



## Briefs from the region

### Global Fund

- The proposals from Kazakhstan and Kyrgyzstan for the second round of the Global Fund, were approved, awarding Kazakhstan a total of 22,360,000 USD, and Kyrgyzstan 17,073,000 USD for implementation of their respective national strategic programmes on HIV/AIDS prevention.
- Tajikistan was the first country in Central Asia to get approved their application to the Global Fund. Tajikistan will receive 2,425,245 USD for the period 2002-2005, which will support the implementation of the National Strategic Plan.

### National Strategic Planning

- Tajikistan approved their National Strategic Plan on HIV/AIDS Prevention on 27 September 2002.
- Kyrgyzstan is in the process of preparing sectoral ministerial programmes, based on the National Strategic Programme.
- In Turkmenistan, the government national strategic planning process is in progress. Four regions have been selected to conduct situation and response analysis, and a multi-sectoral team has been established under the leadership of the MoH for development of the NSP.
- The development of Uzbekistan's National Strategic Programme was finalized in June 2002. The results of the situation and response analysis, and other issues related to NSP and the establishment of the National Coordination Council on HIV/AIDS and its technical working groups were discussed by UNTG and national partners in July. The final draft is being approved by the Prime Minister's office.

### Other Developments

- As the second country in Central Asia, the Kazakhstan has approved pilot methadone substitution therapy, which will be piloted in two selected regions with high HIV-prevalence – Pavlodar and Karaganda.
- Kazakhstan has introduced two very

positive changes in legislation; in July 2002, anonymous and confidential testing for all was introduced. And following a September 2002 decree from the Head of the Penitentiary Committee under the Ministry of Justice, the practice of forced testing in prison was abolished.

- In Kyrgyzstan, an NGO working for the support of PLWHA was established in Bishkek with the support of the Republican Aids Center. (see article)
- During 2002, three needs assessments have been undertaken for vulnerable groups in Turkmenistan, with technical assistance by UNAIDS/WHO. The assessment of MSM was completed in April, of injecting drug users in May, and among commercial sex workers in June. The result of the assessment will support the development of the National Strategic Program.
- In Uzbekistan, a pilot project on HIV/AIDS prevention in the armed forces, was developed by request of the MoD. The UN Theme Group provided support through UNAIDS Humanitarian Unit in development of the project.

### Recent Events

- UNICEF has identified HIV/AIDS as one of the five organizational priorities for its Global Medium Term Strategic Plan 2002-2005, and conducted three sub-regional training workshops in 2002. The aim being to build capacity of health workers, educators, young people and decision-makers to ensure a supportive environment for young people and establish a strong network of youth friendly services and resource centers. Life Skills Based Education, Peer Education and Youth Friendly Services are integral parts of this approach. The first session dedicated to Young People's Health Development and HIV/AIDS in April was followed by a workshop on Life Skills Based Education in June. The third training seminar took place in October, and offered sessions on Peer Education.
- On October 14-16, a three-day conference in Dushanbe, Tajikistan on *Health Security in Central Asia: Drug Use, HIV and AIDS* was organized by The Open Society Institute with support from the Ministry of Foreign Affairs of the Netherlands. The conference focused primarily on the problems of the

HIV/AIDS epidemic, drug use and trafficking and associated health and social consequences. The conference highlighted effective public policies, best-practice public health interventions and protection of human rights.

- On 26-27 October, UNESCO conducted a regional working group in Almaty under the umbrella of Education For All (EFA), a program under which all countries are to produce their national action plans. The working group dealt with the issue on how to introduce HIV/AIDS into these plans. The participants were teachers and representatives of the Ministries of Education.
- A regional conference on working with vulnerable groups took place in Almaty 13-14 November 2002. The participants came from all project sites and included representatives from AIDS centers, vulnerable groups, and project staff, as well as representatives from UNAIDS co-sponsors, and national and international NGOs.
- A UNAIDS joint mission focusing on HIV-prevention among IDUs, consisting of representatives from WHO, UNAIDS, UNFPA, UNODCCP and UNICEF visited Kazakhstan from 11-15 November.

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**"Discrimination and stigma continue to stand as barriers. Stigma harms. It silences individuals and communities, drains their strength, increases their vulnerability, isolates people and deprives them of care and support. We must break down these barriers or the epidemic will have no chance of being pushed back." Peter Piot, Executive Director, UNAIDS**

*This issue of "Into Focus" is devoted to the theme of the two-year World AIDS Campaign 2002-2003, "Live and let live". The Campaign will encourage people to break the silence and remove stigma and discrimination as barriers to effective HIV/AIDS prevention and care.*

*Apart from certain variations in legislation and the economic situation, there are hardly any difference between the problems faced by people living with HIV/AIDS (PLWHA) and vulnerable groups in Tajikistan, Uzbekistan, Kyrgyzstan and Kazakhstan. It is a daily struggle against rejection, stigma and discrimination in private and professional life, no access to medication, and no adequate support structure. In Uzbekistan, UNAIDS has received several letters from PLWHA, extracts of which we present on page 5. From NGOs in Kyrgyzstan we received information about cases of harassment of the particularly vulnerable groups commercial sex workers (CSW) and men who have sex with men (MSM). Temirtau in the north of Kazakhstan is the city in Central Asia, which has been worst hit by the epidemic. NGO Zhapagat is working there to provide support to PLWHA, read the article on page 4.*

### **KYRGYZSTAN "VZGLAD"**

In Kyrgyzstan, as a response to the World AIDS Campaign, in August this year "Koz Karash" or "Vzglad" was inaugurated as Kyrgyzstan's first, and Central Asia's second, organization supporting people living with HIV/AIDS.

"We grew up in an environment of hostility towards HIV infected people, but we changed our views on the disease when close friends of ours were infected," says Dinara Abrakhmanova and Nurlan Shonkorov who are co-founders of this pioneering social support in the Kyrgyz republic.

"Discrimination of people living with HIV/AIDS is a product of people's ignorance and misinformation about the disease," says Nurlan Shonkorov. "There are lots of stereotypes and wrong ideas in society about who gets infected as well as how HIV is transmitted. Stigma and discrimination are also major obstacles to effective HIV/AIDS prevention and



Members of NGO "Vzglad"

care. This is something our organization wants to change."

Nurlan and Dinara are two young, enthusiastic Kyrgyz citizens deeply engaged in changing society's misconceptions about the disease and providing support to PLWHA. As most people that lived in the Soviet Union, Dinara and Nurlan grew up in an environment of prejudices and fear of the disease. "We were told that AIDS was a disease that flourished among "bad people" in Africa, US and Europe," Dinara says. "Schoolteachers and Soviet newspapers and TV programs spread fear and misconceptions among its citizens. People living with HIV/AIDS were pictured as dangerous skeletons spreading a lethal disease. HIV infected people were seen as evil and degenerated, and non-infected were pictured as innocent targets. Until not many years ago, we more or less shared these opinions.

But Dinara's and Nurlan's understanding of HIV/AIDS completely changed when HIV/AIDS became a close reality - they were confronted with the fact that friends of them were HIV infected. "That is why we have named our organization "vzglad", says Nurlan. "—we want to change people's fears and prejudices about HIV. We want to make people understand that PLWHA are human beings like you and me. They have the right to be treated with the same respect and dignity as anyone else in society. It is easy to discriminate against a group of people that you think that you will never belong to. But when people understand that anyone can become a victim of HIV — they usually start thinking differently about those who suffer from it."

At first, Dinara's and Nurlan's friends were so afraid of discrimination that they

refused even to go and see a doctor. So Dinara and Nurlan started to support their friends and encourage them to seek medical help. They established contact with the National AIDS Center in Bishkek where they met with medical staff that treated them with respect. "The medical staff started talking about the necessity of offering counseling and psycho-social support for people living with HIV/AIDS. There were no such services available in Kyrgyzstan, and PLWHA are in great need of psychosocial support, being offered in a non-judgmental environment. But there is also great need for medical services and juridical counseling", says Dinara. "So encouraged by doctors at the National AIDS center, we started thinking about the possibility to start a support group for PLWHA."

Dinara and Nurlan got in contact with the manager of the joint UN/Government Program on HIV/AIDS. Through the program, they started learning about HIV/AIDS by participating in a variety of seminars and workshops.

"Now, we are actually the ones who are conducting some of the workshops", says Nurlan. "Tomorrow I'll be giving a seminar for medical doctors who work with PLWHA on counseling and respectful and confidential treatment of patients." "Vzglad" is now one of several NGOs representing civil society under the Joint UN Programme on HIV/AIDS. Vzglad's idea is to offer a variety of services for PLWHA in a non-judgmental, friendly and confidential environment. Psychosocial support, medical services and juridical services are the three most important issues. Discrimination is also a top priority on Vzglad's agenda. The more taboo HIV is in a society, the more difficult it is to conduct prevention activities and reach out to people on how to protect oneself from getting infected. The less people know, the more they fear HIV and the worse they treat HIV infected people.

"Ironically, we do not have many known cases of discrimination in Kyrgyzstan", says Nurlan. "But this is just a proof of how secret and covered-up HIV is in our country and in the whole Central Asian region. HIV is seen as something so terrible, that people are absolutely terrified of disclosing their status."

Nowadays it is recognized that HIV is an increasing problem in Central Asia, but media continues to picture HIV as an exclusive problem among drug-users, pros-

titutes and homosexuals. Nevertheless, Dinara and Nurlan have met HIV infected people who do not belong to any particular group. "We have met many people, young people, who we would call just "regular" who have become infected with HIV. Some of them are totally shocked. They have no idea how they became infected. Some of them have just tested drugs one single time, and gotten infected by a needle. Some have had sex without using a condom with someone who did not know that they were infected".

With its focus on stigma and discrimination, Vzglad will encourage people to break the silence and the barriers to effective HIV/AIDS prevention and care. Only by confronting stigma and discrimination will the fight against HIV/AIDS be won.

**For more information, please contact Vzglad at [Dinara999@hotmail.com](mailto:Dinara999@hotmail.com) or [Shonkorov@rambler.ru](mailto:Shonkorov@rambler.ru)**

*Summary of an article by Mia Rimby, UNDP Kyrgyzstan. The complete article will be published in UNDP publication "Dialog" No. 3, February 2003.*

## TAJIKISTAN

Tajikistan has so far not registered more than 75 cases (1 Nov 2002) of HIV infection, but there are already emerging reports about hostile attitudes towards HIV-positive people and several cases of breach of confidentiality on the part of medical staff.

According to the staff of the National Center for HIV Prevention, they have not yet received information about cases of discrimination of people living with HIV in Tajikistan. However, it is recognized that there is a lack of information on this topic, especially regarding HIV-infected persons in penitentiary institutions, and their situation.

The following information was received from a USAID staff member who during a visit to a rayon in North Tajikistan, came upon the following case:

"In this rayon there are a few HIV-cases registered and, due to breach of confidentiality, everyone knows about the identity of these people. They have become outcasts of the local community and are being physically driven away if they show up at the bazaar or on the bus-stop. People say about them that it is their own fault that they got infected and that they should not go where there are other people in order not to infect others."

According to information received from the IFRC, in one rayon in the south of Tajikistan, one HIV-positive man, 34 years old is living practically in complete isolation. The local community is aware of his HIV-status and rejects any contact with him. He is unemployed, has been rejected by his family and has no means of subsistence.

The above mentioned cases illustrate a clear breach of confidentiality regarding HIV-status on the part of the local medical staff and/or other authorities involved, and indicates a serious lack of knowledge and understanding of the problems faced by PLWHA in Tajikistan. These cases also highlight the need to educate the local community about such basic issues as how HIV is transmitted, and provide professionals with information about the special needs of people living with HIV/AIDS.

In spite of efforts made by the government, there is still wide-spread harassment of vulnerable groups, and homosexuality is still criminalized in Tajikistan.

Another incident was reported by the manager of the pilot project WHO/EURO/UNDP "Reducing the risk of HIV/STI infection among CSW and their clients" in Dushanbe.

"Two months ago, Zarina, 19, volunteer of the project, was detained by the police on the street in Dushanbe, beaten and kept in investigatory isolator for 20 days, without any other charges than being accused of prostitution. The manager of the project got worried when the volunteer did not appear at the project site for several days, and managed to locate her. Only after appeals to the police from the project side, the volunteer was released."

Such cases are not unique, on another occasion several CSW involved in the project where also beaten on the street by the police, all their money was taken away from them, and they had to spend the night at the home of one of the project staff.

These cases show that the social environment, and also the attitude of law enforcement institutions towards CSW, is still hostile. Such practices are not conducive to a favourable environment for implementing and expanding prevention programs among vulnerable groups, and a change of attitude is crucial. Review of the legislative basis is one priority area which can have an impact, and also close cooperation with, and training for law enforcement institutions.

## INTERNATIONAL FEDERATION OF RED CROSS

IFRC together with the National Red Crescent Society in Tajikistan are now implementing activities focusing on stigma and discrimination. These are the first activities of this kind in the country. In July, a Training of Trainers were conducted on the problems of HIV, stigma and discrimination. 15 trainers from all over the country were introduced to how to effectively present HIV related information to young people. These trainings will be replicated for peer education volunteers in the field. One whole day was devoted to the issues of stigma and discrimination, with interesting discussions in the working groups. The participants presented numerous examples of stereotypes and prejudice related to HIV and vulnerable groups, and ways to overcome such thinking.

The evaluation of the training included the following observations

- Many people do not have sufficient information about how HIV is transmitted, and this is one of the reasons for the existing stigma and discrimination. Why can people tell openly that they have hepatitis B or C, which are also very serious diseases, also transmitted through blood or sex?
- The beginning of the epidemic saw much incorrect information about HIV, which was used to incite fear, instead of providing objective information.
- During the seminar, the participants concluded that not only people who are not involved in HIV/AIDS prevention need to have more information about discrimination and ways to decrease it, but also people who are directly involved in prevention work; For example, pamphlets and posters on HIV prevention often contain elements of stigma (pictures of young girls dressed in mini skirt is understood by some people to mean that only prostitutes can get HIV etc.) Participants decided to continue education on anti-stigma beginning with themselves, in the process of preparation of information materials or conducting campaigns, the issues of stigma and discrimination should be first priority.

**NGO “Zhapagat”, working for the support of PLWHA in Temirtau, Karaganda Oblast, Kazakhstan**

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*From the time of the first registered case in 1991, there have so far been more than 1000 cases of HIV-infection officially registered in Temirtau, an industrial city of 170 000 inhabitants, with rampant unemployment and high level of drug abuse among young people.*

Despite the fact that Temirtau is the city in Kazakhstan hardest hit by the HIV-epidemic, and have more than 1000 families already directly affected, this does not yet seem to have generated the necessary comprehension and understanding of the problem among a large number of the general population, who still react with hostility and lack of respect towards HIV-positive persons. Cases of discrimination are rampant from official structures, which are supposed to provide services to the population (City Interior Department, City Health Department, Social Security Department) and there are still not sufficient efforts, nor appropriate legislation in place, to put a stop to discriminatory practices.

The current legislation discriminates against HIV-infected people, both the AIDS law which is currently under review, and several other legislative acts and internal regulations.

- HIV-positive persons are banned from holding a medical, pharmaceutical or service-related profession
- The criminal code has a separate article foreseeing criminal liability for infecting, or putting someone in danger of HIV-infection. No corresponding articles exist for other equally infectious or deadly diseases. This means for instance that in the case of sexually transmitted diseases, a person with HIV-infection cannot seek medical aid, because he could face criminal charges for exposing his partner to the risk of HIV-infection.
- HIV-positive tuberculosis patients are being separated from other TB patients, thus breaching the required confidentiality as regards their HIV-status.

In order to obtain the right to free medical aid, people with HIV have to have a certificate from the city aids center, revealing their HIV-status, and consequently putting them at risk of being rejected by medical service providers. Rejection by medical staff is not an exception, but common practice. A normal answer in the hospitals is “you need to see another doctor, come back tomorrow”. The next day another doctor answers the same thing. There were cases where HIV-positive persons have been subjected to insults from medical staff, calling them junkies and AIDS people.

This constant struggle to obtain even basic social rights and a minimum of respect, very effectively impedes people from wanting to find out about their HIV-status. The only thing you gain is having to face a wall of discrimination and rejection, without even being offered the necessary anti-retroviral therapy to help fight the infection. Such a society is directly contributing to a more rapid spread of the virus, and not to contain it, as many falsely believe.

For someone who has been infected with HIV, it is imperative to have a healthy lifestyle, in order to keep up the strength of



*Nurali Amanzholov, Zhapagat, and visiting consultant Vladimir Zhovtyak, All-Ukrainian Network for PLWHA*

the immune system, and this includes physical activity. For several months, the administration of sports facilities in Temirtau tried to deny access to the premises for a group of HIV-positive. This issue has now been solved, but goes to show yet another example of unnecessary struggle for the infected.

Another crucial topic is the lack of access to anti-retroviral drugs. In Temirtau today, only 26 persons receive ARV, whereas this should be a fundamental right for all HIV-positive. The local AIDS centers regularly refuse to provide their clients with accurate information about their CD4 count, even upon request. Clients are normally being told that “it is fine”, or “you will still live”. This kind of misunderstood protection of clients prevents them to take charge of their own situation, in terms of changing the way they live in response to the test results. Everyone has the right to know about their results, and this practice should be immediately abolished.

A long-called for pilot project providing methadone substitution therapy to HIV-positive persons who suffer from drug dependency, will soon start working in Karaganda. It is hoped that this will increase their quality of life, and reduce the number of persons engaging in illegal, activities in order to satisfy their dependency.

Even today, high-level scientists publicly propagate isolation of HIV-positive persons, based on the illusionary argument that other people have the right to live in an environment with no risk of infection. It is clear that such types of irresponsible statements are beyond criticism, and are purely based on prejudice and ignorance. However, the fact that such statements for the most part go unanswered, causes people with HIV to lose faith in authorities, something which has a strong negative effect on the implementation of prevention programs.

In order to be effective, protective legislation that protect individual rights and interests, must incorporate a prohibitive element that imposes certain penalties for non-compliance, for instance dismissal from work (on the part of employers, law enforcement officers, prison administration, medical staff). As long as impunity is the norm, there will never be an end to discriminatory practices. Legal remedies with regard to discrimination and breach of confidentiality must however be recognised as dealing only with the symptoms of the problem and not with the cause, which lies with community prejudice and lack of sensitivity to the rights and needs of vulnerable groups and people with HIV.

## UZBEKISTAN

***"I never knew that people with HIV and AIDS needed to be exterminated"****(Letter from HIV-positive person living in Uzbekistan)*

UNAIDS in Uzbekistan has received several letters from people living with HIV/AIDS, which testify to the amount of harassment and violation of rights they have to face on a daily basis.

The main legal act dealing with HIV/AIDS in Uzbekistan is the law of 19 August 1999, on "Prevention of the disease, caused by HIV (HIV-infection)". However, the articles dealing with protection and support for HIV-positive are very often not observed. There are frequent violations of several of the guarantees stipulated by the law, especially as regards confidentiality, access to employment or medical institutions, and free of charge medical treatment.

There have been several cases where staff of law enforcement and medical institutions have intentionally revealed confidential information to neighbours and social circles about a person's HIV-status. In some cases, the HIV-positive persons were informed about their test-result through an open telegram. Although this is in clear breach of article 4 of the law on HIV/AIDS, there have so far been no legal or administrative measures taken to prevent or rectify such actions. "...the Government ensures secure, confidential and anonymous medical examination..."

*"I have a friend who is working in the local akhmat. She told me that they are given lists of HIV-infected people who live in the district."*

After disclosure of positive HIV-status, the person would practically always lose his work, and often face rejection from family and friends. The loss of work, and at the same time losing social ties, means for the infected to be left on the street without any means to support himself. Other common discriminatory practices is refused access to surgery, dental care or other medical aid. There have also been cases of harassment by law enforcement officers, where they have tried to literally evict HIV-positive persons from their districts, under various pretexts, like problems with documents.

*"Our police officers are telling everyone that I am HIV positive. After this I started having problems with my neighbours and friends"*

Article 9 states that "persons infected with HIV...have the right to humane treatment, free of charge provision of medical and social aid..."

This is another example of how legislative acts do not translate into any real protection of rights. There is a general lack of provision of medical and social aid. Even humane treatment, which does not require any funds or materials, is lacking. HIV-positive persons are regularly rejected by medical institutions, and there is hardly any social support available.

*"...We don't know where to turn and who to talk to concerning this disease. ...not everyone should know, but it's not easy; when you call an ambulance or go to the clinic you have to explain... people step aside, loudly express their opinions, including that all AIDS patients should be eliminated ... It's frightening to hear..... A support group should be established at the AIDS centre and a hot line service, where one could call in case of emergency...." (Mother of a HIV-positive person, Tashkent)*

*"We heard that in some countries, people like us receive some kind of medication to substitute the heroin. Shouldn't we do the same in our country? Because apart from family and financial problems, we have lots of problems with the police. They detain us, beat us, force us to tell where we bought the drugs, and if they don't receive an answer, they plant heroin on us and throw us in jail. For 1-2 doses you get 5 to 10 years. Like if we had committed a serious crime. We are only sick people and they give us sentences like if we were murderers." (Letter received from two HIV-positive drug users in Uzbekistan)*

Article 10 on guarantees of the rights of PLWHA states that "It is forbidden to terminate work contracts or refuse employment - with the exception of certain types of professional activities listed by the Ministry of Health - refuse access to educational institutions and institutions providing medical aid, as well as restrictions on other rights and legal interests of HIV-infected people...based on their HIV-status, equally limitations on housing, and other rights and legal interests of members of their families".

However, in practice it is necessary to bring a health certificate indicating HIV-status for any employment.

*"A girl who was working in a cafe as a waitress lost her job when her supervisor found out she was HIV-positive. I*

*am sure that almost everywhere where a person will reveal his HIV-status, there will be discrimination. What to say about simple people, if discrimination is coming from those who should suppress discrimination. I think that it is understood why I do not state my name, or the name of the others who told me all this."*

## TURKMENISTAN

The legislative and policy problems interfering with HIV/AIDS prevention in Turkmenistan can be described as follows:

- Homosexuality, commercial sex work and injecting drug use are all illegal activities in Turkmenistan, with the consequence that all these vulnerable groups are very reluctant to have any contact with official structures, and seek information and support.
- Needle exchange programs are so far not recognized in Turkmenistan. This naturally complicates the appropriate implementation of the present harm reduction program.

As Turkmenistan is a low HIV/AIDS prevalence area, the attitude of people is still not clearly formed towards HIV positive persons and HIV in general. So far, there have been no reported cases of discrimination in Turkmenistan due to its, according to official statistics, low HIV/AIDS prevalence, with only 2 registered cases. However, there is a clear attitude among the population towards vulnerable groups.

Men having sex with men (MSM) in Turkmenistan who are open about their sexual identity are not very numerous, and they are a hidden segment of society. Most of the population is not even aware about their existence, and the members of this vulnerable group try not to attract attention. However, the attitude of society towards MSM is quite negative and contemptuous.

As commercial sex workers and injecting drug users are concerned, the attitude of the population can be described as negative, but with some nuances. Involvement in commercial sex work can sometimes be understood and accepted by parts of the population, seen as due to economic or social reasons. Drug users, on the other hand, are being viewed very negatively and provoke aggressive reactions. The rate of drug users in Turkmenistan is high, and the trend is a shift from smoking to injecting drug use. Still, the society is neither willing to admit this problem nor help the people involved.

**KYRGYZSTAN**

NGO "Oasis" in Bishkek is working against discrimination men having sex with men (MSM) in Kyrgyzstan, and are also conducting HIV prevention activities among this group. Below are a number of examples of cases of discrimination, provided by the victims themselves.

"My boyfriend and I were living together in one house. One day we were visited by one district militia officer, together with his drunk friends. He said that he could arrest us for being gays. We answered that he had no legal basis to do so, but then he threatened to plant drugs on us and arrest us for drug use, unless we paid him 300 som every week. We gave him money so that he would leave. We later told about this incident to our friend, whose father works in Home Affairs Control (UVD). After that the officer didn't disturb us."

Kesha

"I was returning home from the club when a car blocked our way. Two militia officers emerged and ordered me to get into their car. They took me to their department and begun to interrogate me, am I gay or not, what did I do in a gay-club etc. They demanded that I write down the names of all my gay friends and give them their addresses. When I refused, they started beating me. At home no one knows about my visits to the gay-club and I was afraid to tell my relatives. But then I decided to tell everything to my sister, who told her husband who works as a public prosecutor. My sister, her husband and I came to that police department and identified the officers. My brother-in-law demanded that they pay compensation for the mistreatment. One of them went out and got money. They paid me \$100 US."

Bakyt

"In March 2002, one gay person from Bishkek was killed, and the newspaper "Vecherniy Bishkek" published information about his lovers and friends, with photos. After this, the mother had to leave her job, his sisters were bothered by their schoolmates and had to change school, and the whole family had to move to a different place."

"I was stopped outside my friend's house, by two militias who came up to me and said that I had to go to the police department with them, where they emptied my bag. I'm trans-sexually oriented and dance in a night-club. That's

why there were woman's shoes, clothes and a wig in the bag. When they saw this, they begun to laugh at me and asked me if I am gay. I said that I am gay and that I dance at the night-club. They made me put on my costume and to dance for them, like in the club. I refused, but they started to kick me. I cried and asked them to let me go, but they shouted to me and forced me to dance, while insulting and humiliating me. Afterwards they kicked me out."

Vasily V.

*Another vulnerable group in terms of HIV-infection and human rights violations are commercial sex workers. Below is a summary of an article by Gulnara Kurmanova from NGO "Tais Plus" in Bishkek, which is working with HIV-prevention and protection of the rights of CSW.*

In Kyrgyzstan, commercial sex work is not considered to be a criminal offense, nor does it violate any other laws. However, as many other countries, Kyrgyzstan has a longstanding tradition of persecution of "others". Persecutors don't need laws to justify their actions, they are guided by "moral responsibility".

Sex workers are unprotected against police harassment. Any patrol can, without any reason, and with no consequences, simply arrest a woman on the street, beat her, rape her, or force money from her.

Drunk militiamen have been terrorizing a group of prostitutes, staying on the crossroad of Chui avenue and Pravda street every day for about one and half a years. They can come two-three times a night. One woman, who tried to attract the attention of the media, was threatened by the militiamen who promised to "shut her mouth". Another woman was so badly beaten, that she was hospitalized for several weeks with injured kidneys.

The citizens' attitude to sex workers is frightening. According to a poll made by NGO "Tais Plus" in 2001, 11,2% of the respondents expressed the desire to physically destroy prostitutes. People living in areas close to where the sex trade takes place, throw stones and set the dogs on them.

The Internal Affairs Department of Bishkek city, said in a meeting with our NGO that they were obliged to implement a strict policy regarding street sex workers, due to written complaints to the militia from inhabitants of the apartment houses located near sites where the sex trade takes place.

**SURVEILLANCE RESULTS FROM KAZAKHSTAN**

**During 2002, in the framework of the UN/Government joint project, a sentinel surveillance was conducted among IDUs in 9 sites in 8 oblasts in Kazakhstan (Petropavlovsk, Pavlodar, Shymkent, Uralsk, Ust-Kamenogorsk, Karaganda, Temirtau, Astana and Almaty).** In 2001, HIV was registered mostly among injecting drug users, whereas among STI patients it was detected sporadically. This was a ground for selecting IDU for serological surveillance. The other sentinel population group was clients of reproductive health services. This was the first experience in conducting serological surveillance of HIV prevalence in the Republic of Kazakhstan.

The prevalence of HIV among IDU ranges from very low figures in Astana and Almaty, to 5,5% in Pavlodar, 7% in Shymkent and 9% in Temirtau. On average, out of 1500 tested IDUs, 3,3% had HIV. This indicator corresponds to the HIV prevalence among 11117 IDU tested in penitentiary institutions in 2001, which was 3%. Thus it can be assumed that HIV prevalence among IDUs in Kazakhstan is 3-4%, and the age group most affected is 25-30 year olds.

According to a recent analysis, the total number of IDU in Kazakhstan is estimated at 250 000. Matching this with HIV prevalence data, it can be concluded that 7500-10 000 HIV-positive IDUs live in Kazakhstan. International best practice shows that in order to stabilise the HIV-prevalence among drug users on 3-4%, a minimum 60% coverage of this group through needle exchange points is needed.

There was a predominance of HIV infected women, indicating higher vulnerability of women. Further research should be performed in order to identify whether this is a result of worse social conditions of female drug users. A survey undertaken in November 2002 by the City Aids Center among 300 female respondents engaged in commercial sex work in Almaty, showed that the HIV-prevalence among them was 1 %.

Based on a lack of HIV cases among clients of reproductive health services, one may assume that HIV has not yet substantially penetrated into the general population. However, an important indicator for the possibility of rapid spread of the HIV-virus, is the prevalence of STI in the population. Recent data showed that the prevalence of syphilis among clients of reproductive health services was on average

1.3%<sup>2</sup>. In a survey conducted among 600 sex workers in Shymkent, 27 % were diagnosed with syphilis. A survey conducted among MSM in Almaty<sup>3</sup>, revealed that half the respondents had had a sexually transmitted infection during the last year.

Officially, per 1 January 2003, there were 3257 registered HIV-positive persons in Kazakhstan. 88 people were at the time of writing living with the diagnosis AIDS, and 72 persons have died. 44 children have been born to HIV positive mothers, but only 4 of them have so far been diagnosed HIV positive. In total, there are 20 HIV positive children (under 14) registered.

## METHADONE: BACK TO LIFE

*Summary of an article by Mamasobir Burkhanov, Head of the Narcological Dispensary, Osh, Kyrgyzstan*

The data concerning the number of HIV-infected in Osh Region is rather alarming. In 2002, 90 new cases were registered and the total number is now 178, practically all of them injecting drug users. The population of the region is about 250 000, there are 1064 officially registered drug users but the actual number is 10-15 times higher than official figures. Heroin is the most common drug, and is being delivered from neighbouring Tajikistan. Due to lack of other employment, many people are involved in the drug trade in order to support their families. This situation is unlikely to change overnight.

After learning about other countries' experience in fighting drug use, we concluded that harm reduction might be a way to help us achieving this goal. International organizations such as UNAIDS, OSI and USAID provided us with training and support and made it possible for us to start using the methodology of harm reduction and methadone replacement therapy.

On March 13, 2001, the State Health Care Ministry issued decree number 71, "On Rules and Regulations for Running the Methadone Replacement Therapy Among the Intravenous Drug Users in Kyrgyz Republic". The project was developed, the necessary official permits obtained, training was provided for the personnel, and rules were designed for transport, storage and distribution of the methadone. The presentation of the project took place in April 2002, and was attended by the regional governor, as well as heads of local police departments, and regional and city medical institutions.

A committee of 5 doctors selects clients for the project. Since April 2002, 52 clients have received methadone through the project.

5 persons out of 57 were excluded for not observing the regulations. The average age of the clients is 34, and the average length of drug use is 10 years. Before being included in the project, just two of the clients had regular employment. Half of our clients have families, 32 clients have spent time in prison, 28 were suffering from hepatitis and tuberculosis, and 21 are HIV-positive. They first received general medical treatment, before being hospitalized for 10-15 days in the narcological dispensary in order to identify their individual dose of methadone hydrochloride.

The methadone solution is being prepared in one of the city pharmacies, from where it is being transported to the dispensary. The average daily dose is 82 mg.

We hold regular psychotherapeutic sessions in order to change risk behavior and assist with social adaptation. Educational materials on the issue of methadone replacement therapy have been developed and distributed.

Random urine tests show that about 10% of the clients still use heroine occasionally. The following results of the project can be observed:

- 84% of the clients display improved physical and mental well-being. They sleep deeper, have more balanced mood and increased appetite.

- They are better informed as regards infectious diseases.

- The financial situation of most of the clients has improved, and 22 clients have full or part-time employment

- Relations between the clients and their relatives have improved; and no clients have been arrested

Sometimes statistics are boring; however, behind the figures can be seen the saved lives of the clients and their family members. One of the clients recently decided to become a mother. She is now confident that she will be able to provide the necessary care to her future baby. The whole team - both clients and doctors - are very excited and follow the pregnancy, wishing good luck to the future mother. "I am thinking of how to renovate my previous business... You see, some time ago I had a small but rather profitable photo studio. I have some experience and enough energy, so why not try?" - this is what another client of the project said recently. These are examples of the strong will of the clients to live a normal life.

The attitude of the community to the project was not equally positive. Many citizens felt

concerned by our efforts to help people, who in their eyes were criminals, just because they did not have the necessary willpower to refuse drugs. The law enforcement officers are also not all ready for changes and still relate to our clients as potential criminals, and are not hesitant to express this.

Our clients are now very different from the persons they were earlier, only dreaming about the next dose of heroine. Now they are aware of their rights, they have plans and ambitions, and are now able to relate to the police as partners, not as opponent or executor.

## JONATHAN MANN AWARD

The Jonathan Mann award is being handed out in connection with the World Aids Day to organizations, individuals or mass media in Central Asian countries, for their efforts in the field of HIV/AIDS prevention. The award is meant to be used for further HIV/AIDS prevention activities. This year, the UN Theme Groups chose the following recipients: Kazakhstan: Colonel Posmakov, Head of the Penitentiary Committee under the Ministry of Justice, for his assistance in the introduction of HIV/AIDS prevention programs in selected prisons, and facilitation of policy change addressing among other isolation HIV-positive prisoners. In Kyrgyzstan the award was given to the STI clinic for treatment of commercial sex workers in Bishkek, for their efforts in providing effective syndromic STI treatment for commercial sex workers, and distribution of information among vulnerable groups, provision of condoms and the running of a hot line consultancy. The clinic is also a good example of collaboration between official structures, NGO Tais Plus, and volunteers.

Tajikistan: Nigina Sharopova, Vice Prime Minister of the Republic of Tajikistan, who is also the Chairperson of the National Coordination Committee on HIV, was chosen for her personal commitment in HIV/AIDS prevention.

In Uzbekistan, the UN Theme Group chose to give the award to Botir Ubaydullaev, as the Chairman of the Central Council of NGO "Kamolot", for his efforts in making the youth association one of the best functioning organisations in Uzbekistan in the field of HIV/AIDS prevention among youth. Established in 2001, Kamolot is now running 14 resource centers on HIV/AIDS, STI and drug abuse prevention.

**REGIONAL RECOMMENDATIONS**

In Central Asia, there is no established monitoring of human rights in the context of HIV/AIDS, and human rights organizations working on monitoring are not yet considering HIV/AIDS as a priority issue. Since cases of discrimination against vulnerable groups and HIV-positive persons are not being properly documented, steps to prevent such cases are not taken. There is also no appropriate legal basis, something which calls for an urgent revision of legislation, (framework laws, as well as all internal and administrative regulations), in order to remove all discriminatory articles, and reconsider all legal acts directly or indirectly having a negative affect on HIV prevention work.

The participants of the Almaty conference "Effectiveness and efficiency of HIV/AIDS prevention policies and practices in Kazakhstan and Central Asian Countries", which took place in November 2002, agreed on a set of recommendations addressed to the governments of the region, as part of a strategy for the elimination of stigma and discrimination against PLWHA:

- to exclude from the criminal code articles relating to transmission of HIV;
- to abolish obligatory HIV testing, unless in the case of blood donation;
- to abolish restriction on travel or deportation of PLWHA;
- to abolish legal acts and administrative practices, which exclude PLWHA from certain professions
- to abolish the practice of obligatory personal registration of PLWHA in medical organizations
- introduce a complete ban on the compulsory disclosure of HIV status in relation to medical staff and employers;
- to ensure anti-retroviral treatment and provision of medical care and support for PLWHA;
- to provide social protection for PLWHA

**POPULATION SERVICES INTERNATIONAL**

PSI, with funding from USAID, has initiated a two-year project "Condom Social Marketing for HIV Prevention in Central Asia". PSI's activities are concentrated in Almaty and the Karaganda region in Kazakhstan, Tashkent and the Ferghana Valley in Uzbekistan, and Osh in Kyrgyzstan.

PSI is the leading social marketing organization in the world, which designs and implements programs worldwide to encourage the adoption of healthy behaviors and increase the availability of essential health products at prices affordable to low income people.

The four key areas of activities of PSI in the Central Asian Region are:

- Design and implement a risk reduction campaign for vulnerable youth aged 15-25 to increase use of condoms for disease prevention.

- Improve access to affordable condoms for individuals engaging in high risk activities, such as IDUs, CSWs, and at risk youth.

- Increase awareness of STIs including HIV through education, behavior change, and mass media campaigns.

- Build capacity of local NGOs and community groups to respond to persons engaging in unprotected sex through training and involvement in social marketing.

PSI has developed a research based behavior change campaign focusing on determinants and barriers to healthy behavior. Working with local artists and designers, PSI has developed a range of communications materials which discuss condom use and reproductive health in an open and upbeat manner. These materials will be distributed at venues frequented by youth and high risk groups.

A peer education campaign has been designed to provide a cadre of peer educators with the skills and communication methods necessary to deliver positive and

informative messages with broad reach.

PSI sells high quality health products at affordable prices, rather than giving them away, so that consumers will value and use them. PSI is working with existing distributors, local NGO networks and its own marketing force to make products available through a variety of outlets. PSI uses condom sales revenues to fund and implement campaigns which encourage healthy behavior.

PSI's marketing and educational efforts focus on the slogan "This is My Choice!" Posters, TV and radio advertisements, and public service announcements are designed for Central Asian audiences, are culturally appropriate, promote the benefits of and motivate people to engage in healthy behavior.

PSI will distribute FAVORITE, a condom brand designed specially for Central Asia. The high quality condom will be distributed at a price affordable to low income people.

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