

HIV/AIDS IN CENTRAL ASIA¹

The countries of Central Asia are still at the earliest stages of an HIV/AIDS epidemic. Kazakhstan, the worst affected country in Central Asia, has less than 2,500 cases. Until recently, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan were scarcely affected by HIV. At the end of 2001, less than 1,500 HIV-infected persons were identified in these four republics since the onset of their epidemics. However, there is cause for serious concern, as drug trafficking routes pass through Central Asia, estimates indicate that the region has almost 0.5 million drug users, and outbreaks of HIV-related injecting drug use have been reported in Kazakhstan, Kyrgystan, Uzbekistan and Tajikistan.

HIV/AIDS is the most formidable development challenge of our time.

Kofi Annan, UN Secretary General, 16 February 2001

Globally, the spread of HIV has become an epidemic far more extensive than was predicted a decade ago. At the end of 2001, UNAIDS² reported that 40 million persons were living with HIV or AIDS globally and that about 25 million had already died from the disease. That same year saw an estimated 5 million new infections globally and 3 million deaths. The UN Security Council and the US Government have now both declared AIDS to be a serious threat to global stability and security. In June 2001, the United Nations General Assembly Special Session on HIV/AIDS set in place a framework for national and international accountability in the struggle against the epidemic. Each Government pledged to pursue a series of benchmark targets as part of a comprehensive AIDS response, as follows:

- To reduce HIV infection among 15–24-year-olds by 25% in the most affected countries by 2005 and, globally, by 2010;
- By 2005, to reduce the proportion of infants infected with HIV by 20%, and by 50% by 2010;
- By 2003, to develop national strategies to strengthen health-care systems and address factors affecting the provision of HIV-related drugs, including affordability and pricing. Also, to urgently make every effort to provide the highest attainable standard of treatment for HIV/AIDS, including antiretroviral therapy in a careful and monitored manner to reduce the risk of developing resistance;
- By 2003, to develop and, by 2005, implement national strategies to provide a supportive environment for orphans and children infected and affected by HIV/AIDS;
- By 2003, to have in place strategies that begin to address the factors that make individuals particularly vulnerable to HIV infection, including under-development, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self-protection, and all types of sexual exploitation of women, girls and boys;
- By 2003, to develop multisectoral strategies to address the impact of the HIV/AIDS epidemic at the individual, family, community and national levels.

¹ This briefing note was prepared by Laura Shrestha, former ECA AIDS focal point, in 2001, and updated by Joana Godinho in 2002. The note was cleared by Armin Fidler, Sector Manager. The authors wish to thank Dilnara Isamiddinova, Dinara Djoldosheva, Guljahan Kurbanova, Natalya Beisenova, Saodat Bazarova, Jan Bultman, John C. Langenbrunner, Michael Porter, Olusoji Adeyi, Martha Ainsworth and Armin Fidler for provision of data and/or for their helpful comments on earlier versions of this paper.

² UNAIDS, the Joint United Nations Program whose mission is to lead, strengthen, and support an expanded global response to the HIV/ AIDS epidemic, has 8 co-sponsors: the International Labor organization (its most recent sponsor), the United Nations Children's Fund (UNICEF), the United Nations Development Program (UNDP), the United Nations Population Fund (UNFPA), the United Nations Education, Scientific, and Cultural Organization (UNESCO), the United Nations International Drug Control Program (UNDCP), the World Health Organization (WHO), and the World Bank.

UNAIDS estimates that US\$7–10 billion per year are necessary to finance the prevention and control of the HIV/AIDS epidemic in low- and middle-income countries. The Global Fund to fight AIDS, Tuberculosis and Malaria has attracted about US\$1.5 billion in pledges. In addition, the World Bank plans major new HIV/AIDS projects with an estimated cost of over US\$400 million per year. All the while, more countries are boosting their national budget allocations towards AIDS responses. Several least developed countries have received, or are in line for, debt relief that could help them increase their spending on HIV/AIDS. Private companies are also stepping up their efforts. A new international code of conduct on AIDS and the workplace was ratified earlier this year by members of the International Labour Organization (ILO).

Should We Be Concerned about HIV/AIDS in Eastern Europe and Central Asia?

<p>First, the good news:</p> <p><i>ECA currently has very low HIV prevalence rates.</i></p>	<p>And, now, the bad:</p> <p><i>BUT, upward trends in ECA present some of the world's most dramatic concerns.</i></p>
<ul style="list-style-type: none"> • By international standards, HIV infection rates are very low in ECA. Average adult HIV prevalence (% of those aged 15-49 who are HIV-infected) in ECA was 0.5%, compared to 1.2% globally. Africa is the worst affected region (8.4%, on average; Botswana: 35.8% in 2000). • Even the worst affected countries within Europe and Central Asia (Ukraine, Russia, Belarus, Moldova) have national prevalence rates of 1.0% or below. • The window of opportunity for averting full-scale epidemics is within the reach of Governments in the region, but action must be taken now. • Many ECA countries have approved AIDS strategies to control the epidemic, and have allocated budgets to AIDS programs. 	<ul style="list-style-type: none"> • HIV incidence is rising faster in ECA than anywhere else in the world. At end-2001, at least 1 million people were infected in the region, an increase of 250 thousand from just one year earlier. In the Russian Federation, the number of newly reported cases has been doubling every year since 1998. • High rates of HIV are seen in some sub-populations within ECA, especially young men in economically-battered industrial cities. • The region's epidemic is being fueled by injecting drug use (a highly efficient source of transmission of HIV), unfolding against a complicated backdrop of economic crisis, rapid social change, increased unemployment, poverty, growing prostitution, and changes in sexual norms. Nine out of ten infected people are drug users. However, the proportion of sexually-transmitted HIV infections is increasing. • There is neither a vaccine to prevent HIV/AIDS nor a cure. Recently, anti-retroviral, life-prolonging, treatments have become available, but their use involves complicated treatment regimens for a lifetime at high costs (\$1,000-\$10,000/year/patient). These costs are usually beyond the means of both individuals and national health budgets. • The success of prevention efforts requires the establishment of a political and social environment of understanding about how the infection spreads, and its potential deleterious impact on development.
<p>Source of estimates: UNAIDS.</p>	

The HIV/AIDS Epidemic: What about Central Asia Specifically?

	Year HIV first reported	# People living w/ HIV/AIDS	Prevalence (adults)	Predominant mode of transmission
Kazakhstan	1989	2,343	0.07	IDU
Kyrgyz Republic	1987	168	<0.01	IDU
Tajikistan	1991	45	<0.02	IDU
Turkmenistan	1997	<100	<0.01	Nosocomial
Uzbekistan	1992	779	<0.01	IDU
Central Asia	1987-92	<3,500	<0.01	IDU

Source: 2001 national statistics

Grounds for Serious Concern in Central Asia

Despite the low HIV prevalence rates detailed above, Central Asia is in danger of an explosive HIV crisis unless concerted preventive efforts are undertaken now. Why are we apprehensive?

- ❑ There are exponential growth rates in the number of new infections in neighboring countries of the former Soviet Union, most notably in the Russian Federation, Ukraine, Belarus, Estonia and Moldova.
- ❑ Recent outbreaks have been documented in Central Asia itself over the past few months. A few examples follow.
 - More than 200 HIV+ cases were recently identified in **Uzbekistan** (Yangi Yul);
 - The number of HIV+ cases officially registered in the **Kyrgyz Republic** has been increasing rapidly. According to official Government statistics, of the total 168 cases registered nationally by November 2001, 115 had been identified during the year. Almost all of them were in Osh oblast; most were among injecting drug users. A recently published 'optimistic prognosis' in *Delovaya Nedelya* suggested that a minimum of 200 people in the south of the country are HIV+.
- ❑ Because patients may be asymptomatic for as long as ten years, 'registered cases', as above, are believed to seriously under-estimate the actual true number of HIV cases in a country. General wisdom suggests that the actual number of HIV+ cases is about ten times the number of registered cases.
- ❑ Migration, resulting from the opening of borders and loosening of travel restrictions, coupled with economic and political pressures, created a much more mobile population which has a greater capacity to spread infectious diseases like HIV.
- ❑ The region is also facing concurrent epidemics of sexually transmitted infections (STIs), which serve as key co-factors for the transmission of HIV. The ability of the public health system to trace, diagnose, and treat patients with infections like STIs has significantly deteriorated.

- Finally, and perhaps most importantly, there is evidence of expanding injecting drug use in the region. This method of transmission of HIV/AIDS is highly efficient, and is the basis for the expanding epidemics in the Russian Federation, Ukraine, Belarus, Moldova and Estonia. Estimates indicate that Kazakhstan has around 200,000 drug users, almost half of which would be injecting drug users; Tajikistan has around 100,000, with a quarter being IDUs; and Uzbekistan and Turkmenistan have around 60,000, but while only 15% in Turkmenistan would be IDUs, in Uzbekistan more than half would inject drugs. Recognizing the potential for spread within the injecting drug use communities in his country, the Deputy Minister of Health in the Kyrgyz Republic ominously reported that there are 4,500 persons currently registered as drug addicts nationally, but that the real figure is likely to be ten times higher.

Injecting Drug Use Fuel for an Explosive HIV Crisis?

- **Central Asia is a critical drug trafficking route**, the corridor through which much of the world's hard drug trade from Afghanistan, Pakistan, and Central Asia itself, is conducted. There is ample evidence from other regions that drug trafficking, injecting drug use, and HIV infection are closely woven together, with the inevitable outcome that HIV follows the drug trafficking routes. The most infected provinces in China are on the main heroin trafficking routes from southeastern Asia. The cities of Timertau (Kazakhstan), Yangi Yul (Uzbekistan), and Osh (Kyrgyzstan), each with some of the highest documented rates of HIV incidence in Central Asia, all lie directly on drug trafficking routes.
- **Poverty is fueling the drug trade in Central Asia**. The collapse of the USSR hit Central Asia especially hard economically. As incomes all but disappeared from agriculture, more of the local population became involved in the drug trade as couriers, local distributors, and users. The narcotics industry has now become deeply embedded in the economy. One report on Tajikistan found that 30% of the population is dependent on the illicit drug business. There are reports of women serving as drug couriers in exchange for food to feed their families and of payment for services in drugs rather than cash.
- **Poverty is fostering an increase in drug use** and is making the method of drug use more risky. A long history of psychoactive substance abuse is reported for the region. Now, however, access to more potent drugs is becoming both easier and cheaper. The Open Society Institute estimates that 10% of total drugs smuggled are consumed in-country. Furthermore, people are switching from the more expensive vodka to cheaper heroin – a hit of heroin costs little more than US\$1 -, and heroin users are starting to switch from smoking or snorting to the more risky, but effective, injection.
- **Culture of fear**. Control of a potential HIV epidemic that is concentrated amongst injecting drug users requires that drug users have access to service providers --- clinics to treat STIs, harm reduction or needle exchange programs, and treatment centers to treat the drug addiction. However, drug users often face arrest/persecution from police when they try to access services, even when they are drug-free. In this context of fear, not only is individual health compromised, but there is a high potential for dire public health consequences. Drug users are driven 'underground', where they can spread the HIV virus undetected.

HIV/AIDS in Central Asian Countries

Kazakhstan, distinguished by its large territory and relative high level of annual per capita income (\$1200), has a HIV/AIDS prevalence greater than in its four neighboring countries combined. Since the first case was reported in 1987, the number of registered cases has grown to 2,343 by end-2001. **UNAIDS estimates** that the true number is, at least twice as high, while other experts believe that the true number is, at least, 10 times higher, in a population of 15.4 million persons.

While the spread of HIV had been sporadic until 1996, the epidemic is now characterized by:

- Rapid transmission of the HIV virus. The number of registered cases has almost doubled each year since 2000;
- Concentration amongst those who engage in high-risk behaviors. The most common mode of transmission is through the use of infected syringes and needles when injecting drugs (75% of registered cases). The potential for continued rapid spread among IDUs is acute, as there are 43 thousand registered drug users. The registered numbers probably account for only about one-fifth of the actual number;
- Geographic concentration. Worst affected are the regions of Karaganda, Pavlodar and Kostanay, and Almaty city. Although initially confined to Karaganda region, all oblasts now have confirmed HIV+ cases;
- Disproportionate impact on youth, and especially among young men. Over half of HIV-infected persons are aged 20-29 years. Almost 90% are within the age category 15-39 years, and almost 80% are men;
- Concentration within vulnerable groups. Almost 75% of affected persons were unemployed at time of infection. Infection rates have been increasing rapidly amongst prisoners.

Government Response. The Government has recently accelerated its actions against HIV. A Government Resolution on policy to prevent the spread of AIDS in Kazakhstan was issued in 2000, and an inter-sectoral technical group was established for the development of prevention strategies against HIV/AIDS. Based on these initiatives, the National Program for 2001-2005 was approved in 2001.

The National Program has three primary objectives: to stabilize HIV prevalence by preventing the virus from spreading into the general population (from concentrated high-risk groups), to reduce the growth of the HIV-vulnerable sub-populations (especially youth), and to ensure that at least 80% of HIV-infected persons are covered with medical and social programs to reduce their contagiousness.

To meet these objectives, the following main strategies of response against HIV were developed:



- Improving the legal basis related to the HIV/AIDS issue. This will include strengthening measures to ensure the constitutionally-guaranteed rights and freedoms of citizens, including those who engage in risky behaviors and HIV-infected persons;
- Improving national policy and practices to support relations between the Government, civil society, and groups which engage in risky behavior;
- Developing and implementing educational programs and establishing an information environment which promotes an understanding of the HIV/AIDS issue and the hazards of risky behavior;
- Improving the performance of health services, quality control of medical and hygienic goods, and monitoring and evaluation of the situation with respect to the HIV/AIDS epidemic;
- Strengthening the organization of management, coordination and performance of preventive programs on HIV/AIDS.

Obstacles, which have been identified by the Government, include the concurrent epidemics of both injecting drug use and sexually transmitted infections, insufficient tolerance for activities directed towards vulnerable populations, slow progress in changing the foci from clinical treatment methods towards promotion of health lifestyles and prevention activities, and insufficient resources.

Kyrgyzstan, the smallest country in Central Asia in terms of both territorial size and population (4.8 million), and one of the poorest (\$270 annual per capita income), continues to have a low level of HIV prevalence. However, Kyrgyzstan is now experiencing a rapid increase in the number of newly registered HIV-infected persons. By November 2001, there were a total of 168 officially registered HIV cases. A staggering 115 of these persons were identified in 2001, a trebling of the total number of cases that had been identified in the six-year period 1995–2000. While many of the early cases were identified among foreigners, recent statistics show that most of the HIV-infected persons are nationals of Kyrgyzstan. As in other countries of the region, injecting drug use accounts for the majority of infections – about 90%. One estimate suggests that there are 50 thousand drug users in Kyrgyzstan, 70% of which using injecting drugs.

Kyrgyzstan's willingness to respond to a potential HIV epidemic during the early years – when the first cases of the virus were first identified – can be considered international best practice. Although seriously under-funded (only \$25 thousand was allotted last year by the Government for prevention and awareness programs), the Government has actively taken measures to address the potential epidemic. AIDS and prevention of sexually transmitted infections (STIs) are both included in the Health Reform Program 'Manas' and in the State Program 'Healthy Nation'. In 1996, when only 4 cases of HIV had been identified in the entire country, the Parliament adopted a Law on AIDS Prevention. The adoption of this Law undoubtedly intensifies HIV prevention activities in the country, ensures the involvement of all state agencies, and facilitates the securing of funds for special programs. The National Program on HIV/STIs Prevention was passed in 1997. The most recent 'Strategic Plan of National Response to the Epidemic of HIV/AIDS in the Kyrgyz Republic' was passed in 2000. The general objective of the prevention program is to reduce the number and scale of the spread of HIV and to reduce the incidence of STIs incidence in the Kyrgyz Republic. Five strategies and interventions are identified:

- Development of a national policy on HIV/AIDS and STIs;
- Ensuring the safe provision of medical procedures, including prevention of HIV and other infections through blood transmission, invasive procedures, and unsafe injection;
- Prevention of the sexual transmission of HIV and STIs, through the fostering of safe sexual behavior, the provision of condoms, and the provision of medical care for STIs;
- Prevention of the prenatal transmission of HIV by providing the population group of fertile age with information on HIV/AIDS/STIs/family planning and the provision of condoms; and,
- Provision of medical and social care for HIV-positive patients, AIDS patients and their family members.

Tajikistan. Tajikistan is the poorest ECA country, with an annual per capita income of \$170. According to official statistics, Tajikistan had only 45 HIV-infected persons by the end of 2001, 33 of which were intravenous drug users. However, the country is gripped by a serious drug crisis. Over five thousand drug addicts are officially registered, but UNODCCP estimates that the real number of drug users is of about 100,000. As reported by Central Asia News, between 30 to 50 percent of Tajikistan's economic activity is linked to narcotics trafficking and the number of Tajiks using hard drugs, such as opium and heroin, appears to be exploding. In addition, law enforcement officials had intercepted over 3.5 tons of narcotics in the first 7 months of 2001; the quantities of raw poppy seeds indicates that heroin production laboratories may now exist in the country. Tajikistan's economic dependency on trafficking drugs compounds the difficulties for officials and NGO workers striving to contain drug-related social dilemmas. Some foreign experts in Tajikistan assert that the elimination of trafficking-related economic activity would have a serious impact on living standards in an already very poor country.

Despite the almost non-existent level of HIV infection (according to official statistics) and the enormous pressure placed on a crumbling health care system by transition and civil war, the political leadership has demonstrated strong commitment to HIV/AIDS prevention. A Presidential decree in 1997 approved the 1st National Program on HIV/AIDS and established the National Coordination Committee for HIV/AIDS Prevention. These actions highlight the country's proactive approach in securing an expanded response to the HIV/AIDS threat. While the goals of the HIV and STIs control programs are well-articulated, the Government faces serious constraints in the funding of the health program.

The National Program, as the overarching framework for the prevention and control of HIV spread in Tajikistan, outlines the key policy directions, strategies and priority interventions for HIV/AIDS and STIs. National Program policy is founded on the following elements:

- HIV/AIDS and STIs are problems that affect the whole society and call for political and financial support from the Government;
- There is a need for a multi-sectoral approach that involves ministries, NGOs, and donor agencies;
- Information about HIV/AIDS status should be kept confidential and disclosed only to the persons tested and those referred to in the law 'On AIDS Prevention';
- It is essential to integrate the prevention and care dimensions into the programs and actions on HIV/AIDS and STI prevention and control, blood transfusion, family planning, and mother and child health programs;
- A coordination mechanism for the National Program implementation needs to be established;
- Care for and protection of HIV-infected people should be secured;
- Issues of condom promotion and distribution, as well as provision of medicines for HIV/AIDS and STI patients should be addressed;
- Wide dissemination of information about HIV/AIDS/STIs among the population, particularly among youth and risk groups, is essential.

Turkmenistan. Information about the status of HIV in Turkmenistan is highly limited. The Turkmen State News Service reported in 2001 that "AIDS is not a problem in Turkmenistan due to the success of the governmental anti-AIDS measures". However, Turkmenistan has about 6,000 registered drug users, and the UN agencies estimate that the real number is over 50,000. Furthermore, STIs have been increasing recently (7 fold for syphilis in the period 1992-98), and therefore the number of HIV cases is also expected to raise.

While it is believed that Turkmenistan does have low incidence of infection, HIV/AIDS is a priority of the State Health Program. Program coordination is the responsibility of an Inter-Ministerial Task Force led by the Ministry of Health, National AIDS Center and the STIs Dispensary. In addition to the line ministries, the committee includes representatives from the

Democratic Party of Turkmenistan, Women's Union, Youth Union, National Centre of Trade Unions, and the National Society of Red Crescent. The National Program on HIV/AIDS and STIs Prevention for 1998-2002 was approved in 1999.

Uzbekistan. The spread of HIV infection in Uzbekistan continues to be in its early stage, but there are signs that the transmission of the virus is growing significantly. While only 51 cases had been identified in the first ten years of the epidemic (1989-1998), almost 800 cases were registered by the end of 2001. According to the Health Ministry, as in other countries in the region, injecting drug use accounts for the majority of infections – about 90%. More than 85% of the cases were among men, and two-thirds were among young people aged 15-34. The highest number of cases has been identified in Tashkent. The number of registered drug users is around 25,000, but the UN estimates that the country has at least 60,000 drug users.

The Uzbek Parliament passed a law in 2000 on the prevention of diseases caused by HIV. Since that time, HIV counseling stations have been opened in regional centers of Uzbekistan and in Tashkent. Persons applying to those counseling centers can get specialists' advice, have their health condition tested, and receive free syringes, condoms, and information brochures. After the successful establishment of pilot 'trust points', the Minister of Health decreed in 2000 that each oblast AIDS Center should set up a trust point providing anonymous and confidential testing and counseling for IDUs. In recognizing this initiative as best practice, UNAIDS reports that this is the first initiative by national authorities to implement trust points nation-wide in Central Asia.

What Should Central Asia Do During this Early Stage of its Epidemics? Technical Interventions to Prevent the Further Spread of HIV/AIDS

Actions by the Health Sector are Important:

- The most important potential actions are interventions to change high-risk behaviors in the highest-risk groups. The effectiveness of government prevention programs depends critically on the extent to which they reduce the risk behaviors that are most likely to contract and spread HIV. The riskiest of these behaviors in Central Asia is injecting drug use. UNAIDS estimates that at least 60% of injecting drug users (IDUs) must be regular clients of needle exchange programs to control the spread of HIV within a population.

Despite the private nature of the behaviors that spread HIV, Governments do have options for influencing decisions among those most likely to contract and spread the virus. Public policy can directly influence individual high-risk behavior, either by lowering the "costs" of safer behavior (for example, by subsidizing information of various types, condoms, and access to clean injecting equipment) or by raising the costs of behavior that can spread HIV (for example, by attempting to restrict the use of injecting drugs or prostitution). There are numerous examples of successful programs of the first type. Although the second approach is sometimes politically appealing, enforcement actions have often been shown to exacerbate epidemics by making it harder to reach those most likely to contract and spread the virus. An important complementary approach is to promote behavior change indirectly through policies that remove social and economic constraints to adopting safer behavior.

- Development, discussion and adoption of national strategies on HIV/AIDS that are tailored to the unique circumstances of each of the countries;
- Generation of political support, especially when those who engage in high-risk behaviors are marginalized (commercial sex workers, injecting drug users, etc.)
- Development of "public goods", including:
 - Collection of high-quality surveillance data;

- Two-pronged approach for the provision of IEC (information, education, and communications), often requiring the delivery of sensitive messages related to sexual behavior and drug use. First, messages to the general population to build mass awareness and understanding of methods to protect oneself from HIV, and, targeted messages for those at highest risk to spread HIV.
 - Control of other infectious disease risks, including tuberculosis and sexually transmitted infections.
- Ensuring safety within the health care system through:
- Assurance of the safety of the blood supply;
 - Development of adequate medical waste management policies, especially in dealing with medical 'sharps' (disposable surgical knives, syringes and needles) and other possibly infected materials;
 - Development of universal precautions in health care settings to protect health workers, and their patients, from accidentally contracting HIV;
 - Movement away from the apparent preference of physicians to prescribe injectable medications when oral versions are available.

But, many of the Actions Needed to Avert Sweeping HIV Epidemics are Outside of the Realm of Ministries of Health

- Identification of **alternative sources of income** for people who have turned to drug trafficking as a means of assuring economic survival.
- **Legislation** is needed to prevent the silent spread of an underground HIV/AIDS epidemic:
 - Re-examine and revise drug legislation and policies to ensure supportive, rather than punitive, measures directed towards injecting drug users and commercial sex workers.
 - Adopt regulations and establish training to reduce the stigma associated with HIV and to protect the rights of persons living with HIV and AIDS.
- Pro-active efforts are needed by the **Ministry of Justice and/or the Ministry of Internal Affairs** to:
 - Develop comprehensive strategies and programs for HIV prevention, treatment, and care in the prison system, and to,
 - Train police and correctional officers to be more supportive of programs directed towards injecting drug users and HIV/AIDS prevention rather than continuing their long-standing role as prosecutors.

What is the World Bank Doing to Address HIV/AIDS in Central Asia?

ECSHD's fundamental strategy in the health sector ...

is to help Governments to improve the capacity and efficiency of their health systems so that a comprehensive, integrated program exists which is capable of responding to a wide variety of infectious and chronic diseases, including HIV/AIDS. We are generally **not** in support of addressing a specific disease threat through a narrow vertical program approach.

However, in the face of rapidly-spreading, infectious epidemics, the World Bank has an important role to play in helping Governments to address these expanding disease risks. As detailed below, we have been a key player for these efforts in Central Asia. While we do not currently have stand-alone HIV/ AIDS Control Projects in the region, we believe that such projects are sometimes warranted. We are closely monitoring the situation in the countries of Central Asia.

- The World Bank is actively strengthening partnerships with UN agencies, bilaterals, non-governmental organizations, and others working on HIV/AIDS issues in Central Asia. In accordance with its mandate and with co-sponsorship from the World Bank, UNAIDS is coordinating these efforts for Central Asia. The World Bank has taken active leadership within this initiative. For instance, the World Bank resident representative in Tashkent serves as chairman of the UN Theme Group on HIV/AIDS for Uzbekistan, and the Bank is a co-financier for an UNAIDS Programme Officer position in that country. Early partnership efforts have concentrated on encouraging Governments to adopt rational strategies of HIV/AIDS prevention.
- Policy dialogue by the World Bank president, sector managers, country directors, and technical staff at the highest political (Parliament, Finance, Health) and working levels seeks to promote the will of Governments to address the epidemic. Governments often need to be convinced that there is a real risk to their populations if HIV/AIDS is allowed to spread unabated in their populations. The health consequences are generally well-understood: deteriorating health status, pressures on fragile health systems, increased mortality, and the potential lowering of life expectancy in the population. We are further helping to raise awareness of AIDS as a multi-sectoral development issue. HIV/AIDS typically has large economic and development costs since the most affected age groups tend to be workers in their prime productive years. In addition to our discussions within-country, the World Bank has been a catalyst for ensuring that Government officials participate in important meetings at the UN and at other special forums.
- Through assessments made in the preparation of projects or as part of ESW, we are encouraging task team leaders to organize an assessment of the public health system (Health Promotion and the Sanitary Epidemiological Services) to ascertain its preparedness to handle infectious diseases in an effective and efficient way. A best practice example of this approach was applied for the preparation of the Health Project in the Kyrgyz Republic.

- Current World Bank-financed projects are addressing HIV/AIDS within the context of improving the capacity of health systems to respond to infectious disease risks:
 - In Uzbekistan Health I, the project was designed to: (i) reform the primary health care system, with reorientation of care to the family and its health needs; (ii) build capacity for health education/promotion at grass roots provider-patient level; and (iii) provide specific training inputs (general practitioners and nurses) to emphasize and address specific issues, such as AIDS.
 - With assistance from the Health Reform II project, Kyrgyzstan has embarked on an extensive reform of health promotion as part of a wider comprehensive reform of the public health system. Health promotion reform will build institutional capacity for the delivery of targeted health promotion activities at the grassroots level. Specifically, primary care health staff and teachers in schools will be able to provide information on STIs, as well as on HIV/AIDS.
 - Under the Kazakhstan Health Reform Project, which has closed, the World Bank supported capacity building for health promotion, as well as the printing/publication of relevant health promotion publications and videos.
- Analytical Work: there are serious deficiencies in the availability and quality of data about HIV/AIDS in the region, from the prevalence of HIV within the populations at risk to the pervasiveness of factors that can spread HIV to the likely socioeconomic impact of an epidemic. In addition to conducting studies on topics such as these, Governments are being encouraged to improve their surveillance systems, especially sentinel surveillance of special sub-populations: injecting drug users, commercial sex workers, pregnant women, and patients with STIs.
- Monitoring of lessons learned and best practices in the preparation of World Bank-financed stand-alone HIV/AIDS projects in the Europe & Central Asia Region: there are currently four stand-alone projects under preparation to address the expanding epidemics of HIV/AIDS and tuberculosis in the countries of the ECA region with the highest prevalence of HIV/AIDS: the Russian Federation, Ukraine, Belarus and Moldova. These projects include updating policies and strategies to prevent and control HIV/AIDS and STIs, upgrading surveillance, and implementing harm reduction and other cost-effective prevention activities.

The most important role for the World Bank in the short-term will continue to be to help build awareness and the political will in Central Asian governments to aggressively address the expanding HIV/AIDS epidemics. While sector staff has been engaged in these efforts, we need to intensify our advocacy efforts to position HIV/AIDS as a central development issue and to increase and sustain an intensified response.

We encourage Bank staff outside of the health sector to join us in this effort. HIV/AIDS should be addressed in every meeting with key Government leaders and should be included as part of every CDF or PRSP process.

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