Central Asia Region

Operational Plan Report

FY 2010

Operating Unit Overview

OU Executive Summary

The HIV epidemic in Eastern Europe and Central Asian Republics (CAR) is concentrated within a small most-at-risk population (MARP), but is reputedly the fastest growing in the world. Reported HIV prevalence among the general population is estimated at 0.15% across the region (0.3% in Tajikistan and lowest in Turkmenistan). Of the 61.3 million population of the region, 70,500 individuals are projected to be infected with HIV, and 27,500 cumulative AIDS cases have been registered to date. The region is also. Located in a region that is a key transit area in global heroin trafficking, the epidemic is mainly fueled by injecting drug users (IDUs) concentrated in urban centers and along drug transport corridors from Afghanistan through Tajikistan (TJ), Uzbekistan (UZ), Kyrgyzstan (KG), and Kazakhstan (KZ). The UN Organization for Drugs and Crime (UNODC) estimates that up to 1% of adults are heroin users and sentinel surveillance data indicate 70-80% of all drug users are IDU. HIV prevalence rates of IDUs range from 4.2% in KZ to 17.6% in Tajikistan but with prevalence as high as 34% in parts of UZ. In 2008, the percentage of HIV infection due to injection drug use was approximately 75% in KZ/KG and approximately 60% in UZ/TJ. While IDU remains a predominate driver of the epidemic, sexual transmission may be playing an increasing role. Based on 2008 data of Ministries of Health, as much as 29% of HIV infection has been attributed to sexual transmission and this trend continues to increase, but increasing testing of pregnant women may make part of this trend artifactual. Unsafe sex by IDU and their sexual contacts, including sex workers (SWs), constitute a key bridge to the general population. With HIV highly concentrated among a small high-risk group, there is an opportunity to decrease spread of the epidemic to the general population. But partners and governments must act quickly and decisively with interventions focused on stopping transmission among and from key MARP groups. The USG will, therefore, aggressively target prevention among IDU and CSW as the primary drivers of the CAR epidemic.

Epidemic Overview
While the primary driver is transmission during injecting drug use, there is growing evidence that the HIV epidemic is expanding through sexual transmission among IDU, sex workers (SW), men who have sex with men (MSM), incarcerated persons, and migrants. Based on 2008 case reporting data, the percent distribution of HIV diagnoses attributed to sexual transmission was 29% in Kazakhstan, 24% in Kyrgyzstan, 22% in Uzbekistan, 18% in Tajikistan [MoH data]. Since 2002, Turkmenistan has reported only two cases of HIV/AIDS, and the government has prioritized HIV prevention programs in its national plan. In Tajikistan, the Ministry of Health reported that approximately 18% of new HIV cases in 2006 were attributed to unsafe sex, up from 9% in 2004. Many of the cases were believed to be partners of IDUs (UNAIDS Eastern Europe and Central Asia AIDS Epidemic Update Regional Summary 2007). In Kyrgyzstan, 2007 sentinel surveillance in two cities (Bishkek and Osh) found HIV prevalence of 1.9% among SWs and 1.2% among MSM [MoH, CDC presentation]. High levels of syphilis were reported among SWs (32%), MSM (13%), prisoners (16%) and IDUs (13%) [MoH data, CDC presentations, SS 2007] indicating unsafe sexual behavior.
There is overlap between unsafe injecting practices and unsafe sexual practices. Sentinel surveillance reports that approximately 8% of sex workers from Uzbekistan inject drugs and 50% of female IDUs in Tajikistan have provided sex services in exchange for money or food [from HIP background info]. Kazakhstan, Tajikistan and Uzbekistan also report high levels of syphilis. In addition, the 2006 HIV sentinel surveillance reported high levels of hepatitis C virus (HCV) among persons who are HIV-positive. In Kazakhstan, for example, 91% of prisoners, 85% of IDUs 60% of SWs and 50% of STI patients who are HIV-positive are co-infected with HCV. High prevalence of HIV among prisoners is related to high rates of incarceration of IDUs as well as unsafe injecting and sexual practices during incarceration. In

2008, 12% (Tajikistan) to 29% (Kazakhstan) of all registered HIV cases were among prison populations, and an estimated 2,400 prisoners are HIV positive across the region. Both survey and sentinel surveillance data throughout the CAR report a high level of injection equipment sharing between drug using males as well as low levels of condom use by IDUs with their permanent sexual partners. High levels of STI among the injection drug using population indicate an overlap in the HIV risk behaviors of unsafe sex and injection drug use.

High rates of migration, particularly from Tajikistan, Uzbekistan and Kyrgyzstan, to destinations within and outside the region complicate the epidemic. While migrants are considered to be a risk group in the region, few prevalence data are available. Tajikistan, the only country in CAR that reported data in 2008 for migrants, reported 0.5% HIV prevalence in 2008. More information is needed to further understand the burden of HIV among migrants.

While the CAR countries are at varying points on the development continuum, all share the challenge of reforming inefficient and unresponsive Soviet models into working health systems. Public health expenditures in all five countries are less than 3.3% of GDP, with Tajikistan at 1%. Health systems inherited from Soviet times include vertical structures for HIV, TB, STIs, drug treatment, and blood safety services, with little or no coordination between them. Local governments have struggled with varying levels of success to build a truly cross-sectional response to the AIDS epidemic. Adding to this difficulty is the governments' inherent distrust of non-governmental organizations (NGOs), and the lack of government experience partnering with these new organizations. Stigma surrounding injecting drug use, punitive legislation, and frequent rights violations of MARPs have delayed the adoption of appropriate interventions and continue to restrict the ability of HIV programs to access people in need of services.

Donors

All five Central Asian countries have National HIV/AIDS Programs. These programs, with support from the Global Fund for AIDS Malaria and Tuberculosis (GFATM), address issues of HIV prevention among the general population and MARPs, as well as sentinel surveillance, clinical aspects of HIV/AIDS [such as prevention of mother-to-child HIV transmission (PMTCT)], care and support, blood safety, and treatment and prevention of opportunistic infections. In Kazakhstan, the state budget covers only 41% of the budget required for National HIV/AIDS Program implementation. In Tajikistan, it covers 23%, and in the Kyrgyz Republic, only 8%. The deficit is partially covered by donor organizations, with a regional total of roughly $262 million in total GFATM grants, including $125 million in HIV-specific programs.

The GFATM is a key HIV partner in CAR, and a central focus of USG attention under PEPFAR. The USG follows a two-pronged approach with this donor: 1) provide expertise to help GFATM-funded programs function more effectively and 2) assist recipient countries become and remain eligible to receive GFATM grants. The PEPFAR CAR program will partner with GFATM and other donors to scale up best practices and key services, and improve quality of existing services and management of HIV programs. However, this requires those programs to be operating at a minimum level of effectiveness. Several countries have recently been deemed ineligible for further GFATM grants due to irregularities in management and conflicts of interest involving representatives of their Country Coordinating Mechanisms (CCM). GFATM audits of Kyrgyzstan and Uzbekistan in 2009 highlighted a number of specific issues for those country programs to address in order to be deemed eligible for funding again. DFID and the USG have both offered technical assistance to these and other countries in CAR to improve performance of the CCMs, the Principal Recipients, and the technical components of the GFATM programs. As these are sensitive areas in CAR, the USG can only provide this assistance when requested by the country programs. Recent political openings are expected to facilitate USG technical and management assistance to strengthen these programs in CAR, ultimately improving the likelihood of success of the specific PEPFAR resources in the region.

The World Bank's (WB) Central Asian AIDS Control Project (CAAP) in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan supports regional coordination at the highest levels of government through inter-parliamentary meetings and partner forums. CAAP continues to fund sentinel surveillance in sites in the region and has an agreement with USG to collaborate on sentinel surveillance and injection safety issues in the region. Four regional training centers were established to support training activities in the area of Electronic Surveillance (Kazakhstan), harm reduction (Kyrgyzstan), HIV prevention among migrants and

members of their families (Tajikistan), and treatment and care of people living with HIV (Uzbekistan). The CAAP will be active until December 2010, but discussions are on-going to extend the project.
UN agencies that provide technical assistance and funding to programs targeting MARPs include UNAIDS and UNODC. UNAIDS provides assistance with implementation of the national HIV/AIDS control programs and in leveraging resources such as GFATM resources. UNODC is implementing a 2006-2010 project aimed at improving services for prisoners and IDU in Central Asia and Azerbaijan. The project will analyze the countries' laws and regulations on drug control and prison reforms, and will assist in revising the job descriptions of medical and non-medcial personnel working with drug users and inmates. UNODC is currently planning another project aimed at implementing medication assisted therapy (MAT) in prison settings in CAR countries.
MAT for IDUs is being provided in the Kyrgyz Republic, Kazakhstan and, until recently, in Uzbekistan, funded by the GFATM grants in the countries. In Uzbekistan, the program remained in a pilot phase well past the scheduled timeframe for expansion, due to political resistance at high levels to the use of methadone. The pilot site, which treated 330 people, has now been closed. The Kyrgyz MAT program successfully completed its pilot phase, and has expanded throughout the country to seventeen sites, including three sites in the prison system, currently serving 700 patients or 1.08% of IDUs. Kazakhstan operates a MAT pilot site and is currently serving 50 patients. .

Unmet needs for key services

Some country programs also include needle and syringe exchange for IDU, condom distribution and STI screening and treatment, along with ART and other services for PLWHA. However, throughout the region, coverage rates for all services remain very low. There remains an enormous level of unmet need for critical services to the highest-risk groups in the region, which are important for achieving real impact on the epidemic. ART coverage remains low in the region as well. Of the 70,500 estimated PLWHA in the region only about 3,500 are currently on ART. In Tajikistan, only 6% of the eligible are on ART. The coverage rate for other countries also remains low – with 20% in KZ, 14% in KG, and 24% in UZ. Of the estimated 304,100 IDU (32,531 of whom are projected to be HIV-positive), only 721 are currently receiving MAT. Utilization figures for other services to CSW and other risk groups are similarly low. Program experience from other countries suggests that achieving 40% coverage with MAT and other key services among IDUs would have a significant population-level impact on HIV and prevent propagation to the general population. This will require reaching 6,700 IDU with MAT and roughly 211,000 with other related services.

Overarching USG strategy for CAR

The overriding objective of this program is to stop transmission of HIV within MARPs, principally the IDU community, and, secondarily, to stop the spread of HIV from MARPs, principally IDUs to the general population. To do this, the USG will focus aggressively on expanding MAT and related services to IDUs. The program will also provide a package of preventive services to SWs as the second most important group driving the epidemic. Other related services will be targeted to these groups in order to recruit and retain to the core activities, but numerous other interventions which would be useful but expected to have a lesser impact on the epidemic will be avoided or minimized. Health systems strengthening and general capacity building will be limited to those NGO and MOH services directly targeting key MARP groups. Because of the seemingly narrow window of opportunity to truncate the CAR epidemic, this ROP has been designed as more of an emergency plan than a sustainable development approach to HIV./AIDS in the region. Even in this context, the USG will strategically apply technical expertise and modest resources to influence key technical and policy elements of larger programs in the region to extend impact. The program will partner with MOH and other donors to aggressively scale up proven best practices and comprehensive prevention services for key MARPs. The program will improve approaches to recruitment and adherence through active outreach and other means, and improve quality of service delivery (treatment, care, etc) through targeted technical assistance and training of MOH and NGO staff. This approach requires the USG to minimize efforts in other program areas with less epidemiological impact on new HIV infections, e.g., injection safety. Other non-PEPFAR funded interventions in TB, infection prevention, MOH capacity building and other areas will provide integrated wrap-around support

for these narrowly targeted PEPFAR activities.

Key Program Components:
With a relatively small amount of PEPFAR resources, but widely sought-after technical expertise, the USG will largely follow its existing model of improving comprehensive services for MARPs and identifying replicable *Best Practices*. USG TA will assist host governments and other donors to bring those models to scale and monitor impact. PEPFAR intervention will more aggressively support larger demonstrations of effective outreach and service delivery to IDU and SWs to more rapidly increase coverage of these key drivers of the epidemic. USG will work to improve data availability to implement and refine interventions as well as encourage increased use of data for decision making. Other USG interventions will focus on promoting a more enabling policy environment for these services and generating a more complete description of the epidemic and key affected populations in Central Asia to guide decision-making.

IDU

The USG will focus on 4 key areas related to injecting drug use: 1) delivery of comprehensive HIV prevention, care and treatment services (including MAT and needle exchange) for IDUs and their sex partners; 2) intensive policy dialogue to promote a more enabling legal and regulatory environment for practical IDU interventions, including changing attitudes of providers and government officials; 3) capacity building to implementing partners of MARPs' prevention, care and treatment adherence activities to expand coverage and improve quality; and 4) collection of more data, including MARP assessments and ongoing monitoring and evaluation and surveillance.

IDU service delivery interventions will provide a comprehensive prevention package to include the following: needle and syringe exchange and referrals to similar services funded by the GFATM; opioid substitution therapy and other voluntary detoxification assistance; condom distribution; STI and other co-infection screening and treatment; HIV testing and counseling; drug demand reduction and overdose prevention and management; and improved access to antiretroviral therapy; targeted information, education and communication for IDU and their sexual partners. These services will be linked to an extensive outreach and behavior change program to reduce risky behavior and increase adherence to treatment and care services. Policy interventions will focus on advocacy to legalize MAT where it is not currently permitted, increase access to nalaxone, and facilitate other needed executive decrees and "*prikazes*" to make key services more easily accessible to MARP.

SW, MSM, prisoners

To address sexual transmission of HIV, the USG will focus on improving delivery of comprehensive HIV prevention, care and treatment services for SWs, MSM and prison populations. This will include focusing on outreach and referrals to services as well as strengthening MOH and MOJ service providers, NGOs and communities. USG will also closely monitor and evaluate performance and results of these interventions. The goal of all of these activities is to demonstrate successful models and assist governments, GFATM and other partners to scale them up to reach a greater proportion of these key target groups. With FY09 funds, USG will conduct several one-time assessments to identify at-risk groups and behaviors.

USG primary interventions will include providing communication support, counseling and testing, advocating for accessibility of services to treat STI, providing education about the importance of compliance to STI treatment, and creating demand for STI treatment services by informing MARPs about the symptoms of STI. USG will develop and implement models that will support referral systems to counseling and testing and other medical services for MARP. USG will enhance donor coordination on HIV prevention, and will ensure that activities within target groups are not duplicated by coordinating closely with the GFATM and other donors.

Peer educators will also provide skill-building to encourage the adoption of appropriate risk reduction strategies, including correct and consistent condom use and regular use of lubricant, particularly with MSM. USG will also develop and implement models that strengthen referral systems for HIV counseling and testing and other targeted medical services, and that ensure the availability of safe and competent counseling services. Activities will identify and train medical providers on stigma reduction and effective counseling skills. The program will also train peer educators to disseminate key information about STIs

and provide referrals for clinical services. USG will target drug-using SWs and SWs at risk of initiating drug use to decrease HIV/STI-related sexual risk behaviors.

PLWHA

Assistance to governments for care and treatment of HIV-infected patients, other than providing ART via GFATM, has not been a priority for any donor. USG will focus on identifying and providing care and services to HIV-infected IDU as a critical means of reducing the spread of HIV. USG will support a narrow range of interventions, including outreach and peer education, to ensure that MARPs have access to high-quality HIV counseling and testing services, social support, referral and follow-up to care and treatment services. USG will work on improving access to quality counseling and testing services and linking newly identified HIV-positive people in coping with their status through Prevention with Positives (PwP) programs. The program will closely target a modest level of effort at assessing and advising MOH and GFATM ART programs on the application of improved treatment and quality control guidelines based on WHO standards.

HSS

PEPFAR will directly build program and human resource management capacity in Ministry of Health and support the Ministries of Justice (MOJ) to more effectively manage and monitor key MARP services implemented by government or non-government partners. The program will also increase capacity and provide technical support to offer better and more accountable services to these populations. Increased host government and NGO capacity will be important to increase the trust required to gain permission to expand those services to MARP groups in other geographical areas. Since the HIV interventions in the plan will be tightly targeted at MARP services, the USG will ensure that non-PEPFAR funded health and other activities are coordinated and oriented to strengthen the operating system which support those services, and create an enabling policy environment for scale-up of sensitive activities.

GFATM

The USG program will proactively assess and help to address performance obstacles in GFATM programs throughout the region. Building on a well-established partnership and shared desire to improve and expand GFATM services in all countries, the USG will specifically target management and governance issues at the level of CCMs and Principal Recipients (PRs) to improve decision-making and oversight. The various technical components of the USG program will more directly interface with counterparts of GFATM services including lab, prevention, care, treatment, and others. The USG will hire a full-time Global Fund Liaison Officer as part of the CAR PEPFAR Team, who will engage and coordinate with GFATM-Geneva, CCMs, and PRs in all five countries to orchestrate the USG contribution to this partnership.

TB

In addition to HIV/AIDS, tuberculosis (TB) is a major health problem in CAR. Multi-drug resistant TB (MDRTB) levels are among the highest in the world (23% for Kazakhstan, 18% for Uzbekistan). Among the 53 countries in the European region, Tajikistan has the highest TB incidence and twice the TB mortality rate of the next highest in the region. The other countries in CAR follow closely behind. The USG is actively addressing TB and MDRTB in the region, including cases among penitentiary populations and HIV co-infected patients, through the use of non-PEPFAR funds, and the USG is providing TA to GFATM and other large programs to increase their success. Given the modest amount of PEPFAR funds available to Central Asia and significant USG and other non-PEPFAR TB funds already mobilized in the region, no PEPFAR resources will support TB interventions under this ROP. USG staff will continue to directly advise other TB programs to leverage improvements. In FY10, USG will collect more epidemiological information on HIV/TB co-infection.

Nosocomial Infections

HIV outbreaks in 2006 and 2007 were discovered among hospitalized children in Kazakhstan and the Kyrgyz Republic. USG investigations of the outbreak determined that major risks included multiple blood transfusions and re-use of medical equipment for invasive procedures. Due to the regional practice of family/ replacement donations, sometimes involving paid donors, as well as poor screening capacity, blood products available for clinical use in all five countries have been found to be contaminated. The PEPFAR program will undertake a targeted intervention in this area under the current operational plan,

and gather additional data to better determine the relative importance of nosocomial infections in the HIV epidemic in CAR. Currently, the USG has partnered with WB to assess injection safety and infection prevention and control practices in four Central Asian Countries to leverage greater resources and results to improve injection safety beyond the modest PEPFAR funds available. The WB also plans to partner with the CDC in a $10 million blood safety and infection prevention program in the region. Other non-PEPFAR USG health activities will provide support to integrated infection prevention and control (IPC) programs with the MOH in all CAR countries.

Host government ownership & sustainability

MOH are the main government actors for HIV control efforts in CAR, and the Ministers themselves are normally the chairperson or deputy chairperson for the CCMs. National AIDS Centers are the Principal Recipients for GFATM grants and the main implementers of National HIV Programs. Additional important counterparts are blood centers and drug treatment centers, and the Sanitary and Epidemiological Service in each country. MOJ/ Interior Affairs are partners for programs on HIV prevention and control programs in prisons and work with border guards. The USG has a long history of strengthening basic government systems and program management capacity in CAR, including a growing undercurrent of evidence-based decision-making to replace the old Soviet style command hierarchy. The PEPFAR program will continue this close relationship with MOH and other government units, as a supporting and technical assistance partner under national leadership. USG will provide TA per the countries request in the development of their five year national HIV programs. Some activities will be implemented through direct funding agreements with MOH to build capacity and increase service delivery.

Most CAR countries have undertaken important health sector reforms, including adoption of new national health insurance and single-payer financing schemes to ensure sustainable funding for basic services. In order for PEPFAR interventions geared towards improving MOH services to succeed, those basic services and functions must continue to be staffed and funded by their governments. These reforms and national systems development initiatives have been largely funded by World Bank in partnership with host governments, with strong technical guidance from the USG. Ongoing USG technical and policy assistance to these efforts will be critical to maintain and build on past improvements. This will largely be done with non-PEPFAR resources.

PEPFAR CAR Program Management

Throughout the CAR ROP, the USG seeks to maximize USG efficiency of staff and outside contractors, avoiding duplication and ensuring strong coordination among all actors. New OGAC strategic guidance to minimize the USG footprint and focus support on host government capacity building is a common theme in proposed activities. The ROP seeks to integrate the tightly targeted HIV interventions into a broader health and development context, linked to other non-PEPFAR health and social sector resources and larger national policy and sector reform initiatives. HIV risk groups targeted in the ROP will benefit from non-PEPFAR activities to increase access to safe drinking water in Tajikistan, and from other activities resulting in greater economic opportunities in all countries.

A unique feature of the 2010 CAR plan is that it contains funds from both fiscal years 2009 and 2010. A number of one-time data gathering, procurement and systems strengthening tasks are programmed using the FY09 funds, while the FY10 budget portion will cover recurring costs of service delivery scale-up and other ongoing interventions. The PEPFAR CAR Team anticipates the FY10 ROP budget level will be straight-lined for FY11 and FY12. In order to sustain a higher level of recurring cost programming beginning in FY10, the program will “borrow” from the one-time add-on of FY09 resources and supplement regular funding through FY12. A portion of FY09 resources will be used to fund future interventions focused on targeted HIV prevention activities for IDUs and SWs. USAID and CDC, the two main partner agencies under the PEPFAR CAR program, will provide operational and technical support to MOH and technical assistance to MOJ (prisons), in differing and complementary approaches.

The five CAR countries differ greatly in their available resources, national health policies, cultural norms, and their willingness to allow NGOs and foreign assistance organizations to operate within their borders.

Each country has a history of partnering with various USG health development programs that integrate maternal/child health (MCH), TB, and others components, but political sensitivities are higher with regard to stand-alone HIV intervention programs. The USG will seek to integrate PEPFAR activities with non-PEPFAR health programs wherever possible, to decrease potential social and policy obstacles and to enhance efficient use of human resources by coordinating the efforts of USG staff with those of the project implementing partners' workforces. The CAR Team expects that technical experts from both main agencies will jointly advise and monitor activities of contracted implementers in most program areas to maximize efficiency and expertise.

As another byproduct of country differences across the CAR and the compressed development timeframe, the PEPFAR regional plan does not seek to elaborate upon country-specific activities in detail. Specific interventions described in the ROP may or may not be conducted in all five countries. For example, since Turkmenistan has registered only two HIV cases in nearly a decade, the USG will engage the Government of Turkmenistan in prevention activities and start a dialogue on their priorities. The USG will not attempt to expand ART or significant laboratory services in this country, and will focus on prevention and other aspects to be integrated into MCH and other programs. The CAR Team will engage a wide range of stakeholders in each country to develop a detailed country-specific set of interventions within the ROP framework and generate concrete action plans for each implementing partner to carry out those activities. These standardized plans will aggregate to a regional monitoring approach to ensure transparency with host governments and unambiguous results tracking.

Population and HIV StatisticsKazakhstan

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in						

the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV StatisticsKyrgyz Republic

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV						

infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV StatisticsKyrgyzstan

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						

Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV StatisticsTajikistan

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						

Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV StatisticsUzbekistan

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source

Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Redacted

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
TRaC surveys for IDUs for Uzbekistan	Population-based Behavioral Surveys	Injecting Drug Users	Publishing
TRaC surveys for MSM for Uzbekistan	Population-based Behavioral Surveys	Men who have Sex with Men	Data Review
TraC surveys for SW for Uzbekistan	Population-based Behavioral Surveys	Female Commercial Sex Workers	Data Review

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
HHS/CDC		150,000	2,104,000		**2,254,000**
PC			145,000		**145,000**
USAID			781,975		**781,975**
Total	**0**	**150,000**	**3,030,975**	**0**	**3,180,975**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency				Total
	HHS/CDC	PC	USAID	AllOther	
HVMS	2,254,000	145,000	781,975		**3,180,975**
	2,254,000	**145,000**	**781,975**	**0**	**3,180,975**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets
Kazakhstan

(No data provided.)

National Level Indicators and Targets
Kyrgyz Republic

(No data provided.)

National Level Indicators and Targets
Kyrgyzstan

(No data provided.)

National Level Indicators and Targets
Tajikistan

(No data provided.)

National Level Indicators and Targets
Uzbekistan

(No data provided.)

Policy Tracking Table

Kazakhstan

(No data provided.)

Policy Tracking Table

Kyrgyz Republic

(No data provided.)

Policy Tracking Table

Kyrgyzstan

(No data provided.)

Policy Tracking Table

Tajikistan

(No data provided.)

Policy Tracking Table

Uzbekistan

(No data provided.)

Policy Tracking Table

Central Asia Region

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	3,180,970	
Total Technical Area Planned Funding:	**3,180,970**	**0**

Summary:
(No data provided.)

Technical Area Summary Indicators and Targets
Kazakhstan

(No data provided.)

Technical Area Summary Indicators and Targets
Kyrgyz Republic

(No data provided.)

Technical Area Summary Indicators and Targets
Kyrgyzstan

(No data provided.)

Technical Area Summary Indicators and Targets
Tajikistan

(No data provided.)

Technical Area Summary Indicators and Targets
Uzbekistan

(No data provided.)

Technical Area Summary Indicators and Targets
Central Asia Region

REDACTED

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
12024	Population Services International	NGO	U.S. Agency for International Development		
12025	TBD	TBD	U.S. Agency for International Development		Redacted
12026	Lab Coalition	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
12027	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		Redacted
12028	TBD	TBD	U.S. Department of State/Bureau of South and Central Asian Affairs		Redacted

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 12024	**Mechanism Name: Health Outreach Project (HOP)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

AIDS Foundation East, West (AFEW)	Kazakh Association of People Living with HIV	Project HOPE

Overview Narrative

The goal of the Health Outreach Program (HOP) is to increase access to quality HIV prevention and tuberculosis (TB) prevention and treatment interventions among most at-risk populations (MARPs) through direct outreach services, technical assistance, and training. The guiding vision for HOP is to achieve and maintain improved health behaviors among MARPs in CAR, including increased use of HIV services. The program will be co-funded with other USG TB funds; PEPFAR funds will only fund HIV-related activities.

HOP will target MARPs most likely to contract or transmit HIV: IDUs, SWs, migrants, MSM, prisoners, and PLWHA. The project will support activities to prevent HIV transmission through unprotected sex and through injecting drugs among MARPs. The Health Outreach Project will support Targeted Outreach Package of Services (TOPS) across MARPs. This will include IEC materials to address identified barriers and determinants to HIV prevention and interpersonal communication such as one-to-one sessions, small group discussions, peer education and interactive events in locations convenient to MARPs. TOPS also

includes provision of condoms and knowledge of how to correctly and consistently use them. Motivational interviewing will help MARPs explore and resolve ambivalence towards obstacles preventing changes in behavior. The project will build demand for services among MARPs such as VCT for HIV and testing and treatment for sexually transmitted infections (STIs). HOP will also create demand and refer to drug treatment and drug demand reduction services and TB services. Since many MARPs distrust health care providers and face discrimination when revealing their risky behaviors, outreach workers will provide moral support by escorting MARPs to services.

Linkages to services are a critical component of HOP. The current national systems of HIV prevention, counseling and testing, and treatment are very fragmented throughout CAR, due to many vertical and parallel programs without systems of referrals between services. HOP will fill the gap between services through direct outreach to MARPs, providing referrals to services throughout the continuum of care, and escorting clients to needed services. Additionally, HOP will work in conjunction with the Drug Demand Reduction Project, and the two projects will provide comprehensive and targeted outreach and support services in conjunction with the existing national systems. HOP will work closely with the National AIDS Centers, where as DDRP will work closely with the National Narcology Centers.

HOP will provide organizational capacity building to NGOs by training outreach workers and peer educators and through a grant mechanism. The NGOs will be supported through training on planning and implementation of projects to increase access of MARPs to HIV prevention services, counseling and testing and treatment. HOP will improve capacities of NGOS in monitoring and evaluation of project results through trainings on TRaC surveys and on analysis of data from the surveys.

HOP will implement outreach programs in 16 sites in four Central Asian Republics of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan targeting different MARPs in every site but focusing mainly on IDUs and SWs. As a sub-partner, AIDS Foundation East-West (AFEW) will target prisoners in seven sites in three countries excluding Uzbekistan. Project HOPE is a sub-partner under HOP to develop the TB component of outreach to MARPs and is the only organization that is registered in Uzbekistan. Project HOPE will implement activities in Uzbekistan and reach out to MARPs with information about HIV and TB and referral to HIV prevention and TB services in the country focusing mainly on IDUs and SWs. Due to the legal ban on working with MSM and prisoners, Project HOPE will try to reach MSM who are drug users or SWs and ex-prisoners with the same outreach activities.

Key issues addressed through this implementing mechanism are mobile populations, gender, and TB. Outreach to migrants will target both outgoing and incoming labor migrants responding to regional migration trends focusing on health and legal services to prepare for migration in Tajikistan, Kyrgyzstan and Uzbekistan as well as on provision of friendly services to receive incoming migrants in Kazakhstan.

The majority of SWs migrated from rural areas or from other Central Asian countries and have no local registration to access services such as STI diagnosis and treatment. Gender will be addressed through gender-specific outreach activities, increasing equity in HIV activities, and addressing male norms and behaviors. Since this program is co-funded with TB monies, it will also address TB prevention and adherence.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Mobile Population
TB

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12025	**Mechanism Name: Scaling-up IDU Services**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: Redacted	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The CAR Team will design and procure a new activity to increase implementation capacity of MAT, SNE and other services to IDU following recommendations from program assessments and consultations in the region. This may be a solicitation for proposals by local or regional implementers. Targets and details will be determined by the team at that time.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12026	**Mechanism Name: Laboratory Coalition**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Lab Coalition	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Benefitting Countries: Kazakhstan, Kyrgyzstan, Tajikistan

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the cooperative agreement with the Lab Coalition is to improve and strengthen host government's laboratory capacity. Lab Coalition is a consortium of four U.S. organizations offering specialized services in laboratory management and performance.

PEPFAR CAR will work with MoH to increase their capacity on laboratory issues related to HIV/AIDS and related co-infection. This award will focus on activities described in the Laboratory Infrastructure technical area narrative. Multiple laboratory issues will be addressed, including varying means of HIV testing and confirmation, alternative means of transport of blood for testing (dried blood spot), testing for co-infections, and CD4 and viral load testing. Multiple venues for testing, ranging from clinics to prison services, will be supported. Lab Coalition will work with Ministries of Health of all five countries, and will work with different vertical structures of MoH. All these efforts will result in broad capacity building.

As part of capacity building, Lab Coalition will work on an organizational level with MoH to create laboratory strategic plans, helping to build a network of quality-assured laboratories that provide timely and accurate test results in each of the Central Asian countries. In all work, PEPFAR CAR will work with all donors and partners, including GFATM and World Bank, to coordinate all laboratories and to ensure donor funds are being leveraged. This will result in cost-efficiency, as will appropriate use of tests of good accuracy.

PEPFAR CAR will work closely with MoH to update the Quality Management System (QMS) for laboratory infrastructure.

PEPFAR CAR will work with Lab Coalition on one cross-cutting issue, which is described below.

HRH:
In Central Asia, there is no institution that is responsible for providing training, either in-service or pre-service, to laboratory practitioners. To improve quality of laboratory services in the near-future, PEPFAR CAR will work with MoH to provide in-service training where needed, and assist in developing pre-service training for laboratory workers.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12027	**Mechanism Name: Strategic Information**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Benefitting Countries: Kazakhstan, Kyrgyzstan, Tajikistan

Total Funding: Redacted	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This TBD implementing mechanism will focus in the area of strategic information for KZ, KG, TJ and UZ,

with the possibility of TK in a second year. The activity will focus on surveillance. As part of PEPFAR CAR's strategy in the region, PEPFAR CAR will engage in intense data collection process, which will include case reporting and sentinel surveillance, MARP size estimation, MARP mapping, and collecting ethnographic and demographic data on MARP as part of sentinel surveillance or MARP size estimation/mapping (activities to be conducted elsewhere in the ROP include TRAC surveys and PLACE studies). The technical assistance provider will engage in partnerships with MoH with the goal of building in-country capacity to collect, analyze, and disseminate information related to HIV/AIDS epidemic.

HIV Sentinel Surveillance, as described in the TAN, has not been formally evaluated for whether it captures data representative of the country nor whether the information is collected in a valid and consistent manner. The system has variable numbers of sites per country.
Key issue:

HRH
As part of capacity building, MoH personnel will be trained.

Mobile Population:
Migrants are considered one of the six MARP groups in most CAR countries. Few data on their risk exist, however. This award will explore the likelihood that mobile populations are at high risk and bring services to them.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12028	**Mechanism Name: PEPFAR Small Grants Program**
Funding Agency: U.S. Department of State/Bureau of South and Central Asian Affairs	Procurement Type: Grant
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Benefitting Countries: None.

Total Funding: Redacted	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this program is to provide rapid funding for nascent community-based organizations supporting USG's goals, under the guidance of the U.S. Chief of Mission in each country. The granting program will seek organizations with new and creative approaches and those working in PEPFAR-targeted areas. Each grant is expected to contribute to USG targets, but also to expand awareness to HIV and encourage NGOs to become engaged. Selection criteria and program parameters will be developed to ensure compliance with USG procurement regulations. This small grant program will allow Chiefs of Mission (COM) in CAR to recognize and encourage innovative local organizations engaged in HIV services. Other implementing partners under the ROP will be called upon to provide mentoring and limited capacity building support to these small groups.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				16,811		16,811
ICASS				100,867		100,867
Management Meetings/Professional Developement				10,087		10,087
Non-ICASS Administrative Costs				124,403		124,403
Staff Program Travel				84,056		84,056
USG Staff Salaries and Benefits				445,751		445,751
Total	**0**	**0**	**0**	**781,975**	**0**	**781,975**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		16,811
ICASS		GHCS (State)		100,867
Management Meetings/Professional Developement		GHCS (State)		10,087
Non-ICASS Administrative Costs		GHCS (State)		124,403

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				15,000		15,000
ICASS				645,000		645,000
Management Meetings/Professional Developement				12,000		12,000
Non-ICASS Administrative Costs				250,000		250,000
Staff Program Travel				176,555		176,555
USG Staff Salaries and Benefits			150,000	1,005,445		1,155,445
Total	**0**	**0**	**150,000**	**2,104,000**	**0**	**2,254,000**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		15,000
ICASS		GHCS (State)		645,000
Management Meetings/Professional Developement		GHCS (State)		12,000
Non-ICASS Administrative Costs		GHCS (State)		250,000

U.S. Peace Corps

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				6,000		6,000
Non-ICASS Administrative Costs				4,000		4,000
Peace Corps Volunteer Costs				62,000		62,000
Staff Program Travel				18,000		18,000
USG Staff Salaries and Benefits				55,000		55,000
Total	**0**	**0**	**0**	**145,000**	**0**	**145,000**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount

Computers/IT Services		GHCS (State)		6,000
Non-ICASS Administrative Costs		GHCS (State)		4,000