HIV/AIDS Vulnerabilities in Regional Transport Corridors in the Kyrgyz Republic and Tajikistan

Susann Roth, Rikard Elfving, and Alia Rahman Khan
No. 2 | August 2012

Asian Development Bank
HIV/AIDS Vulnerabilities in Regional Transport Corridors in the Kyrgyz Republic and Tajikistan

Susann Roth, Rikard Elfving, and Alia Rahman Khan

No. 2  August 2012

Susann Roth is the social development specialist (gender and development) in the Central and West Asia Department, Rikard Elfving is the social development specialist (regional health, HIV/AIDS and social protection) in the Regional and Sustainable Development Department, and Alia Rahman Khan is a public health consultant.
The views expressed in this paper are those of the authors and do not necessarily reflect the views and policies of the Asian Development Bank (ADB) or its Board of Governors or the governments they represent.

ADB does not guarantee the accuracy of the data included in this publication and accepts no responsibility for any consequence of their use.

By making any designation of or reference to a particular territory or geographic area, or by using the term "country" in this document, ADB does not intend to make any judgments as to the legal or other status of any territory or area.

Unless otherwise noted, $ refers to US dollars.

The Central and West Asia Department Working Paper Series is a forum for stimulating discussion and eliciting feedback on ongoing and recently completed research undertaken by the Asian Development Bank (ADB) staff, consultants, or resource persons. The series deals with development problems, particularly those facing the Central and West Asia subregion; as well as conceptual, analytical, or methodological issues relating to project or program social and poverty analysis, and statistical data and measurement. The series aims to enhance the knowledge on Asia’s development and policy challenges, and to strengthen the analytical rigor and quality of ADB’s regional strategies and its subregional and country operations.

The Central and West Asia Department Working Paper Series is a quick-disseminating, informal publication whose titles could subsequently be revised for publication as articles in professional journals or chapters in books.
# ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADB</td>
<td>Asian Development Bank</td>
</tr>
<tr>
<td>CAREC</td>
<td>Central Asia Regional Economic Cooperation Program</td>
</tr>
<tr>
<td>GFATM</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
</tr>
<tr>
<td>NGO</td>
<td>nongovernment organization</td>
</tr>
<tr>
<td>PLHIV</td>
<td>people living with HIV</td>
</tr>
<tr>
<td>PRC</td>
<td>People’s Republic of China</td>
</tr>
<tr>
<td>STI</td>
<td>sexually transmitted infection</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
</tbody>
</table>
Contents

Abstract

Transport Infrastructure Development 1

HIV Prevalence and Modes of Transmission 2

HIV/AIDS and Transport Corridors 3

Populations at Higher Risk for HIV 4
  Injecting Drug Users 5
  Sex Workers 6
  Migrant Workers 7
  Wives of Migrant Workers 8

National Responses to HIV/AIDS 9
  Kyrgyz Republic 9
  Tajikistan 10

Conclusions and Recommendations 11

Bibliography 12
Abstract

This report recommends ways to combine regional and national strategies for containing the spread of HIV/AIDS, especially among key populations at higher risk of HIV exposure (key populations). It summarizes the assessments of the HIV/AIDS situations in the Kyrgyz Republic and Tajikistan, particularly along transport corridors connecting these two countries with each other and with neighboring states. And it concludes by highlighting the need for an improved coordination of disease prevention and control at the regional level, with measures such as vulnerability mapping and targeted intervention.
1. Transport Infrastructure Development

As part of their economic development efforts, the governments of the Kyrgyz Republic and Tajikistan have worked to improve their road networks to encourage trade and cooperation, both between their countries and with neighboring states, by improving access to markets and reducing the cost of road transport. The Asian Development Bank (ADB) has been a major financier of the rehabilitation of sections of these routes, and has a number of ongoing road projects. Many of these projects have been coordinated under the Central Asia Regional Economic Cooperation Program (CAREC), which emphasizes the development of transport and trade corridors. One of the goals of CAREC’s Transport and Trade Facilitation Strategy Results Framework is to develop safe, people-friendly transport systems that are environmentally sustainable and affordable.¹ CAREC recognizes, however, that the resulting increase in traffic and mobility could have negative health impacts, most notably the spread of HIV/AIDS and other sexually transmitted infections (STIs). Specifically, the increased connectivity provided by better roads could mean easier access for drug traffickers and sex workers, leading to an increase in unsafe practices associated with injecting drug use and unprotected sex, both considered the major drivers of an expanding HIV/AIDS epidemic in Central Asia.²

As part of its transport and trade facilitation framework, therefore, CAREC seeks to prevent or alleviate such negative impacts.³ ADB has also been working to mitigate the spread of communicable diseases through its Strategy 2020 and the Strategic Transport Initiative, especially HIV/AIDS in the context of ADB-funded infrastructure and transport projects.

Three of the six CAREC road corridors pass through Tajikistan. One of the rehabilitated routes is the North–South Corridor, which links Tajikistan with Afghanistan to the south and with Kazakhstan and the Russian Federation to the north. Another is the East–West Corridor, which links Tajikistan with Afghanistan to the south and with the People’s Republic of China (PRC) to the east; this corridor includes a road connecting Dushanbe, the capital of Tajikistan, to the Kyrgyz border.⁴

Four of the six CAREC corridors pass through the Kyrgyz Republic. They link densely populated regions within the country, thereby reducing their isolation and helping to improve overall regional connectivity. These corridors also connect the Kyrgyz Republic with Europe (via Kazakhstan and the Russian Federation), with the PRC and Southeast Asia, and with India and Pakistan (via Tajikistan and Afghanistan). The Kyrgyz Republic’s Country Development Strategy, 2009–2011 rehabilitated major sections of road corridors within the country’s borders with the expectation of boosting road traffic in densely populated areas, including the major cities, by about 20%.⁵

---

¹ ADB, CAREC Transport and Trade Facilitation Strategy.
² Central Asia is defined as comprising Kazakhstan, the Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan. Soon after independence, the five former Soviet Central Asian Republics met in Tashkent, Uzbekistan, and there declared that Central Asia should include Kazakhstan as well as the original four included by what was then the Soviet Union. Since then, this has become the most common definition of Central Asia.
³ ADB, CAREC Transport and Trade Facilitation Strategy.
⁴ The North–South Corridor and East–West Corridor belong to Corridor 5 (East Asia–Middle East and South Asia).
⁵ Kyrgyz Republic, Country Development Strategy; Hsu et al., Kyrgyz Republic HIV Vulnerability Assessment.
2. **HIV Prevalence and Modes of Transmission**

Besides improving transport and communication infrastructure in the Kyrgyz Republic and Tajikistan, the CAREC road rehabilitation and construction projects have created local jobs and increased the movement of people and goods across borders. These results bode well for the economies of the two countries, but one unintended consequence may be a greater risk of HIV/AIDS.

With the ongoing transport infrastructure development, population movements between the Kyrgyz Republic and Tajikistan are expected to continue to increase. The problem is that population movements are also expected to grow between the two countries and nearby Kazakhstan, the Russian Federation, and Uzbekistan, where the prevalence of HIV in population groups at risk is high. And there is now better connectivity with Afghanistan, the hub of illicit drug production in the region. This openness has exposed the Kyrgyz Republic and Tajikistan to increased drug trafficking, with increased use of intravenous drugs, which in turn can contribute to a rise in HIV/AIDS through the use of contaminated syringes. Another complication is the influx of laborers working at road construction sites. Because of the improved transport corridors, these workers are now more accessible to drug dealers and sex workers, and thus at higher risk of contracting HIV/AIDS via contaminated needles and/or unprotected sex.

The Kyrgyz Republic was the last HIV-free country in the Commonwealth of Independent States. Its first HIV case was identified in 1987: a foreigner who was studying in the Kyrgyz Republic at that time. The first local case was detected in 1996 and, like other Central Asian countries, the Kyrgyz Republic has seen a steady rise in HIV cases since then. By 2009, the total number of people registered as living with HIV (PLHIV) was 9,800. The number of new HIV cases per year was rising steadily as well, from 149 newly registered cases of HIV in 2001 to 698 in 2009. As for Tajikistan, in 2009 the country had 1,853 registered PLHIV, but the actual number was estimated to be 9,100.

The two countries show similar patterns of HIV infection:

- When HIV was first detected in each country, the infection was primarily associated with men who were injecting drug users, but now HIV is increasingly affecting women. The Kyrgyz Republic has seen a sharp rise in HIV cases among women since 2001. In that year, women constituted 9.5% of the total estimated HIV population; by 2010, they constituted 25.6%. In Tajikistan, 22.3% of new HIV cases were women in 2009, up from 8.5% in 2005.

- The population living with HIV seems to be getting younger. In the Kyrgyz Republic, the highest proportion of registered HIV cases in 2009 was in

---

6 Maichiev, *HIV in Kyrgyzstan*.
7 Ibid.
8 UNAIDS, *Report on the Global AIDS Epidemic*. Registered cases of people living with HIV are those that have been reported and officially registered at health facilities.
9 Curatio International Consulting, *Mid-Term Review of the State Programme*.
11 Curatio International Consulting, *Mid-Term Review of the State Programme*.
the 20–39 age group, or 72% of all registered cases. In Tajikistan, the 20–39 age group accounted for 81.4% of the total estimated population living with HIV or AIDS in 2009, and the largest percentage of HIV-infected women was in that age group as well.

- While the injection of drugs with contaminated needles remains a top cause of HIV transmission, the proportions of infections via sexual and vertical (mother-to-child) transmission have increased. In Tajikistan, for instance, HIV infection through sexual transmission rose from 13.8% of the total HIV cases in 2006 to 27.2% in 2009.

Both countries have experienced higher incidences of other communicable diseases as well, especially within key populations (injecting drug users and sex workers) that contract hepatitis C from contaminated needles and syphilis from unsafe sex. In the Kyrgyz Republic, the prevalence of hepatitis C in 2009 was high among injecting drug users, at 53.6%, although among sex workers it was only 4.2%. Among injecting drug users, the prevalence rate of hepatitis C was higher in males than females, probably because of longer drug use among males. The rate of syphilis among injecting drug users was 12.6%, compared with 33.8% for sex workers. In Tajikistan, the prevalence rate of hepatitis C in 2008 was 30% among male injecting drug users and 27% among female users. The prevalence of syphilis was higher among female injecting drug users, at 12%, compared with 7% for male injecting drug users. With respect to sex workers, the hepatitis C prevalence rate was 1.1% and the syphilis rate was 10.5%.

STIs other than HIV are important because (i) a person with any STI is more likely to acquire HIV through sexual means, and more likely to transmit it to others the same way; and (ii) a high incidence of STIs in a population is a marker for a high underlying incidence of unprotected sexual activity, which contributes to HIV transmission. In addition, the same practices that help spread hepatitis C—sharing needles and using contaminated blood for transfusions—also contribute to the spread of HIV.

3. HIV/AIDS and Transport Corridors

According to the United Nations Development Programme (UNDP), the major transport corridors that traverse the Kyrgyz Republic are also the major drug corridors, as they connect to Afghanistan and to countries with a high prevalence of HIV, such as Kazakhstan and the Russian Federation. The rise in drug storage and trafficking along these routes is boosting the number of HIV-positive injecting drug users in the Kyrgyz

---

13 Curatio International Consulting, *Mid-Term Review of the State Programme*.
14 UNAIDS and UNIFEM, *Gender Analysis of National Policy*.
15 Curatio International Consulting, *Mid-Term Review of the State Programme*.
16 UNAIDS and UNIFEM, *Gender Analysis of National Policy*.
19 Curatio International Consulting, *Mid-Term Review of the State Programme*.
21 Hsu et al., *Tajikistan HIV Vulnerability Assessment*.
22 Ibid.
23 Ibid.
Republic. The risk posed by a more developed transport infrastructure is reflected in data from the World Health Organization and the Joint United Nations Programme on HIV/AIDS (UNAIDS) for 2008–2009. The data show that half of all HIV-registered cases in the Kyrgyz Republic were in Osh City and Osh Oblast (province), both important transport hubs. ADB’s 2008 HIV vulnerability assessment referred to Osh City as an HIV "hot spot." The Kyrgyz Republic’s capital, Bishkek, is also on a drug-trafficking route, and is reported to have the single largest population of registered drug users in the country. In Tajikistan, drugs are often brought in via major transport routes from Afghanistan. The cities with the highest number of injecting drug users and sex workers (Khujand, Tursunzoda, Kulob, Kurgan-Tube, Khorog, and Faizabad) all lie along transport corridors.

While the prevalence rate of HIV in 2009 was reported to be 0.3% in the Kyrgyz Republic, the rates within key populations and along major roads are higher. In these locations, prevalence rates approach concentrated epidemic proportions. A concentrated epidemic stage is reached when the HIV prevalence rate is below 1% in the general population but exceeds 5% within key populations (injecting drug users, sex workers). Similarly, the prevalence rate of HIV in Tajikistan was low at 0.2% in 2009, but the country is also considered to be at the concentrated epidemic stage. Unless controlled, the danger of an epidemic in Tajikistan will increase as HIV is spread further among injecting drug users and commercial sex workers, and then to the country’s rising number of migrant workers. Low levels of awareness of HIV, risky behaviors, and limited knowledge of protection methods make the entire Tajikistan population vulnerable. The improvement of transport corridors will only increase the risk of an HIV epidemic by expanding the traffic of people and goods within and between countries.

4. Populations at Higher Risk for HIV

In the Kyrgyz Republic and Tajikistan, as elsewhere, the most effective way to protect the national population from HIV/AIDS is to identify and work with populations with an especially high risk of contracting HIV to control the expansion of concentrated epidemics. Such populations in both countries include injecting drug users, sex workers, migrant workers, and the wives of migrant workers, and prisoners.

---

24 Telephone interview with Larisa Bashmakova, program manager, UNDP HIV Program, Bishkek, Kyrgyz Republic, 17 August 2011.
26 Hsu et al., Kyrgyz Republic HIV Vulnerability Assessment.
28 Aids Project Management Group, Independent Assessment of Hard-to-Reach Populations.
29 The HIV prevalence rate in selected populations refers to the percentage of people tested in each group who were found to be infected with HIV.
31 Ibid.
32 UNAIDS, UNAIDS Terminology Guidelines. Populations at a high risk of contracting HIV can be divided into two categories: "key populations" and "vulnerable populations." According the UNAIDS guidelines, key populations are those "most likely to be exposed to HIV or to transmit it—their engagement is critical to a successful HIV response, i.e., they are key to the epidemic and key to the response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender persons, people who inject drugs, sex workers and their clients, and seronegative partners in serodiscordant couples are at higher risk of HIV exposure to HIV than other people." The guidelines define vulnerable populations as those that are "subject to societal pressures or social circumstances that may make them more vulnerable to exposure to infections, including HIV." The latter would include migrant workers and their wives.
4.1 Injecting Drug Users

In the Kyrgyz Republic, it was reported that there were 9,172 registered drug users in 2008 (compared with 7,290 in 2005), of whom 4,975 were injecting drug users. However, a 2006 assessment by the United Nations Office on Drugs and Crime stated that the country has about 25,000 injecting drug users. The number of identified cases of HIV is increasing among the general population, but especially among injecting drug users, for whom the prevalence rate almost doubled from 7.7% in 2007 to 14.3% in 2009.

Compared with other key populations in the Kyrgyz Republic, injecting drug users have limited knowledge of HIV transmission routes, prevention methods and limited access to harm reduction measures. One survey showed that only 49% of male and 62% of female injecting drug users correctly identified ways of preventing the sexual transmission of HIV. Knowledge of HIV/AIDS prevention methods was higher among injecting drug users who were at least 25 years old than among younger ones. But in 2009, it was reported that only 53.5% of all injecting drug users had used condoms during their last sexual encounter.

In 2008, the HIV prevalence rate among injecting drug users in Tajikistan reached 17.6%, thereby qualifying as a concentrated epidemic. In 2009, there were about 25,000 injecting drug users in Tajikistan. However, only 8,018 drug users were officially registered, among them 4,583 injecting drug users. Of the total number of registered HIV cases in Tajikistan in 2009, 54.2% were reported to be injecting drug users. Men accounted for 94.6% of all registered drug users and constituted about 80% of the total number of HIV cases. In Tajikistan, the HIV prevalence rate among male injecting drug users in 2008 was 18%; among female users it was 17%. The rate of female HIV infection will probably grow: female injecting drug users are usually at greater risk because, under prevailing social practices, when in the company of others they are usually the last to use the syringes.

Both male and female injecting drug users in Tajikistan tend to engage in risky behaviors (e.g., needle sharing, unprotected sex) that threaten to spread hepatitis and STIs, including HIV, to vulnerable populations. In 2008, 41% of female injecting drug users were involved in commercial sex activities, while 11% of male users had participated in commercial sex. Only 54% of female injecting drug users interviewed in 2008 had used a condom during their last sexual intercourse with non-regular partners, and 43% of male injecting drug users had done so. This tendency among injecting drug users puts...
their spouses and regular partners in danger. It was reported in 2009 that, of the HIV-infected pregnant women in Tajikistan, 56% had had partners who were injecting drug users. A pregnant woman with HIV can transmit the infection to her child.

### 4.2 Sex Workers

The number of sex workers in Tajikistan increased from 8,000 in 2003 to 12,500 in 2009. The prevalence of HIV among commercial sex workers increased from 0.7% in 2005 to 2.8% in 2008. Despite the still relatively low HIV prevalence rate among sex workers, this group could become an important vehicle for transmitting HIV infection.

In 2008, it was reported that 84% of sex workers in Tajikistan used condoms with their clients, but that only 31.8% used condoms with their regular partners. The fact that the majority of sex workers were not using condoms with their regular partners puts other vulnerable populations and the broader population at risk, even though these sex workers were using condoms with their clients most of the time. Their clients generally belong to mobile groups (traders, taxi drivers, and migrant workers) that travel along the major transport corridors, so even if a smaller number of them are infected, they have greater opportunities to infect others. Drug abuse among sex workers is another factor that may accelerate the spread of HIV because of the practice of sharing needles. Sentinel surveillance data from 2008 indicated that 11% of injecting drug users at the time were women, and 41% of these women reported having commercial sex. Sex workers who are also injecting drug users put their clients and partners at high risk, but the spread of infection can work both ways, in that male injecting drug users can also infect commercial sex workers.

In 2008, there were about 6,000 sex workers in the Kyrgyz Republic, largely concentrated in Bishkek (1,758), Osh City (800), and Jalalabad (301). The HIV prevalence rate among Kyrgyz Republic sex workers remained mostly steady during 2006–2009, rising slightly from 1.4% to 1.6%. However, these figures may be underestimates, as fewer than 50% of all sex workers were tested for HIV and obtained the results of their tests. Moreover, the percentage of sex workers getting tested dropped significantly after 2006.

Compared with injecting drug users, sex workers in the Kyrgyz Republic have a greater knowledge of HIV transmission routes and prevention methods. A 2009 survey showed that 88.8% of sex workers correctly identified ways of preventing the sexual transmission of HIV. It was also reported in 2009 that 93.9% of them were using condoms. Although knowledge and usage of prevention methods by sex workers has been rather

---

49 Thorne et al., *Towards the Elimination of Mother-to-Child Transmission.*
50 UNGASS, *National Report of the Declaration of Commitment on HIV/AIDS.*
51 Ibid.
52 Ibid.
53 Ibid.
54 Ibid.
55 Ibid.
56 Curatio International Consulting, *Mid-Term Review of the State Programme.*
58 Ibid.
59 Ibid.
60 Ibid.
61 Ibid.
high, this group could still spread HIV/AIDS to others. For instance, another study in 2009 found that 4.2% of sex workers indulged in risky drug-injecting practices, and that sex workers in towns and along roads between larger cities were more likely to be injecting drug users. ADB’s 2008 HIV vulnerability assessment showed that sex services were readily available along the Osh–Bishkek Corridor, with more than 700 sex workers active along the corridor at that time.

### 4.3 Migrant Workers

In 2008, it was reported that the HIV prevalence rate among migrant workers in Tajikistan was only 0.5% (there are no figures for the Kyrgyz Republic). But even at this low rate, migrant workers, especially those employed in road construction projects, remain at risk for contracting HIV/AIDS because of their precarious living circumstances. Often absent from home for months at a time, they are likely to engage in high-risk behaviors such as having multiple sex partners, engaging in commercial sex, and injecting drugs. This trend was noted in the town of Vahdat, which is on the East–West Corridor in Tajikistan. ADB’s 2008 HIV vulnerability assessment showed that there were 25 reported cases of HIV in Vahdat. In the town’s immediate vicinity are many bars, casinos, and cafes. There is a concentration of injecting drug users, commercial sex workers, and migrant workers in the town, as well as a camp nearby for construction workers. Vahdat is also a stopping point for truck drivers, so the town also carries risks for transitory visitors. A similar situation exists in the city of Osh, in the Kyrgyz Republic. ADB’s 2008 HIV vulnerability assessment noted that there were construction camp sites close to Osh, which had been identified as a major hot spot for sex workers and injecting drug users. According to the assessment, 48% of the construction workers surveyed reported that they were not using condoms when having sex with their regular partners.

Often the situation is made worse by a lack of awareness. In Tajikistan, migrant workers have little knowledge of HIV transmission routes, safe sex practices, or basic reproductive health. A 2009 baseline study showed that 33.3% of migrant workers in Tajikistan believed that using condoms during sexual intercourse did not provide protection against HIV infection, and about 28% believed that only injecting drug users are vulnerable to HIV infection. Migrant workers in the Kyrgyz Republic possess similarly limited knowledge and understanding of HIV transmission routes and prevention methods. In a baseline study conducted in 2010, more than 31% of migrant workers surveyed said that condoms do not provide protection against HIV infection, 38% felt that only injecting drug users could contract HIV, 73%

---

62 Curatio International Consulting, *Mid-Term Review of the State Programme*.
63 Hsu et al., *Kyrgyz Republic HIV Vulnerability Assessment*.
65 Godinho et al., *Reversing the Tide*.
66 Hsu et al., *Tajikistan HIV Vulnerability Assessment*.
67 Ibid.
68 Ibid.
69 Ibid.
70 Hsu et al., *Kyrgyz Republic HIV Vulnerability Assessment*.
71 Ibid.
72 Interchurch Organisation for Development Cooperation et al., *HIV and Labor Migration*.
reported that they had not used condoms during their last encounter with a sex worker, and almost 53% never bought condoms.\textsuperscript{74}

Migrants from neighboring countries continue to be attracted by the job opportunities at infrastructure development projects in the Kyrgyz Republic\textsuperscript{75} and in Tajikistan,\textsuperscript{76} and many workers from the Kyrgyz Republic and Tajikistan migrate to nearby countries for employment.\textsuperscript{77} Migrant workers who live and work illegally in neighboring countries usually do not have access to adequate health services and so may not be able to learn about HIV transmission. Given their frequent lack of knowledge about HIV, combined with their risky behaviors, migrant workers are a vulnerable population, with the potential for transmitting the HIV infection to others, especially their wives.

\subsection*{4.4 Wives of Migrant Workers}

Data from 2010 confirmed that women constituted 25.6\% of the total HIV-infected population in the Kyrgyz Republic, compared with 9.5\% in 2001.\textsuperscript{78} As the number of HIV-infected women has grown, the number of HIV-infected pregnant women has also increased. In 2009, HIV-infected pregnant women made up 2.1\% of total registered HIV cases.\textsuperscript{79} The Kyrgyz Republic has also seen an increase in number of cases of HIV-positive pregnant women who are the wives of migrant workers.\textsuperscript{80} After engaging in risky behaviors while on the road, migrant workers sometimes return home and transmit the HIV infection to their wives. The pregnant wives can then, in turn, transmit the HIV infection to their babies prenatally, at birth, or during breastfeeding. In Tajikistan, sexually transmitted HIV infections increased from 13.8\% of HIV cases in 2006 to 27.2\% in 2009,\textsuperscript{81} and infections of fetuses through vertical routes has likewise increased.\textsuperscript{82}

Unawareness and poverty also increase the risk for women. A 2010 study of migrant workers' spouses in the Kyrgyz Republic concluded that these women had low levels of HIV awareness and high levels of fear regarding the stigma and discrimination associated with PLHIV.\textsuperscript{83} Of the spouses surveyed, 73.0\% had never been tested for HIV, and 25.9\% believed that condoms do not protect against HIV transmission.\textsuperscript{84} In Tajikistan, irregular or insufficient remittances from their husbands have left wives and children in abject poverty.\textsuperscript{85} Rural wives especially find survival difficult, given the lack of local jobs.\textsuperscript{86} There is no official data on the link between migrants' wives and prostitution, but anecdotal evidence indicates that

\begin{thebibliography}{100}
\bibitem{74} Ibid.
\bibitem{75} Hsu et al., Kyrgyz Republic HIV Vulnerability Assessment.
\bibitem{76} Interview with Rukhshona Qurbonova, senior program assistant to the Migration Health Unit, International Organization for Migration, Dushanbe, Tajikistan, July 2011; Chroshanbiyev, “Chinese Nationals Account for More 60\% of Labor Migrants.”
\bibitem{77} Marat, \textit{Labor Migration in Central Asia}; Umarov, Tajik Labor Migration.
\bibitem{78} Curatio International Consulting, \textit{Mid-Term Review of the State Programme}.
\bibitem{79} Ibid.
\bibitem{80} Telephone interview with Larisa Bashmakova, program manager, UNDP HIV Program, Bishkek, Kyrgyz Republic, 17 August 2011.
\bibitem{81} UNGASS, \textit{National Report of the Declaration of Commitment on HIV/AIDS}.
\bibitem{82} UNAIDS and UNIFEM, \textit{Gender Analysis of National Policy}.
\bibitem{83} ICCO et al., \textit{HIV and Labor Migration}.
\bibitem{84} Ibid.
\bibitem{85} Umarov, \textit{Tajik Labor Migration}.
\bibitem{86} Ibid.
\end{thebibliography}
some women who are frequently left alone by their husbands engage in the practice, making themselves vulnerable to STIs, including HIV.87

5. National Responses to HIV/AIDS

5.1 Kyrgyz Republic

Since the onset of the HIV epidemic, the Government of the Kyrgyz Republic has shown a strong commitment to fighting HIV. In 2001, the government established its HIV/AIDS State Strategic Plan, with the support of the United Nations Theme Group on HIV/AIDS, led by UNDP.88 In 2005, because of certain limitations in the previous state program, the government, working through its Country Multi-Sector Coordination Committee on HIV/AIDS, and with support from various international organizations, established the State Program on HIV/AIDS Epidemic Prevention for 2006–2010.89 The main goal of this program was to limit the spread of HIV and reduce its socioeconomic consequences.90

Key government ministries were involved in the planning of the program, which was implemented by the Country Multi-Sectoral Coordination Committee on Socially Significant and Highly Dangerous and Infectious Diseases, chaired by the vice prime minister. The government also worked with civil society organizations and international nongovernment organizations (NGOs), including the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), UNDP, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization, the United Nations Population Fund, UNICEF, the United States Agency for International Development (USAID), the United States Centers for Disease Control and Prevention, the United Nations Office on Drugs and Crime, the Central Asia Aids Project, and the Central Asia Regional HIV/AIDS Programme.

Focusing on the most at-risk key and vulnerable populations, the program included (i) medical and social support to PLHIV, (ii) the provision of safe donor blood, (iii) support services for reproductive health and family planning, (iv) services to prevent vertical HIV transmission, and (v) the dissemination of information about HIV/AIDS.91 Unfortunately, the harm-reduction and drug-use prevention program was hampered by inconsistently formulated and interpreted legal provisions. Many injecting drug users, for example, were afraid to go to syringe exchange points because drug traces in the used syringes are considered “storage,” which is illegal.

Voluntary testing and counseling for HIV were also provided by the government (as well as by a large number of private institutions). In 2009, it was reported that almost 40% of injecting drug users in the Kyrgyz Republic had been tested for HIV and were aware of their results.92 The percentage of female injecting drug users who were tested for HIV and knew their results was reported to be higher than the equivalent figure for males. Similarly, about 42% of sex workers had been tested and informed of their results.93

87 Ibid.
89 Ibid.
90 Ibid.
91 Ibid.
93 Ibid.
Since 2006, however, the proportion of injecting drug users and sex workers reached by the government’s HIV-prevention program and other initiatives has been declining. The 2008–2009 country report by the United Nations General Assembly Special Session on HIV/AIDS states that 76.2% of sex workers and 42% of injecting drug users had received condoms from HIV-prevention programs, while 43% of the injecting drug users received sterile needles and syringes from outreach workers or from the government’s syringe exchange points. It had been thought that injecting drug users and sex workers had lost their access to HIV-prevention programs because of a crackdown by the Ministry of Internal Affairs, but people using HIV/AIDS testing and counseling services reported that public stigmatization of drug users and PLHIV was the great obstacle to accessing government and NGO HIV testing, counseling, and treatment services. Many were apprehensive about revealing their HIV-positive status, fearing ostracism and discrimination from family members and the community.

In 2011, as a response to the increasing number of HIV/AIDS cases in Kyrgyz Republic, the government endorsed the European Action Plan for HIV/AIDS 2012–2015, which is structured around four strategic directions: (i) optimize HIV prevention, diagnosis, treatment, and care outcomes; (ii) leverage broader health outcomes through HIV responses; (iii) build stronger and sustainable systems; and (iv) reduce vulnerabilities and remove structural barriers to accessing services. Guidance and political commitment have yet to be translated into action.

### 5.2 Tajikistan

The Government of Tajikistan has also given high priority to the prevention and control of HIV/AIDS. In 2002, it approved the Strategic Plan on the Prevention of HIV/AIDS Epidemics in Tajikistan for 2002–2005, which sought to reduce the vulnerability of youth, injecting drug users, and commercial sex workers. It also established the multi-sectoral National Coordinating Committee of Tajikistan on HIV/AIDS, Tuberculosis and Malaria, which comprised representatives from government agencies, development partners, and NGOs. The committee was chaired by the deputy prime minister, had a permanent secretariat and a dedicated budget, and was responsible for implementing preventive and curative policies through various line ministries and other government agencies. Technical and financial support came from international donors, including the World Bank, UNAIDS, USAID, the Department for International Development of the United Kingdom, the AIDS Foundation East–West, and the Soros Foundation.

In 2005, the government launched the National Development Strategy for 2006–2015 to achieve the Millennium Development Goals, and the strategy included special measures for controlling HIV/AIDS and reversing morbidity. Special legislation was enacted in 2005 to protect the rights of PLHIV and provide free health care services and social support. The next government effort, the National Program to Combat HIV/AIDS (2007–2010), focused on achieving universal access to HIV/AIDS prevention and treatment, in addition

The government is currently implementing the National Program to Combat HIV/AIDS (2011–2015), which aims to provide PLHIV with the necessary HIV-prevention treatment and support.\textsuperscript{100} It also involves key populations (injecting drug users and sex workers) as well as vulnerable populations (prisoners, migrants, street children, women, military personnel, and others). The government now has several “trust points” providing voluntary counseling and testing, condoms, clean needles, and syringe exchanges.\textsuperscript{101} UNDP is supporting most of the trust points as part of implementing grants from the GFATM.\textsuperscript{102}

The government’s policies have resulted in significant progress toward controlling HIV/AIDS in Tajikistan. People with HIV/AIDS now have greater access to antiretroviral therapy; testing is more available; monitoring has improved, with more sentinel sites; major resources have been mobilized to finance program implementation (mostly from the GFATM); and community-based organizations and NGOs now play a greater role in the national response to HIV/AIDS.\textsuperscript{103} As far as testing is concerned, the United Nations General Assembly Special Session Tajikistan Country Report for 2008–2009 noted that HIV testing significantly increased, from 93,791 tested in 2007 to 148,255 in 2008, and then to 210,179 in 2009. The testing of pregnant women and migrant workers also increased appreciably.\textsuperscript{104}

Tajikistan endorsed the European Action Plan for HIV 2012–2015 and needs further support to implement it.

6. Conclusions and Recommendations

The rise in the prevalence rate of HIV in higher-risk populations in the Kyrgyz Republic and Tajikistan, particularly among injecting drug users and sex workers, remains a cause for concern. Survey data continue to indicate that HIV/AIDS is not yet under control in either country, and that it has the potential to spread beyond the higher-risk categories to the population at large.

Each government’s response to the possibility of a full-scale HIV/AIDS epidemic has been to develop national strategies focusing on controlling the disease among domestic vulnerable population. But with the opening up of the Kyrgyz Republic and Tajikistan through improved transport corridors and large-scale movements of migrant workers across borders, these countries are now exposed epidemiologically to neighbors in the Commonwealth of Independent States that have higher rates of HIV infection. For this reason, the problem of HIV should also be seen through a regional lens. HIV intervention requires not only national strategies, but also a regional approach encompassing neighboring countries with the same problems. CAREC could provide the platform to develop an intersectoral integrated regional strategy for controlling the spread of HIV.

\textsuperscript{100} UNGASS, \textit{National Report of the Declaration of Commitment on HIV/AIDS}.
\textsuperscript{101} Ibid.
\textsuperscript{102} Ibid.
\textsuperscript{103} Ibid.
\textsuperscript{104} Ibid.
Models of such cooperation are available, among them ADB’s experience in the Greater Mekong Subregion.

Within the Kyrgyz Republic and Tajikistan, HIV prevention and control strategies need to also focus on the main transport corridors and on the urban centers situated along them. This can be done by (i) developing guidelines for identifying and targeting high-risk populations (injecting drug users, migrant workers, among others) and high-risk areas (work sites and concentrations of migrant households); (ii) mapping the distribution of high-risk populations along the transport corridors; (iii) strengthening the monitoring and surveillance of high-risk populations along transport corridors; (iv) building the capacity of the governments and national and international organizations in HIV prevention and harm reduction; (v) educating religious leaders, community leaders, and the mass media; and (vi) sharing knowledge and information on best practices and providing practical training at specialized institutions within the region and in countries bordering on the region.

**Bibliography**


HIV/AIDS Vulnerabilities in Regional Transport Corridors in the Kyrgyz Republic and Tajikistan

This report recommends ways to combine regional and national strategies for containing the spread of HIV/AIDS, especially among key populations at higher risk of HIV exposure. It summarizes the assessments of the HIV/AIDS situations in the Kyrgyz Republic and Tajikistan, particularly along transport corridors connecting these two countries with each other and with neighboring states. And it concludes by highlighting the need for an improved coordination of disease prevention and control at the regional level, with measures such as vulnerability mapping and targeted intervention.

About the Asian Development Bank

ADB's vision is an Asia and Pacific region free of poverty. Its mission is to help its developing member countries reduce poverty and improve the quality of life of their people. Despite the region's many successes, it remains home to two thirds of the world's poor: 1.8 billion people who live on less than $2 a day, with 903 million struggling on less than $1.25 a day. ADB is committed to reducing poverty through inclusive economic growth, environmentally sustainable growth, and regional integration.

Based in Manila, ADB is owned by 67 members, including 48 from the region. Its main instruments for helping its developing member countries are policy dialogue, loans, equity investments, guarantees, grants, and technical assistance.