

**Coordination Commission on Health Care Reform and Medical Insurance
under the Administration of the President of the Kyrgyz Republic**

**STRATEGIC PLAN
of
National Response to the Epidemic of
HIV/AIDS
in the Kyrgyz Republic**

Bishkek 2000

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1 PLANNING PROCESS

1.1 Organization Of The Planning Process

Program of strategic planning was initiated by the Coordination Commission of Health Care and Medical Insurance Reforms under the President's Administration of the Kyrgyz Republic in the person of State Secretary of the Kyrgyz Republic, Mr. Kasiev in April 2000. At the request of the country, the UNAIDS subject group has supported this project by means of funding and provision of technical assistance. In April 2000, a National Seminar 'Strategic Planning of National Response to HIV/AIDS Epidemic' was held where the priorities of intervention were determined and national experts trained.

The working group that conducts the analysis comprises the representatives of Ministry of Health, Ministry of Education, Science, and Culture, Ministry of Interior, members of oblast coordination committees on AIDS/sexually transmitted diseases, representatives of non-governmental organizations and mass media.

Key persons of the working group have got preliminary training during the National Seminar on strategic planning. All the members of the working groups have received special instructions on the implementation of assessment. The work was conducted with the technical assistance from an international UN AIDS consultant and with the consulting assistance of the representatives of international organizations (UNESCO, UNDP, UNAIDS). The members of the working group studied all the documents that relate to HIV/AIDS problems, drug addiction and all the necessary data on the issues of demography, social problems and others. Principal laws of the Kr on the issues concerned, by law acts, internal (of an agency) orders and instructions. Reports and the results of previous assessments were reviewed. An assessment was conducted at the national level in Bishkek, Chuy, Issikkul, and Osh oblasts. There were meetings held with the representatives of state management bodies of the above regions, various organizations, ministries, agencies and the representatives of international organizations (UNFPA, Soros Foundation, Medicins Sans Frontiers etc.) and targeted groups of population. There were 40 meetings in total. Simultaneously they conducted a public opinion poll among the general population of the country as well as among teachers, youth and in schools. Analysis of situation and the analysis of responses served as a basis for the strategic plan developed by the working group.

2 INTRODUCTION

2.1 BACKGROUND OF HIV EPIDEMIC

The first HIV case among Kyrgyz citizens was detected in 1996. Since 1988, new cases have been registered in the regions of the republic. There were three cases in total - two in Osh oblast and one in Chuy oblast. In 1996 - one person was registered, 1997 - two, 1998 - three, in 1999 - four and in 2000 (at the time of writing) no new cases among Kyrgyz citizens were detected. In 2000, first ever AIDS cases were diagnosed (at the moment of writing these are two people).

In 1989, first AIDS prevention measures have been launched in the Kyrgyz Republic upon registering first in-hospital HIV infections in the hospitals of Volgograd, Rostov-na-Donu, and Stavropol. In 1995 Vice Prime Minister of the Kyrgyz Republic chaired a seminar on the issues of formation of consensus and national policy of the Kyrgyz Republic with respect to HIV/AIDS/STD related problems. The seminar participants had to define the importance of HIV/AIDS problem in the republic. Other issues discussed at the seminar were obtaining an agreement and support from ministries and agencies, non-governmental and public organizations; development of state national program for fighting against HIV/AIDS; formation of policy, planning of measures and development of tasks for intervention; setting priorities for the prevention of and fight against AIDS/STD.

However, these measures were further developed in only 1996 after conducting baseline survey and later development and approval of the National Program on HIV/AIDS/STD prevention. A direct reason for a wide development of intervention was the registration of first HIV cases among Kyrgyz citizens.

In 1996 law on HIV/AIDS prevention in the Kyrgyz Republic was passed and resolution of the Government of the KR No507 'On Measures on AIDS and Sexually Transmitted Diseases prevention in the Kyrgyz Republic' as well as the National HIV/AIDS/STD prevention program for 1997-2000 was developed; a National Multi-sectoral Committee under the Government of the KR on HIV/AIDS/STD prevention was set up; principal provisions on prevention measures were passed and approved.

In 1997 UNDP Project KYR/97/004 'Prevention of Sexually Transmitted Diseases and HIV/AIDS in the Kyrgyz Republic' had started being supported by the UNAIDS and the Government of the Kyrgyz Republic with the participation of the Republican Association AIDS (RA AIDS) as the main contractor. Over the last four years, the project has been coordinating the activities of state and non-governmental organizations in the field of HIV/AIDS prevention.

2.2 CURRENT SITUATION

Kyrgyz Republic had faced severe economic problems after the disintegration of the Soviet Union. A weak economy with a wide shadow sector gives rise to such social problems as poverty, unemployment, crime, and corruption. Every second person in Kyrgyzstan is under the poverty line¹, and every sixth is under extreme poverty line². Poverty leads to such a lifestyle that people are at higher risk of being infected with HIV. Nevertheless, it was possible to hold some important social positions and partially get adapted to changing conditions. Thus, the system of public (free) education still exists, health care system is being reformed, and the system of management is being improved. In the political sense, such factors as the possibility for an open discussion of HIV/AIDS problems including the use of mass media (MM) and transparency of official statistics on STD/HIV/AIDS issues are crucial.

¹ *General Poverty Line* is meant i.e. a minimal level of consumption of primary food and non food products. See: Project 'Zdorovie 21 (Health 21)' (basis of policy for achieving good health for all people in Kyrgyzstan), Chapter 'Poverty'.

² *Extreme Poverty Line* - level of consumption when the minimal need in calories is not met even if all available resources are spent on food (same)

Kyrgyzstan is still a country with a low AIDS prevalence rate. At the moment of writing 47 HIV cases were detected, out of them 10 are Kyrgyz citizens. Due to the lack of financing not everywhere blood donors and other groups subject to obligatory testing are being tested. At the moment of writing, two people are diagnosed with AIDS, one woman died.

1994-1997 saw a catastrophic rise in the number of syphilis cases. At present, as it seems, it was possible to stabilize the situation and, probably, actually decrease the number of cases. Nevertheless, this number is still too high. In 1999, 4642 new cases were registered which is 100.1 for every 100,000 being 53 times higher than back in 1990. Increasing number of children born with syphilis (zero in 1994 and 93 cases in 1999) and neurosyphilis cases signal that the real situation is worse.

The number of registered cases among intravenous drug users is also being increased. So, if in 1991 the number of registered intravenous drug users was 23 for every 100,000, in 1999 this number increased up to 83.3 for every 100,000. Annual increase of intravenous drug use is 25% on average in the country as a whole.

Analysis of blood left in syringes used by drug users collected for control epidemiological survey showed that the HIV prevalence rate in the surveyed group is within 11.5% to 18.5% in Bishkek and 32.2% to 49.8% in Osh. Estimated number of HIV infected drug users is 6550 in Bishkek and 2050 in Osh.

2.3 RESPONSE MEASURES AND THEIR PRINCIPAL EXECUTORS

In 1997 Government of the Kyrgyz Republic approved National Program on HIV/AIDS/STD prevention that determined current national policy with regard to HIV/AIDS/STD problems. National Program is based on a multi-sectoral approach. It takes into account a complex nature of the problem and the participation of the state (at ministerial and agencies level), locally based international, and non governmental organizations is meant. HIV/AIDS prevention measures are conducted in line with the policy of UNAIDS with direct participation of UNAIDS Subject Group.

Starting from 1998, prevention activities were re-oriented at the organization of targeted interventions among HIV/AIDS vulnerable population groups. The scale of HIV testing is being decreased. Public support of prevention programs is considered to be an important aspect.

However, at the moment of this assessment many problems are still unsolved. This, first of all, relates to the policy towards vulnerable groups, improvement of legislation and financing issues. The role of state sector in solving prevention problems is still insignificant. Actions of different ministries and agencies are poorly coordinated in relation to the methodology of intervention.

National Program will be finalized in 2000. For over the years since its initiation, the situation with respect to HIV prevalence has changed due to measures undertaken and the natural development of situation. Consequently, the objectives of prevention programs have changed and therefore there is a need for development of a new strategic plan of national measures in response to HIV/AIDS epidemic. To undertake this task a working group was set up comprising the representatives of ministries, agencies, non governmental organizations, mass media, and the members of AIDS/STD oblast coordination commissions. This group was tasked with implementation of baseline survey, analysis of measures in response to HIV/AIDS epidemic.

The information gained will serve as a basis for a new strategic intervention plan and a new project of the National Program on prevention of HIV/AIDS and sexually transmitted diseases for 2001-2005.

3 GENERAL SCHEME

3.1 GUIDING PRINCIPLES

3.2 GENERAL DIRECTIONS OF ACTIVITIES AND STRATEGY

General objectives of prevention programs in the country being developed at the time of writing this plan are as follows:

- To reduce the number and scale of HIV spreading; reduce STD rate in the Kyrgyz Republic.

The National Program of the Kyrgyz Republic on prevention of AIDS and sexually transmitted diseases for 1997-2000 had determined principal strategies and interventions³:

Strategy 1. Determination of national policy on HIV/AIDS/STD problems.

Strategy 2. Insuring safety of medical procedures

Intervention 2.1. Prevention of blood transmission of HIV and other infections

Intervention 2.2. Insuring sterile conditions for invasive procedures

Intervention 2.3. Prevention of unsafe injection of drugs

Strategy 3. Prevention of sexual transmission of HIV/STD

Intervention 3.1. Fostering safe sexual behavior

Intervention 3.2. Provision with condoms

Intervention 3.3. Provision with medical care for STD infection cases

Strategy 4. Prevention of prenatal transmission of HIV

Intervention 4.1. Providing the population group of fertile age with the information on HIV/AIDS/STD and on family planning

Intervention 4.2. Provision with condoms

Strategy 5. Providing medical and social care for HIV positive persons, persons with AIDS and the members of their families

Intervention 5.1. Providing complex qualified care for HIV positive people and the members of their families

Intervention 5.2. Providing social care for HIV positive people, members of their families and communities

This strategic plan of national measures responding to HIV/AIDS epidemic provides for the preservation of all main components of these strategies. Their relative significance is being re-considered in view of current situation in priority fields.

³ National Program of the Kyrgyz Republic on prevention of AIDS and sexually transmitted diseases for 1997 - 2000 // Prevention of AIDS in the Kyrgyz Republic. Collection of legal and normative documents. Bishkek, 1998, page 150.

3.3 INSTITUTIONAL STRUCTURE OF AIDS PREVENTION SERVICES IN THE KYRGYZ REPUBLIC

See National Program as a collection, page. 169 (scheme)

4 PRIORITY AREAS, ACTIVITY DIRECTIONS AND STRATEGIES

4.1 PRIORITY AREAS

Priority areas of intervention have been determined through target groups where the risk of HIV infection is especially high due to peculiarities of behavior of their members and is, potentially, a biggest threat to public health.

As priority areas the following areas of intervention are being considered:

1. Reducing vulnerability of youth
2. Reducing vulnerability of Commercial Sex Workers (CSW)
3. Reducing vulnerability of intravenous drug users

4.1.1 Description of priority areas

4.1.1.1 Youth

Young people at the age of 15-29 account for the bigger half of the country's population.

Conventionally called group 'Youth' was determined based on the level of risk of HIV spreading and includes persons of 11 - 25 years old. Lower age limit of the group was defined as corresponding to the beginning of pubescent period and the time of first try of psychoactive substances (PAS) and the upper limit at the end of highest sexually active period and use of PAS.

Vulnerability of the group in relation to HIV spreading was determined by the following factors:

- Limited capability to control own behavior determined by both personal and social (this is primarily the dependence on parents) reasons
- Limited access to the means of individual prevention/contraception due to prejudices of moral nature existing in the society
- Insufficient economic and social protection, and limited access to adequate dermatological/venereal and narcology medical services
- Limited access to adequate information relating to sexual health and the consequences of use of PAS determined by the social taboo on public discussions of subjects relating to sex and drugs, and by limited number information materials containing necessary data in a form appropriate to young people
- Insufficient legal protection

Among young people the sub-groups distinctive by forms of behavior, obvious risk of HIV spreading and ways of implementing prevention programs can be defined as:

- Organized youth in education - students of high and special schools, vocational schools, and higher education schools
 - Working youth
 - Migrants (both internal and refugees)
 - Youth in informal youth associations (students and working young people, and young people of no specific occupation)
 - Soldiers (compulsory military service), and low rank policemen
 - Street children
-
- The priority of 'Reducing Vulnerability of Youth' was determined by the following:
 - Common reasons for preservation of nation's health
 - Necessity to protect from HIV infection that part of society that will insure productive activity and, ultimately, the development of the Kyrgyz Republic for the coming decades
 - Numerosity of this group
 - Real development of prevention programs including fostering of safe behavior skills

4.1.1.2 Commercial Sex Workers

Commercial sex workers' group incorporates individuals of both female and male sex engaged in sexual services for material reward.

There is no estimate on the number of this group in the country (minimal estimates are 2000 in Bishkek and 700 in Osh). According to the existing estimates approximately 10% of CSW have experience of using drugs and about third of them - intravenously. The number of intravenous drug users among CSW is being increased.

Vulnerability of this group in relation to HIV/AIDS is determined by the following:

- Large number of sexual partners
- Impossibility to sufficiently control sexual behavior which is first of all the use of condoms because in most cases, ultimately, it is the client who decides whether condoms should be used
- Limited possibilities to use condoms due to economic reasons (a large number of sexual contacts where for each of them condoms need to be used that is a high additional cost)
- Use of drugs, alcohol, and other PAS that are both directly dangerous with respect to HIV spreading and in decreasing the control over behavior
- Insufficient level of awareness with respect to safe sex issues determined by low level of education in general, small number of specialized information materials, and ethnic/linguistic peculiarities of the group
- Insufficient access to decent dermatological and venereology services
- High social oppression of the group, stigmatization by belonging to it, discrimination in legal respect and as a result -
- Closeness of the group for the implementation of prevention programs
- High frequency of forced sexual contacts that are never sexually protected
- High mobility (change of members) of the group that prevents from accumulating positive changes in the consciousness and behavior
- Lack of social protection and real possibility to find alternative sources of income

The most problematic are street CSW with respect to HIV spreading. They are poorly adapted, usually with no passports and propiska (residential passport registration) and their services are paid lower.

Groups of kvartira CSW (working from an apartment/house) that work using telephone operators, firm and escort CSW are better protected but need adequate information on STD/HIV/AIDS issues as well as safe conditions while working abroad.

The priority of direction "Decreasing vulnerability of CSW" is determined by:

- Possible group infection with HIV via sexual and non sexual contacts (drugs injection, primarily - heroin)
- Possible reservation and further HIV spreading onto the general public via unprotected sexual contacts with the clients
- Possible cases of inborn HIV infection

4.1.1.3 Intravenous Drug Users

'Intravenous Drug Users' group consists of people that use drugs intravenously regardless of their drug addiction diagnosis, frequency of use, their types and doses.

As of 2000 the total number of registered intravenous drug users in the republic is ****. According to experts, the total number of intravenous drug users in the country can be up to 50 000.

The vulnerability of the group with respect to HIV infection is determined by:

- Practices of risky drug use with respect to HIV infection (use of common instruments and dishes when preparing and injecting drugs)
- Prevalence of occasional sexual contacts (more than 90% of drug users are sexually active)
- Weak control over sexual behavior - first of all with respect to use of condoms
- Insufficient level of awareness on the issues of safe (with respect to possible HIV infection) injection of drugs and safe sexual behavior, lack of positive attitude towards safe practices
- For the groups of population with lowest incomes it is the inaccessibility of sterile syringes and needles and condoms due to economic reasons in the amounts that would meet the actual needs
- For the groups of population with lowest incomes it is the inaccessibility of decent medical services (both narcological and dermatological/venereal) due to economic reasons
- Lack of rehabilitation system that could provide real possibility to leave the group
- High oppression on the group from the rest of the society, stigmatization by belonging to it, discrimination in legal respect, and as a result –
- Closeness of the group for the implementation of prevention programs
- Lack of operation systems of social and legal protection

The priority of direction "Decreasing vulnerability of drug users" is determined by:

- High possibility of rapid (explosive) HIV spreading in the group with later spreading onto the rest of the society
- Possible inborn HIV cases

4.1.2 General Direction of Activities

1. Formation of state policy with respect to prevention programs among vulnerable groups
2. Formation of normative base and insuring accessible legal assistance with the purpose of decreasing legal vulnerability of priority groups
3. Provision of decent narcological and dermatological/venereal medical services for vulnerable groups including the development of treatment programs and rehabilitation of drug users including replacement therapy
4. Prevention of possible spreading of infection onto the rest of the society
5. Development of informational and educational programs oriented towards the formation of safe behavior with respect to HIV infection
6. Provision with individual means of HIV prevention (condoms for sexually active individuals and sterile syringes/needles for those who use drugs intravenously)
7. Fostering positive public opinion towards prevention programs among vulnerable groups, increasing tolerance of the society towards the most vulnerable groups
8. Preventive development of programs oriented towards the formation of legal, medical and social protection potentials for HIV positive people and people with AIDS

4.1.3 Strategies, Aims and Objectives

Strategy 1. Provision of political and legal support for prevention programs among vulnerable groups

Current Situation: In general, the National policy on the issues of HIV/AIDS/STD had been defined. The importance of the problem was recognized. A multi-sectoral approach for solving this problem was declared. However, in the existing official documents (in particular it is the main document regulating the activities in the field of HIV/AIDS prevention i.e. the National program) the notion itself of what are vulnerable groups has not been clearly defined yet and their importance with regard to HIV spreading in the country. Therefore, the national policy towards vulnerable groups had not been defined yet. Furthermore, there is, in fact, a deviation between some political statements and existing practices with respect to vulnerable groups.

Legislation of the Kyrgyz Republic does, in general, meet international legal norms and it is not obstructive for the development of prevention programs. However, a number of by-law acts and actual legal practices with regard to vulnerable groups are still of oppressive nature and by being so limit the efficiency of prevention. The access to legal assistance by the members of vulnerable groups is not insured when such assistance is required to implement prevention activities.

Aims: To insure political and legal support to prevention programs among vulnerable groups and succeed in taking respective political decisions.

Objectives:

Stage I : Urgent Measures

1. To make the internal instructions (terms of reference) of state agencies and actual existing legal practices, which are obstructive for the development of prevention programs among vulnerable groups, comply with the norms of international laws and existing legislation.

- To insure support from the Ministry of Justice and Ministry of Interior for improvement of normative base
2. To eliminate forced actions when implementing prevention programs (forced HIV/STD testing as well as drug use tests)
 3. To provide training for the employees of law enforcement bodies that work with vulnerable groups on the issues of main principles and ways of prevention, existing legislation and the norms of international law that directly relate to the prevention of HIV/AIDS/STD and drug addiction.

Stage 2: Systematic Intervention

1. To make more active the work of Coordination Commission on Health Care Reform and Medical Insurance under the President's Administration of the Kyrgyz Republic in the field of formation of national policy with respect to HIV/AIDS/STD prevention programs and drug addiction prevention among vulnerable groups.
2. To insure the development and implementation of the National Program of the Kyrgyz Republic on the issues of prevention of HIV/AIDS/STD and drug addiction for 2001-2005 making the section on prevention of infection spreading among vulnerable groups a priority direction. To set priorities of prevention programs among vulnerable groups in other programs of prevention of HIV/AIDS/STD and drug addiction.
3. To insure political and financial support for prevention programs among vulnerable groups and succeed in the passage of necessary documents
4. To insure free horizontal exchange of information regarding the development of prevention programs, among all main principal executors
5. To insure the transparency of measures being implemented by state agencies for NGOs that represent the interest of vulnerable groups and the public
6. To form/support special divisions of law enforcement bodies that protect the members of vulnerable groups
7. To develop selection criteria, indicators of performance efficiency and the system of bonuses for the employees of law enforcement bodies that are involved in protecting the members of vulnerable groups
8. To insure the accessibility to legal assistance by the members of vulnerable groups by setting up or involving state law services, NGOs, and private law firms
9. To hinder the passage of those laws that would deteriorate the situation of vulnerable groups and make the implementation of prevention activities complicated

Strategy 2. Provision of medical (dermatological/venereal and narcological) services for vulnerable groups and minimizing possible spreading of HIV and STD among the rest of the society

Current Situation: There is material base, resources and personnel for provision of medical services (both dermatological/venereal and narcological) as well as for HIV diagnosing and consulting services. However, the existing possibilities are not sufficient to meet current needs. Rehabilitation system for drug users is practically not functional. The access to decent medical services by vulnerable groups is limited.

State systems of epidemiological monitoring, and those insuring the safety of donor blood, pre- and post-testing consulting on HIV/AIDS, and prevention of prenatal HIV transmission have been set up and are operational. However, due to existing economic difficulties the work of these systems does not meet the requirements of the rest of population.

Aims: To provide medical (dermatological/venereal and narcological) services for vulnerable groups and limit the spreading of HIV infection among general population

Objectives:

1. To set up a system of special state medical assistance to the members of vulnerable groups
2. To insure the interaction of state and non-governmental agencies in the field of medical services for vulnerable groups and create possibilities for the expertise available in non-governmental sector (projects and NGOs) to be shared with state medical establishments
3. To provide training for medical personnel that have direct contacts with the members of vulnerable groups in the field of main principles and ways of work with the group, its behavioral, social and communicative peculiarities
4. To develop selection criteria and the system of bonuses for medical personnel that work with vulnerable groups
5. To review reporting system of medical establishments including such items that would reflect the activity towards vulnerable groups
6. To insure wide spread voluntary and voluntary STD and HIV testing as well as psychological and social consulting for those who want to be tested as it is required by the World Health Organization
7. To insure the operation of the system of epidemiological monitoring
8. To insure 100% testing of all donor blood
9. To cover not less than 80% of pregnant women including those that are not registered at their place of residence with information/educational programs, consulting and decent medical services (programs for pregnant women not registered at their place of residence are being developed in cooperation with NGOs representing the interest of certain communities)
10. To insure timely detection and preventive treatment of HIV positive pregnant women.

Strategy 3. Development of informational/educational programs oriented towards fostering safe behavior in relation to HIV infection and favorable public opinion.

Current Situation: Informational/Educational prevention programs are being developed. Blocks of informational materials have been formed and the formats of training workshops on all main directions of HIV/AIDS/STD and drug addiction prevention have been developed that are both for vulnerable groups and general public. But there is no standard methodology for informational intervention and no system in place that could help to assess the efficiency of programs. There are discrepancies between the programs in Russian and Kyrgyz languages.

There is a trend in the society towards both forming positive public opinion with regards to prevention programs among vulnerable groups and an increase of tolerance towards the vulnerable groups themselves. However, these trends, first, are not stable and secondly, do not affect drug users and the prevention programs implemented among them that are perceived by the public, in general, negatively.

Aim: To create methodologically standard informational environment that would allow to systematically assess the efficiency of measures and allowing for an environment favorable for the development of prevention programs.

This aim will be achieved by addressing three blocks of principal tasks:

First Block: General organizational tasks

- To set up an informational methodological center that would maintain the relations between principal participants of informational educational programs, have database and collections of information materials, library, and communication means (including access to Internet)
- To develop methodological materials for the participants of informational educational programs. The materials that describe general principles of development, testing, publishing and dissemination of informational materials, conducting training workshops, teaching the "equal to equal" technique.
- To form a group of support of informational and training programs that would comprise journalists, designers, advertising experts, PR, and influential psychology experts.
- To determine the possibility for using the potential of private companies (first of all trade companies) that operate in the KR in order to get their support for informational training programs and to insure interaction with them on a partnership basis.
- To insure the development of informational materials and the development of training programs in Russian, Kyrgyz and in Uzbek for southern regions of the country.

Second Block: General Populous

1. To determine principal participants of informational training programs on HIV/AIDS issues oriented at general populous and youth from state agencies and mass communication means (MCM)
2. To develop a monitoring system of informational training programs that would include public opinion polls conducted not less than once half a year
3. To determine the resources of high rated newspapers and TV/Radio companies as well as key journalists and to investigate the possibility of free or discounted publishing/broadcasting of respective materials
4. To provide key journalists with methodical recommendations on participation in prevention programs and create possibilities for systematic training in the field of promotion of such programs, to obtain their support of prevention programs and to establish permanent links of key journalists with main executors
5. To make the work with Kyrgyz speaking means of mass communication a separate direction and to insure their cooperation with main executors of prevention programs
6. To annually review the strategy of cooperation with mass communication means by monitoring the change of rating of newspapers and TV/Radian companies and the level of support from key journalists of high rated mass communication means

Third Block: Vulnerable Groups

1. To determine main participants of informational and training programs oriented at vulnerable groups from NGOs and mass communication means
2. To develop methodical materials regarding special principles of development, testing, publishing and dissemination of informational materials in target groups, conducting training workshops, teaching "equal to equal" technique (taking into account the level of education, behavioral, ethnic/linguistic and cultural peculiarities of groups)
3. To develop a system of recommendations on monitoring of programs for each vulnerable group taking into account its specifics

Strategy 4. Support for Fostering Safe Behavior

Current Situation: Physical accessibility to individual prevention means by general populous has been insured. However, the condoms available for sale are either too expensive or of low quality. The use of individual prevention means by vulnerable groups is limited due to moral prejudices that exist in the society (for instance, it is difficult for teenagers to buy condoms),

economic restrictions (inaccessibility to clean needles and syringes by drug users with low income in the amount that meet their needs and inaccessibility to condoms by teenagers, youth and CSW with low income)

Aim: To insure 90% use of condoms in commercial sexual contacts, and increase the use of condoms by members of other vulnerable groups not less than by 50% by 2003; and increase the use of clean needles and syringes by not less than 60% of intravenous drug users.

Objectives:

1. To determine existing levels of condom use by young people of different age groups
2. To determine existing levels of use of clean needles and syringes by intravenous drug users
3. To make sure that not less than 50% of humanitarian aid condoms be distributed among priority vulnerable groups in the quantities according to their number and estimated need in condoms
4. To roll out condoms social marketing programs among youth, CSW, and intravenous drug users
5. To develop and introduce a quality control system of condoms available for sale including the control over the storage conditions in the country where condoms are stored before the sale or free distribution
6. To review the strategy of provision of vulnerable groups with individual prevention means and the quantitative indicators of the efficiency of measures in 2003 for up to the year of 2005
7. To roll out syringes exchange programs for intravenous drug users.
8. To roll out harm reduction programs among intravenous drug users (methadone and analogue) as well as rehabilitation programs for drug users

Strategy 5. Preventive development of programs oriented at building up potential of legal, medical and social care for HIV positive and people with AIDS

Current Situation: The number of detected HIV positives is low at the moment of assessment but this number will rapidly grow in the next five years with the formation of groups of people with AIDS. It is forecasted that such an increase will happen because of newly infected members of the groups vulnerable with regard to HIV infection and these, first of all will, are intravenous drug users. There are no conditions in the country that would provide legal and social protection for HIV positive people, there are no NGOs that are ready to be responsible for the protection of HIV positives, there is no training system for people who provide care and social/psychological support to people with AIDS

Aim: To insure preventive development of the potential of legal, medical and social care for HIV positive people and people with AIDS

Objectives:

1. To determine those NGOs that are ready to be responsible for the protection of HIV positives, people with AIDS, and provide them with social care. These NGOs should be picked up from those that have experience in the protection of interest of vulnerable groups or it is necessary to support the establishment of such NGOs.
2. To determine resources (material and human) that could be used for the protection of HIV positives and people with AIDS, first of all from those that are working in the prevention programs for vulnerable groups

3. To set up a system of special training for those who look after people with AIDS and render psychological/social care
4. To investigate and create conditions for involving HIV positives in the formation of policy in the field of prevention programs, public opinion, and training programs for those who work with HIV positive people and people with AIDS
5. To review, not less than once a year, the strategy of preventive development of the potential of protection of HIV positive people and people with AIDS depending on the changes of epidemiological situation in the country
6. To insure decent, accessible, and free medical services and psychological/social support for HIV positive people

4.2 KEY COMPONENTS OF PRIORITY AREAS

4.2.1 Priority Area 1 “Decreasing Vulnerability of Youth”

4.2.1.1 Key Component 1

To determine groups of youth that are more vulnerable with respect to HIV infection and to determine the causes of vulnerability

The aim that should be achieved by 2002:

- To determine the models of risky (with respect to HIV infection) sexual behavior of youth of different groups (age, social, ethnic, gender), the level of HIV/AIDS/STD awareness, their attitude towards safer sex and safer behavior

The aim that should be achieved by 2005:

- To insure the operation of the system of preventive measures oriented at organized youth in schools and to initiate an intervention in most important vulnerable groups (apart from groups of young people that use drugs intravenously and are engaged in providing commercial sexual services and that fall within other priority areas)

Key Measures:

- To conduct comparative surveys of sexual behavior and intravenous drug use in different age, social, ethnic, and regional groups of young people using qualitative methods

4.2.1.2 Key Component 2

To form the need and skills for condoms use, to provide accessibility to condoms for sexually active young people regardless of their age

The aim that should be achieved by 2005:

- Young people using condoms in not less than 90% of extramarital sexual contacts

Key Measures:

- To include the subject 'Condoms' in all educational programs that relate to the issues of reproductive health, in high schools, vocational and higher education schools with obligatory education on their proper use
- Social marketing of condoms in groups of young people
- Single actions that promote the use of condoms
- Promotion campaigns in MCM oriented at general youth audience
- Informational sessions that promote the use of condoms using the 'equal to equal' approach
- Publishing and dissemination of direct mail informational/advertising materials that are oriented at most vulnerable groups of young people that are characterized by high level of sexual activities and use of PAS

4.2.1.3 Key Component 3

To raise the level of awareness of young people on HIV/AIDS/STD issues using state educational system and 'equal to equal' approach

The aim that should be achieved by 2005:

- Not less than 90% of all young people should know the names and signs of three main STDs (syphilis, gonorrhea, trichomonas), principal ways of infection (sexual and intravenous), protection methods, addresses where medical services can be reached in case of suspicion of infection; acronyms HIV and AIDS, ways of infection, how you can't be infected, peculiarities of course of disease ('lack of visible signs', 'window periods', 'slow course of disease', 'possibility to infect partners'), protection methods (at least two), addresses of locations where one can be HIV tested anonymously

Key Measures:

- Include subjects HIV/AIDS/STD in all educational courses that relate to the issues of reproductive health in high schools, vocational and higher education schools regardless of their ownership form at least four academic hours a year
- Informational sessions using 'equal to equal' approach
- Development, testing, publishing, and dissemination of direct mail informational materials oriented at most vulnerable groups of young people characterized by high level of sexual activity and use of PAS

4.2.1.4 Key Component 4

To insure accessibility by young people to dermatological/venereal and narcology services

The aim that should be achieved by 2002:

- To set up in state medical establishments a network of trusted physicians that work with teenagers and young people, primarily with most vulnerable groups

The aim that should be achieved by 2005:

- In Bishkek and oblast centers of model centers specialized anonymous free centers/rooms should be set up that would render dermatological/venereal and narcology services to minors. They should be confidential centers (4 in total) and there should be informational support (promotion through MCM and dissemination of information among groups of young people by volunteers that were trained on the technique 'equal to equal')

Key Components:

- To set up networks of state trusted doctors for most vulnerable groups of young people
- To set up specialized service structures for minors in state clinics
- Informational support to minors by service structures

Partners

- Ministry of Health of the Kyrgyz Republic (including Republican Center of Narcology, RA AIDS, Venereal Dispanser, and respective oblast structures)
- Ministry of Education, Science, and Culture
- State Commission under the Government of the Kyrgyz Republic on Family, Women, and Youth
- Newspapers "Limon", "Blitz Info", students' newspapers, radio Europe Plus, Russian Radio, NBT TV, KTR TV
- Kyrgyz State Medical Academy, American University in Kyrgyzstan, Kyrgyz Scientific and Research Institute on Obstetrics and Pediatrics
- Local NGOs – Sanitas, Parents Against Drugs, KVN League and others that have experience in developing prevention programs among young people
- UN Agencies/Co-sponsors of UNAIDS (UNDP, WHO, UNFPA, UNICEF, World Bank, ODCCP, UNESCO etc.), Soros Kyrgyzstan Foundation
- International locally based organizations (Save the Children, Medicins Sans Frontiers)

Resources And Their Sources

- Material resources: targeted re-orientation of available resources - Ministry of Health, Ministry of Education, Science, and Culture, condoms will be supplied by UN agencies - co-sponsors of UNAIDS; premises, computers and their consumables shall be provided by state agencies and NGOs
- Staff: doctors from Ministry of Health; teachers of educational establishments from Ministry of Education, Science and Culture; American University in Kyrgyzstan; Kyrgyz State Medical Academy; volunteers that organize training sessions using 'equal to equal' approach - by NGOs; journalists from MCM that have young audience
- Funding: Governmental donors; UN Agencies - co-sponsors of UNAIDS (UNDP, WHO, UNFPA, UNICEF, World Bank, ODCCP, UNESCO etc.); international NGOs; education within existing state educational system funded by Ministry of Education; publishing and methodological activities, informational support shall be funded by Soros Kyrgyzstan Foundation, UNESCO, UNFPA,
- Technical Support: UN Agencies - co-sponsors of UNAIDS; international NGOs

4.2.2 Priority Area 2 “Decreasing vulnerability of commercial sex workers (CSW)”

4.2.2.1 Key Component 1

To increase the level of awareness of CSW on HIV/AIDS/STD issues using 'equal to equal' approach

The aim that should be achieved by 2003:

- Not less than 70% of all CSWs working together should know the names and signs of at least three main STDs (syphilis, gonorrhea, trichomonas), main infection ways, protection methods, locations of places where one can get medical services in case of suspicion of infection, acronyms HIV and AIDS, main ways of infection (sexual and intravenous), the ways infection can not be transmitted, peculiarities of course of diseases (lack of visible signs, window periods, slow development of diseases, possibility to infect partners), protection methods (at least two), addresses of locations where one can be HIV tested anonymously

The aim that should be achieved by 2005:

- Not less than 90% of all CSW working simultaneously should know the minimum of information given

Key Measures:

- Informational sessions using 'equal to equal' approach
- Development, testing, publishing, and dissemination of direct mail informational materials targeted specifically at CSW and their clients

4.2.2.2 Key Component 2

Increase the level of condom use in commercial sexual contacts

The aim that should be achieved by 2003:

- The level of condom use in commercial sexual contacts should be not less than 70%

• The aim that should be achieved by 2005:

- The level of condom use in commercial sexual contacts should be not less than 90%

• Key Measures:

- To meet the needs of CSW with low incomes in condoms by re-distribution of condoms from humanitarian aid (at elate 10% of total estimated need of the group)
- Social marketing of condoms in CSW groups and their clients

- Single actions promoting the use of condoms
- Informational sessions promoting the use of condoms using 'equal to equal' approach in the locations of gatherings of CSW
- Publishing and dissemination of direct mail informational materials specifically oriented at CSW and their clients

4.2.2.3 Key Component 3

- To insure the accessibility to friendly dermatological/venereal services by CSW
- The aim that should be achieved by 2003:
 - To keep the Anonymous Center for CSW in Bishkek as a model center. To set up specialized anonymous free centers/rooms with trusted doctors at Republican dermatology/venereal Dispanser and Oblast dispensers that would render dermatology/venereal treatment services to CSWs (total of 3 centers), to organize their informational support (through dissemination of information in CSWs groups by volunteers that have experience in using 'equal to equal' technique)
- The aim that should be achieved by 2005:
 - To insure the operation of specialized anonymous free centers/room with trusted doctors providing dermatological/venereal medical services to CSWs in Bishkek and all oblast centers at Oblast Dermatological/Venereal Clinics, organize promotion campaigns (through disseminating the information in CSW groups by volunteers that have experience in using 'equal to equal' approach)
- Key Measures:
 - Support for the Anonymous Center for CSWs in Bishkek and two oblast centers by 2003 with further set up of such centers in all oblast centers by 2005
 - To set up a network of trusted physicians in the capital and two oblast centers by 2003 with further setting up of similar centers in all oblast centers by 2005 including those that will be set up within the system of family doctors groups (FDG), gynecologists/midwives and general physicians
 - Informational support for dermatological/venereal services for CSWs
 - To insure voluntary confidential testing and consulting for CSWs

4.2.2.4 Key Components 4

To increase the legal protection of the group

The aim that should be achieved by 2001:

- To eliminate forced actions when implementing prevention programs (forced testing for HIV/AIDS/STD and drug use)

The aim that should be achieved by 2002:

- To make those internal (of state agencies) instructions and existing legal practices that hinder the development of prevention programs among vulnerable groups comply with the norms of international law and existing legislation. To insure the improvement of normative and legal base by the Ministry of Justice and Ministry of Interior

The aim that should be achieved by 2005:

- To set up specialized services of legal support to CSWs with the help of state agencies, private legal firms, NGOs (possible creation of one service structure for all vulnerable groups)

Key Measures:

- To review directive documents of the Ministry of Interior of the Kyrgyz Republic that define the activities of law enforcement bodies with regard to CSWs in order to make them comply with the norms of international law
- To set up specialized militia divisions (based in the Bishkek Department of Interior and relevant oblast departments) that would protect the implementation of national programs and strategic plan
- To set up 'hot line' for CSWs and militia division that would react to messages from the 'hot line'
- To set up specialized legal services for CSWs/vulnerable groups
- To train the employees of law enforcement bodies that work directly with CSWs within the structures of general vocational education, special seminars and based on the experience of other countries

4.2.2.5 Key Component 5

To increase the tolerance of the public towards the group, decrease the level of stigmatization and discrimination, to obtain public support for prevention programs for CSWs

The aim that should be achieved by 2003:

- To make sure that aggressive publications/broadcasting in MCM (first of all in Kyrgyz speaking ones) are stopped; at least 70% of respondents from independent surveys supporting the development of prevention programs among CSWs

The aim that should be achieved by 2005:

- At least 90% of respondents from independent surveys supporting the development of prevention programs among CSWs

Key Measures:

- To set up databases and a network of friendly key journalists from high rated MCM
- To involve high rated MCM in the work in 'Decreasing vulnerability of CSWs' of the National program, to engage MCM in the development of prevention programs for CSWs

- To set up a system of work on the promotion of the national policy in the field of prevention programs for CSWs at the level of key journalists and editors-in-chief of MCM
- To form a block of press (publications/broadcasting) that is positive towards the development of prevention programs for CSWs and that are tolerant towards the group
- Development of informational/educational programs for key journalists from high rated MCM that would include mailing of informational and methodical materials, a system of workshops and working sittings on experience exchange

Partners

- Ministry of Health of the Kyrgyz Republic (including Republican Center of Narcology, RA AIDS, Republican Dermatological/Venereal Dispanser, Anonymous Center for CSWs of Bishkek)
- Ministry of Interior of the Kyrgyz Republic (including Department of Interior, Raion Departments of Interior in Bishkek and similar departments in oblasts)
- National Legal Corporation, Association of Independent Lawyers
- State Commission under the Government of the Kyrgyz Republic on Family, Women, and Youth
- Kyrgyz State Medical Academy, American University in Kyrgyzstan
- Local NGOs 'Tais Plus' (Bishkek), 'Tendesh' (Naryn) and other NGOs that have experience in working with prevention programs for CSWs
- International locally based NGOs (Medicins Sans Frontiers, Pharmaciens Sans Frontiers, Save the Children etc.)
- UN Agencies/Co-sponsors of UNAIDS (UNDP, WHO, UNFPA, UNICEF, World Bank, ODCCP, UNESCO etc.), Soros-Kyrgyzstan Foundation, International Organization for Migration
- MCM: newspapers in Russian - Vecherny Bishkek, Limon, Delo No..., Blitz Info and in Kyrgyz - Asaba-Payshamba, Kyz-Jigit, as well as TV/Radio companies - Pyramid, Russian Radio, Europe Plus, NBT, KTR

Resources and Their Sources

- Material resources: targeted re-distribution of available resources - Ministry of Health; and the support from specialized militia divisions that assist when conducting prevention programs among CSWs - Ministry of Interior and its departments (Department of Interior and relevant oblast departments); condoms will be supplied by UN agencies - co-sponsors of UNAIDS; premises, computers and their consumable shall be given by state agencies and NGOs; space in newspapers, broadcasting time - MCM
- Staff: doctors - Ministry of Health; employees of law enforcement bodies including the 'hot line' and reaction group - Ministry of Interior; lawyers - National Bar Association, Association of Independent Lawyers; surveyors - American University in Kyrgyzstan; Kyrgyz State Medical Academy; methodology consultants and volunteers that conduct training sessions using 'equal to equal' approach - NGOs Tais Plus, Medicins Sans Frontiers, Tendesh; journalists - from friendly MCM
- Financial Support: Governmental donors; UN Agencies - co-sponsors of UNAIDS (UNDP, WHO, UNFPA, UNICEF, World Bank, ODCCP etc.); other international organizations (IOM, OSCE, Save the Children); publishing and methodological activity,

informational support shall be funded by Soros Kyrgyzstan Foundation, UNDP, UNESCO, UNFPA

- Technical Support: UN Agencies - co-sponsors of UNAIDS; UN AIDS Subject group; international NGOs

4.2.3 Priority Area 3 “Decreasing Vulnerability of Intravenous Drug Users”

4.2.3.1 Key Component 1

To increase the level of awareness of the group on HIV/AIDS/STD related issues, drugs and safer drug use

The aim that should be achieved by 2003:

- Not less than 40% of all intravenous drug users should fall within the coverage of prevention programs. 90% of intravenous drug users that have direct or indirect contacts with prevention programs should know at least two conditions of safer drug use, with relation to HIV infection (desinfection of needles and syringes when used repeatedly), acronyms HIV/AIDS, main ways of infection (sexual and intravenous), the ways one can't be infected, peculiarities of disease course (lack of visible signs, window period, slow development of disease, possibility to infect partners), protection methods (at least two), addresses of locations where one can be HIV tested anonymously (informational minimum)

The aim that should be achieved by 2005:

- Not less than 60% of all intravenous drug users should fall within the coverage of prevention programs. 90% of intravenous drug users that have direct or indirect contacts with prevention programs should know the informational minimum

Key Measures:

- Informational sessions using 'equal to equal' approach
- Development, testing, publishing and dissemination of direct mail informational materials that are targeted at groups of intravenous drug users

4.2.3.2 Key Component 2

To form positive attitude towards safer (with relation to HIV infection) drug use and condoms use

The aim that should be achieved by 2003:

- At least 40% of intravenous drug users that have direct or indirect contacts with prevention programs should show understanding of safer (with regard to HIV infection) drug use,

positive attitude to safer procedures and explicitly express their intention to adhere to safer behavior. At least 30% of injections by drug users (that have direct or indirect contacts with prevention programs) should be made using clean needles and syringes. At least 20% of sexually active contact should take place with use of condoms. There should be at least two locations for replacement therapy

The aim that should be achieved by 2005:

- At least 70% of intravenous drug users that have direct or indirect contacts with prevention programs should express positive attitude towards safer procedures. At least 60% of injections should be made using clean needles and syringes. At least 50% of sexual contacts should take place using condoms. There should be at least three locations of replacement therapy

Key Measures:

- Development of system of training seminars for volunteers from the groups of intravenous drug users and ex-drug users
- Development of system of field informational sessions using 'equal to equal' approach
- Development of system of motivation training sessions
- Distribution of free condoms in the groups of drug users (directly at the gathering locations or through 'half way points')
- Single actions at the places of gathering that promote use of condoms
- Informational sessions that promote use of condoms, clean needles and syringes using 'equal to equal' approach
- Roll out of needles exchange points (half way points) in model oblasts of the republic
- Development of 'hot line' network
- Informational support of 'half way points'
- Development of programs for treatment and rehabilitation of drug users including those that use replacement therapy methods (methadone or similar programs)

4.2.3.3 Key Component 3

4.2.3.4 Key Component 4

To increase legal protection of the group

The aim that should be achieved by 2002:

- To make normative base that determine the activities of law enforcement bodies towards drug users comply with the norms of international law and the principles of the implementation of prevention programs among vulnerable groups

The aim that should be achieved by 2005:

- To set up a specialized system of legal support for drug users with the assistance of state bodies, private legal firms, NGOs (possibly setting up one service organization for all vulnerable groups)

Key Measures:

- To make the existing legal and normative acts that affect drugs users comply with the norms of international law when setting the priorities of the development of prevention programs
- to review directive documents that envisage the pursue of drug users because of drug use and their detention with searching purposes
- To set up specialized services of legal support for drug users/vulnerable groups
- To train the employees of law enforcement bodies that work directly with drug users within the system of staff training and retraining and by conducting training seminars

4.2.3.5 Key Component 5

To insure the accessibility of friendly narcological and dermatological/venereal services

The aim that should be achieved by 2002:

- To set up a system of trusted doctors (narcology and dermatology/venereal) for drug users

The aim that should be achieved by 2005:

- Specialized anonymous free dermatological/venereal and narcology center/rooms for drug users (total of 4 centers) should be set up in Bishkek and model oblasts. There should be promotion and support (dissemination of information through MCM and directly in the groups of drug users by volunteers that have experience in training using 'equal to equal' technique)

Key Measures:

- to set up a network of trusted doctors
- to set up anonymous free centers/rooms
- to insure confidential and voluntary HIV/AIDS testing
- Informational support of medical service centers for drug users

4.2.3.6 Key Component 6

To form positive public opinion towards the prevention programs among drug users

The aim that should be achieved by 2002:

- To obtain the support of MCM to the national policy on prevention programs among vulnerable groups of population and primarily among drug users; at least 50% of

respondents in independent surveys expressing their support to the development of prevention programs among drug users

The aim that should be achieved by 2005:

- To make sure that aggressive publications/broadcasting through MCM against drug users be stopped. At least 70% of respondents in independent public polls will be expressing their support to the development of prevention programs among drug users

Key Measures:

- to set up a database and the network of friendly key journalists from high rated MCM in the model regions of the country
- To form a press block (publications/broadcasting) that is of a positive nature with relation to the development of prevention programs among drug users
- To develop informational/educational programs for key journalists from high rated MCM that would include the mailing of informational and methodological materials, a system of seminars and workshops on experience exchange

Partners

- Ministry of Health of the Kyrgyz Republic (including Republican Narcology Center, RA AIDS, Republican Dermatological/Venereal Dispanser, relevant oblast structures)
- Ministry of Interior of the Kyrgyz Republic (Department of Interior, Raion Departments of Interior, specialized militia divisions that work with CSWs under Department of Interior of Bishkek and similar structures at oblast levels)
- Ministry of Finance of the Kyrgyz Republic
- National Legal Corporation, Association of Independent Lawyers
- State Commission under the Government of the Kyrgyz Republic on Family, Women and Youth
- Kyrgyz State Medical Academy, American University in Kyrgyzstan
- Local NGOs: Socium, Parents Against Drugs, Sanitas and others that have experience in the development of prevention programs among drug users
- International NGOs
- UN Agencies - co-sponsors of UNAIDS (UNDP, WHO, UNFPA, UNICEF, World Bank, ODCCP, UNESCO etc), Soros Kyrgyzstan Foundation
- MCM: newspapers in Russian - Vecherny Bishkek, Limon, Delo No..., Prestuplenie i Nakazanie; in Kyrgyz - Asaba-Payshamba; TV/Radio - Pyramid, Russian Radio, Europe Plus, NBT, KTR, KOORT

Resources and Their Sources

- Material resources: targeted re-distribution of available resources (network of trusted doctors, specialized anonymous free rooms for drug users in oblast centers) Ministry of Health (Republican Dermatological/Venereal Dispanser, Narcology Dispanser and their oblast offices); and the support from specialized militia divisions that assist when conducting prevention programs among intravenous drug users - Ministry of Interior and its departments (Department of Interior and relevant oblast departments); needles and syringes will be supplied by Soros Kyrgyzstan Foundation; condoms will be supplied by

- UN agencies - co-sponsors of UNAIDS; premises, computers and their consumable shall be given by state agencies and NGOs (Socium, Parents Against Drugs, Sanitas); space in newspapers, broadcasting time - MCM
- Staff: doctors - Ministry of Health; employees of law enforcement bodies that assist in carrying out prevention programs among intravenous drug users – Ministry of Interior; lawyers - National Legal Corporation; Association of Independent Lawyers; surveyors - American University in Kyrgyzstan; Kyrgyz Medical Academy; consultants/methodologists and volunteers that organize training within 'equal to equal' approach – NGOs Socium, Parents Against Drugs, Sanitas; personnel of 'half way' points and hot lines - NGO Socium, journalists – friendly MCM
 - Financial Support: Ministry of Finance and other governmental donors; Agencies of UN / co-sponsors of UNAIDS (UN Agencies/Co-sponsors of UNAIDS (UNDP, WHO, UNFPA, UNICEF, World Bank, ODCCP, UNESCO etc.), and other international organizations including NGOs (IOM, OSCE, Save the Children); publishing and methodological activities, informational support shall be funded by Soros Kyrgyzstan Foundation, UNDP, UNESCO, ODCCP
 - Technical Support: UN Agencies/co-sponsors of UNAIDS; international NGOs; UN AIDS subject group

5 MANAGEMENT MECHANISMS

5.1 DISTRIBUTION OF DUTIES

5.1.1 Coordination Commission on Health Care and Medical Insurance Reforms under the Administration of President of the KR

The functions of the Coordination Commission on Health Care and Medical Insurance Reforms under the Administration of President of the KR are as follows:

- Planning, evaluation of efficiency and general coordination of the activities on the implementation of National Program and Strategic Plan of National Measures in response to HIV/AIDS epidemic
- Formation of national policy with respect to the HIV/AIDS problem in general and on priority intervention directions in particular
- To maintain relations with UN agencies/co-sponsors of UNAIDS, other international organizations including donor ones and with similar groups in other countries, insuring funding for the programs of national status
- To insure control over making the laws and directive documents of the Kyrgyz Republic comply with the norms of international law
- Securing partnership relations with NGOs
- Insuring mobilization of resources
- To insure the flexibility of response to the development of situation at national level (including the analysis of efficiency of current measures being undertaken, review of common strategies, timely deliver of information to executors)
- Stimulation and support of horizontal exchange of information between executors

5.1.2 Government of the Kyrgyz Republic, Oblast, City, Raion Administrations, and the Local Government of Bishkek

The functions of the Government of the Kyrgyz Republic and oblast state administrations will include the following:

Central Government:

- Development of National Program on HIV/AIDS prevention
- Provision of funding for the National Program on HIV/AIDS prevention
- To insure the implementation of National Program and the Strategic Plan of measures in response to HIV/AIDS epidemic as well as insuring the operation of state bodies - principal executors of the National Program
- Monitoring and evaluation of efficiency of the National Program on HIV/AIDS prevention
- Provision of resources to insure the functioning of the National Program and the Strategic Plan of measures in response to HIV/AIDS epidemic, as well as insuring the operation of state bodies/principal executors of the national program

Oblast, City, Raion Administrations, and the Local Government of Bishkek

- Formation of local policies towards the HIV/AIDS problems in general and on priority directions of intervention in particular
- To maintain foreign links (with locally based international organizations that have concern HIV/AIDS problem including donor organizations and similar groups in other fields)
- To provide funding for the programs of national status (from central budget and local financial resources)
- To insure the flexibility of the response to the development of situation at local levels (including the analysis of efficiency of current measures, review of local strategies, timely delivery of information to the executors)
- To insure horizontal exchange of information between executors

5.1.3 State Bodies and Structures Participating in the Development of HIV/AIDS Prevention Programs

State bodies and structures participating in the development of HIV/AIDS prevention programs are the bodies and structures of internal (of agencies) subordination involved in solving specific problems of HIV/AIDS prevention within the frames of their main functions and that indirectly relate to the prevention programs (institutions and structure of the Ministry of Health (dermatological/venereal and narcological services) Ministry of Interior, Ministry of Education, Science, and Culture, Ministry of Labor and Social Protection, Ministry of Justice, Ministry of Finance).

Their functions include the following:

Ministry of Health

- Training and re-training of medical personnel for HIV prevention programs, STDs and drug addiction
- Development of draft programs and instructions on medical aspects of HIV/AIDS/STD problems and drug addiction
- Organization of epidemiological monitoring of HIV/AIDS/STD and drug addiction, and the development of prevention programs
- Provision of all types of assistance to HIV positive patients, people with AIDS and the members of their families
- Development of informational programs for general populous
- Insuring safety of blood and medical procedures

Ministry of Education, Science, and Culture

- To insure that HIV/AIDS/STD, and drug addition prevention issues are included in relevant educational programs of all levels of education, training and re-training of personnel as well as the organization of special training cycles for personnel on these issues
- Development and publishing of methodical and instructional materials
- Organization of awareness campaigns for school students, teenagers, and youth with the assistance of specially trained teachers
- Involvement of students of higher and middle education in the organization of prevention works
- Introduction of teaching methods on safe sexual behavior (with respect to possible HIV infection). Development of informational programs for parents and creation of support groups with their participation
- Development of psychological support system for youth

Ministry of Interior

- Establishment of special divisions of militia that would assist in the development of prevention programs among vulnerable groups
- To train employees of Ministry of Interior on legislative base issues, principles of the development of prevention programs and interaction with vulnerable groups and to include the section 'Prevention of HIV/AIDS/STD and Drug Addiction' in the programs of training and retraining of personnel
- Development of instruction packages and methodical materials for employees of the Ministry of Interior on the issues of HIV/AIDS/ STD, and drug addiction prevention
- To insure the safety of medical procedures in the medical services of the Ministry of Interior

Ministry of Finance

- Provision and control over the use of funds for the implementation of the National Program and Strategic Plan of national measures in response to HIV/AIDS epidemic

Ministry of Justice

- Analysis of legislative acts on priority directions of HIV/AIDS with respect of their compatibility with the norms of international law

Ministry of Foreign Affairs

- To insure timely delivery of information to people going abroad (including with commercial sex purposes) on the issues of HIV/AIDS prevention
- To insure medical and legal assistance (including return to the motherland) to the citizens of the country who are on the territory of foreign countries upon situations that are dangerous with respect to HIV/AIDS/STD infection

5.1.4 Non Governmental Organizations

The functions of NGOs-participants of prevention programs include the following:

- Analysis of problems of vulnerable groups that are covered with intervention (teenagers, commercial sex workers, intravenous drug users and others), and notification on state bodies and structures of these problems
- Development of informational/educational programs including the 'equal to equal' approach
- Public control over the activities of state bodies and structures that relate to the development of prevention programs in protecting the interests of the groups being represented by NGOs
- Dissemination of individual prevention means in the vulnerable groups, fostering positive attitude to safe behavior with respect to HIV infection
- Initiation of activities on provision of legal and social care for vulnerable groups including law making activities
- Activities on formation of public opinion that is positive towards prevention programs and tolerant attitude towards vulnerable groups
- Mobilization of resources and search for alternative sources of financing of HIV/AIDS/STD and intravenous drug addiction prevention programs

5.1.5 Mass Communication Means

The functions of MCM participating in prevention measures are the following:

- Timely notification of the public on major events taking place in the country and abroad that relate to the HIV/AIDS epidemic
- Publication/broadcasting of analytical materials that explain to the public the importance of prevention measures being undertaken including the creation of special programs/sections
- Formation of positive public attitude towards prevention programs and tolerant attitude towards vulnerable groups

- Formation of constructive public position towards the HIV/AIDS problem, responding to panic and aggressive trends of mass consciousness
- Promotion in implementation of public control over the activities of state bodies and structures that relate to the development of prevention programs in the aspect of importance to the public and to vulnerable groups themselves
- Allocation of space in newspapers, broadcasting time for the issues of HIV/AIDS/STD, and drug addiction issues at discounted rates or free of charge
- International Organizations
- The functions of international organizations/participants of prevention measures include the following:
 - To provide financing for prevention programs for those parts where funding from other sources was not envisaged
 - To provide informational and technical support to the development of prevention programs
 - To provide training and retraining for national experts
 - To provide assistance in planning and evaluation of efficiency of prevention programs
 - To provide assistance in the search and maintaining links with the participants of similar programs abroad, to provide assist with systematic exchange of experience

5.1.6 Scheme for Interaction of Executors

(scheme)

Single Arrows – rigid (internal of an agency) management

Broken Arrows – coordination (links between sectors)

Dotted Arrows - horizontal exchange of information

5.2 MECHANISMS OF MANAGEMENT

5.2.1 Monitoring of Strategies and Assessment of Efficiency of Measures

Monitoring of strategies in priority areas is implemented according to indicators determined in the section 'Key Components of Priority Areas' with indicated frequency. The monitoring is implemented by main executors of intervention. The results of monitoring are used to correct the strategies.

Monitoring presupposes the analysis of current reports of main executors and implementation of qualitative and semi-quantitative surveys in the groups. The surveys are implemented using one methodology and the tools developed beforehand (blocks of standard questionnaires and interview schemes). Monitoring of measures implemented in closed groups (CSWs, drug users) are implemented with the involvement of NGOs as organizers and observers as well as people that belong to these groups. This will allow specify the information received from formalized methods by comparing it to the results of observations.

Assessment of efficiency of measures and establishment in the groups of key tasks on each priority area are made by independent experts. Current assessment is made by local experts that have relevant experience and qualification. Final assessment will be made by external

experts - leading specialists in this area that know the specifics of the country with the assistance of local experts and main executors.

5.2.2 Coordination of Activities

General coordination of activities is made by Coordination Commission on Health Care and Medical Insurance Reforms under the Administration of President of the Kyrgyz Republic. At this level the following decisions are taken - setting priority of tasks, selection and correction of basic strategies, determination of main partners at national level, and the volume of funding for priority areas. The objective of the coordination body is to create conditions under which the main executors are able efficiently conduct prevention measures. At the same level, the links between the Government and management of ministries with the purpose of integration of HIV/AIDS prevention programs into the wider array of national measures that relate to human development.

At the oblast level, coordination of activities of executors is made by local coordination committees. At this level the following decisions are taken - selection and correction of local strategies depending on local conditions (ethnic peculiarities of population, forms of drug use, structure of commercial sex etc.). Main local partners are also determined here. Local coordination committees insure feedback with central coordination link. They are also responsible for correspondence of measures implemented at local level to the general methodology of intervention.

The most important function of coordination bodies is timely and full provision of main executors with necessary information of directive, methodological, and survey character, stimulation of development of horizontal informational exchanges between main executors, insuring transparency of the decisions taken both for main executors and general public.

5.2.3 Funding and Support for New Strategies

5.2.3.1 National Budget

From the National budget the following is funded:

1. Programs of safety of donor blood and prevention of prenatal transmission of HIV infection within the activities of state services of blood transmission, midwifing, family planning and the groups of family doctors (GFD)
2. Programs for provision of dermatological/venereal and narcological services (with the exception of model structures that take part in the development of intervention in closed vulnerable groups and that are functioning as methodological centers for other similar state and non state structures)
3. Programs for training of specialists within the system of state middle and higher education and retraining
4. Programs 'Healthy Life Style' with the component "Prevention of HIV/AIDS/STD and use of PAS" in the system of state general, middle, and higher education

5. Funding for specialized structures of health care and education systems, and of law enforcement bodies that take part in assisting with intervention in vulnerable groups

5.2.3.2 Funding from Donors

Using the funds from donors (funds from UN agencies/cosponsors of UNAIDS, international NGOs and donor countries) the following is funded:

1. Programs for the development of new strategies
2. Programs with the components “Information, Education, Communication”, that are implemented by NGOs in closed vulnerable groups where budget funding cannot be provided
3. Programs of distribution of condoms in priority vulnerable groups
4. Programs of support for model structures that take part in the development of intervention in closed vulnerable groups and that function as methodical centers for other similar state and non state structures

5.2.3.3 Other sources of funding:

By the end of 2001 the following possibilities shall be determined:

1. Fund of obligatory medical insurance (section 'Support for HIV positive patients')
2. Private companies and people selling medical equipment, medicines, condoms (section 'Promotion of Individual Prevention Means')
3. Local sponsors from large companies interested in advertising (section 'Support for Single Actions')

After this, the funding system for the indicated areas will be reviewed.

5.2.4 Reporting System

Main executors that directly implement HIV/AIDS prevention programs shall submit reports to the Coordination Commission on Health Care and Medical Insurance Reforms under the Administration of President of the Kyrgyz Republic at least once a half a year. Reporting forms of main executors shall be reviewed by the end of 2000 taking into account conclusions and recommendations of the Working group on strategic planning of national response to HIV/AIDS epidemic in the Kyrgyz Republic and will be approved by the Coordination Commission on Health Care and Medical Insurance Reforms under the Administration of President of the Kyrgyz Republic.

The executors that work on particular problems of HIV/AIDS prevention problems within their activities that do not directly relate to prevention programs (bodies and structures of Ministry of Health, Ministry of Interior, Ministry of Education, Science and Culture, Ministry of Labor and Social Protection, Ministry of Justice, Ministry of Foreign Affairs, Ministry of Finance) have reports on main indicators of prevention work included in the current and annual reports in the volume and the format approved by the Coordination Commission on Health Care and Medical Insurance Reforms under the Administration of President of the Kyrgyz Republic. Forms of reports of these structures shall be revised during 2001 taking into

account the recommendations and conclusions of the Working Group on strategic planning of national response to the HIV/AIDS epidemic in the Kyrgyz Republic and approved by the Coordination Commission on Health Care and Medical Insurance Reforms under the Administration of President of the Kyrgyz Republic. The copies of current and annual reports containing the information on the participation of a body or a structure in the development of HIV/AIDS prevention programs.

The programs that support new strategies shall submit technical reports every quarter. All main executors submit final annual reports with the exception of programs that are funded from grants. The latter shall submit reports according to the working plan contained in the main project document.

All submitted reports with the exception of monthly technical reports on new strategies shall contain the analysis of efficiency of measures being undertaken indicating the reasons of possible failures and the ideas on the resources that can be involved to solve faced problems and eliminating existing obstacles.