workshops for local-level HIV/AIDS coordination committees on programme development and management, and technical skills enhancement.

Example 2: NGO SOCIUM working with Commercial Sex Workers (CSWs). The NGO operates in Bishkek and actively collaborates with national AIDS service in the area of information material development, dissemination and condom distribution. The trust that the NGO enjoys among its target population enables peer education and group trainings on HIV/STD prevention among commercial sex workers (CSWs). Since 1998 the NGO has been collaborating with the National STD Service. The service provides CSWs with confidential ambulatory and other services free of charge. Ob/gyn trust points and free legal advice have also recently been made available for CSWs.

STRUCTURAL COLLAPSE SETS THE SCENE FOR THE RAPID SPREAD OF HIV/AIDS AMONG YOUNG PEOPLE

Children and young people in Eastern Europe and Central Asia are increasingly sharing drug-injecting equipment and engaging in unprotected commercial sex as early as 12 years of age. With the economy in many countries continuing to crumble and with unemployment rates soaring, the young are increasingly relying on alternative sources of economic and emotional sustenance. Many escape into alcoholism and drug use; others turn to the streets, to commercial sex and to criminal activity to earn money for their needs. Although current rates of HIV infection in the region are low compared with the shocking rates in some African countries, the region is ripe for an explosive AIDS epidemic unless effective preventive measures are urgently put into place.

The 1999 World AIDS Campaign, Listen, Learn, Live! highlights the urgency of listening to children and young people so as to engage them effectively in action to protect their rights and reduce their vulnerability to HIV infection. With over six new infections occurring worldwide among young people every minute, and with the increasing numbers of young injecting drug users and young sex workers in Eastern Europe and Central Asia, there is an urgent need for governments to commit to change. To avert a runaway epidemic, these changes need to include: education for all children, including those living in poverty; implementation and expansion of lifeskills education, youth friendly services, and harm-reduction initiatives such as HIV education and needle-exchange programmes to reduce risk among drug users; easy access to condoms and to STD treatment; and greater economic opportunities for young women so that they are not forced into prostitution for economic survival.
TEMIRTAU STORY

Karaganda and Jezkazgan oblasts are two highly industrialised provinces that form the Central Kazakhstan region. Main industries include coal mining and metallurgy. The flagship enterprise is the steel plant in Temirtau town of Karaganda oblast. The Temirtau plant was one of the largest steel producers in the former USSR but following the breakup of the Soviet Union and the loss of input supply and markets the plant town, a typical one-company town, faced severe social and economic problems. In November 1995 the steel plant was bought by the international Ispat group. In response to shrinking market for its products, Ispat-Karmet in Temirttau decreased the coal production by 30% and started massive reduction in manpower targeting a decrease of 20 thousand employees, by the year 2000. According to estimates of the local administration, another 30 thousand miners in the town are expected to lose jobs shortly. For the one-company town that has a total population of about 150 thousand the situation is weak. Problems are compounded by the fact that since mid-1996, a concentrated HIV epidemic and rocketing drug use spread have emerged. This could result in disastrous consequences.

An upsurge of injecting drug use among young people who were left unemployed and without hope for the future has led to the HIV outbreak and remains a fuelling factor for the further spread of infection. It is estimated that at least 3,000 of the 32,000 youth aged between 15-29 in Temirtau inject drugs. At least 2,000 others are believed to smoke marijuana, with a potential for switching to injected drugs. The behavioral information gathered in Temirtau by the national sociological agency BRIF with UNESCO technical back-stopping in October-December 1997 has shown the drastic change in lifestyles among youth. Respondents from among young people, both in-school and out-of-school, believe that in Temirtau:

- drug addiction among youth is high: about 30-40% of adolescent boys and 15-20% of girls between 18-25 y.o. use drugs; increase in drug use among 14-18 y.o. is also notable
- active involvement of teenagers into drug use by peers and drug dealers is wide spread
- drugs are cheap and easily accessible
- alcohol use is on rise among youth and children and often starts from 10-12 y.o.
- the major reasons causing the use of drugs and alcohol is an inability to cope with endless chain of problems including lack of jobs and income, health problems, difficulties in the family and problems with the police
- the real number of HIV-infected drug users is much higher than reported as drug addicts seek to hide from the authorities.

MAJORITY OF SEROPOSITIVE IN KAZAKHSTAN ARE UNEMPLOYED, MALE AND USE DRUGS INTRAVENOUSLY

In KARAGANDA region there are 756 registered cases of HIV infection, 709 of which are in TEMIRTAU. The number of AIDS patients is 18, 8 of whom are children under the age of 14 years. To date 48 HIV infected people have died, 21 of whom died of AIDS. 91% of HIV positive people in Karaganda region contracted the virus through the use of intravenous drugs, 76.5% were male, 22.8% female.

During the first four months of the current year, there were 78 newly registered cases of HIV infection. During the same period in 1998, there were 135 cases. When looking specifically at Karaganda and Temirtau, the situation in the first quarter of 1999, the increase of infection is significantly lower than the same time period in 1998: 64 in 1999 in Karaganda as compared to 111 in 1998. And in Temirtau 63 and 108 respectively.

In the Republic of KAZAKHSTAN there are 893 registered cases of HIV infection, 25 AIDS patients. 11 cases of HIV infection are among children under 14 years old. 84.8% of cases resulted from IDU. 57% of those infected are between the ages of 20-29 years old, 14% are 15-19 years old. 77% of those infected are unemployed, 79% are male.