

UZBEKISTAN

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNICEF, UNDP, UNFPA, UNODC, WHO, UNAIDS SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

In Uzbekistan, the Joint Team supported the Government's efforts to expand HIV testing and treatment services across the country. Technical assistance was provided to ensure the inclusion of HIV self-testing and pre-exposure prophylaxis (PrEP) services in the national HIV response guidelines. Several assessments were conducted to evaluate treatment coverage among key populations, the quality and supply of antiretroviral medicines, and the needs of people living with HIV during the COVID-19 pandemic. A mobile clinic was supplied to the Government to ensure delivery of integrated HIV, hepatitis, COVID-19, and other disease services to remote and hard-to-reach regions. Following the needs assessments, the Joint Team trained psychologists and young people living with HIV and their parents on psychosocial support, adherence to treatment, and healthy lifestyles. To increase access to HIV prevention information and services, the Joint Team supported several innovative approaches, including a web-based tool for the collection and management of HIV-related data using low-cost devices and mobile phones; e-learning and awareness raising web-based tools aimed at promoting and increasing demand for HIV testing and treatment, and harm reduction services among people who use novel psychoactive substances and stimulants; and digital learning platform in Uzbek and Russian languages for medical students, psychologists, and healthcare staff to improve their skills on delivery of HIV services among key populations.

HIV PREVENTION AMONG YOUNG PEOPLE

In collaboration with the Republican AIDS Centre, the Joint Team conducted a survey on knowledge, attitude, and practice (KAP) for the prevention of HIV and sexually transmitted infections (STIs) among young people, including young migrant workers in Kashkadarya, Surkhandarya and Tashkent regions with the highest rate of migration. Experts working in HIV prevention and treatment programmes also participated in the survey, which showed migrants to have better knowledge about HIV and STIs than young people in Uzbekistan. It also highlighted that respondents from both groups were not aware of available HIV treatments, didn't show much interest in learning about these topics, or did not take all the risks associated with these infections seriously. Furthermore, the discrepancy between the opinions of medical experts and the young people and migrants about the effectiveness of the current awareness-raising activities on HIV and STI prevention targeting young people provides an opportunity to review the approaches, draw lessons learnt, and increase coverage and efficiency of the action.

These findings will form the basis of recommendations which will be shared to all stakeholders working in HIV and STI prevention and guide the Joint Team's behavioural change communication activities.

The Joint Team introduced the *Internet of Good Things* (IoGT), an opensource, web-based tool for the collection and management of data using low-cost devices. The IoGT will also deliver HIV-related content to adolescents and young people, parents, caregivers, frontline workers, and service providers. This content which is delivered free of charge will also be available on mobile phones.

Through a training programme supported by the Joint Team in the autonomous Republic of Karakalpakstan, 200 schoolteachers improved their knowledge and skills on the use of the *Healthy Lifestyle* manual, including its chapters on HIV prevention. Additionally, 60 female activists were trained on peer-to-peer communication skills in support of healthy lifestyles, HIV prevention and stigma reduction in selected regions. The trained activists sensitized 8000 young people on the same topics through organized information sessions in schools and communities.

The Joint Team conducted training sessions for 75 teachers from 15 schools in Karakalpakstan on the provision of interactive lessons on reproductive health, healthy lifestyle, and prevention of HIV and STIs. The trained teachers were able to share their knowledge and train more than 260 of their colleagues, both teachers and psychologists. Technical assistance was provided to train an additional 2700 teachers to improve their understanding of HIV and STI prevention, sexual and reproductive health, and healthy lifestyles during a mandatory advanced teachers' training course.

Furthermore, 27 youth leaders working in schools and local communities were trained to strengthen their capacity on raising awareness among young people on HIV and STI prevention, healthy lifestyles and nutrition, sexual and reproductive health, and family planning. The young leaders were also supported to organize awareness sessions in schools and communities reaching 4440 adolescents and young people.

The Meros Foundation and young people living with HIV volunteers were supported to organize six peer sessions for 250 students in Tashkent and Nukus universities, and two sessions for 25 members of the Youth Advisory Board and U-report—a social messaging tool and data collection system developed by the Joint Team to improve citizen engagement, inform leaders, and foster positive change. Additional five peer sessions were held in five universities in Andijan, Namangan and Fergana cities and around 1000 students from the Fergana Valley attended the sessions. These sessions allowed the participants to openly dialogue on HIV prevention, testing and treatment, and the need to establish a stigma-free environment to improve access and uptake of these services.

HIV PREVENTION AMONG KEY POPULATIONS

The Joint Team supported the establishment of a working group to oversee the development of the national HIV and hepatitis C prevention guidelines for people who use novel psychoactive substances and stimulants. The guidelines are currently being updated based on the findings and subsequent recommendations of an evaluation conducted by the Republican Specialized Scientific and Practical Medical Centre of Narcology.

A needs assessment led by the Joint Team revealed a substantial gap in knowledge and understanding of health risks related to the use of novel psychoactive substances and stimulants. It also showed the lack of capacity among service providers to match the needs of people who use these types of drugs.

Seizures of psychotropic substances in Uzbekistan increased from 184 grams in 2016 to 3 977 grams in 2021. Additionally, restrictive measures related to COVID-19 forced drug traffickers to identify new platforms, such as the internet for the promotion and sale of these substances, while information about consumption is distributed by online communities through YouTube channels, forums, social networks, and smartphone apps. Considering this recent shift in the

trade and use of these types of drugs, the Joint Team adapted e-learning and awareness raising web-based tools to promote and increase demand for HIV testing and treatment, and harm reduction services among people who use novel psychoactive substances and stimulants. The tools were developed at a regional level to cater to Uzbekistan's political and cultural norms.

Technical assistance was provided for the training of representatives of 12 nongovernmental organizations to improve their knowledge of current best practices on creating and managing partnerships, the *Men who have Sex with Men Implementation Toolkit* (MSMIT), *Practical Guidance for Collaborative Interventions* (IDUIT), and *Implementing Comprehensive HIV/Sexually Transmitted Programmes with Sex Workers* (SWIT). Additionally, the Joint Team trained 30 representatives of nongovernmental organizations, 30 law enforcement officials, and 132 healthcare providers on HIV prevention among people who use drugs and on best practices of web outreach initiatives, including the creation of an online outreach team and available tools.

The Joint Team led the development of a digital learning platform targeting medical students and employees of health facilities and psychologists to improve their access to the latest information (in Uzbek and Russian languages) on HIV prevention, diagnosis, and treatment among key populations. The platform will be introduced to the medical curricula of eight medical institutes and the Centre on Advanced Training for medical professions.

HIV TESTING AND TREATMENT

The Government of Uzbekistan, in collaboration with Joint Team and national partners, developed national guidelines on HIV prevention, diagnosis, treatment, and care that were endorsed by the Ministry of Health and implemented throughout the country. These guidelines are the first in the country to focus on modern HIV testing and prevention approaches, including HIV self-testing and pre-exposure prophylaxis.

The Joint Team assessed the current coverage of antiretroviral treatment among adolescents aged 15-18 years and found that 86% of adolescents living with HIV were on treatment, which was lower than the national target. To support families, adolescents, and young people living with HIV and strengthen their adherence to HIV treatment, the Joint Team organized a three-day training session on healthy lifestyle and psychosocial support for 33 young people living with HIV and their parents from Bukhara, Navoi, Kashkadarya and Surkhandarya regions. During the training, participants gained basic knowledge on health and HIV, the advantages of treatment adherence, and how to lead a healthy life while living with HIV.

In collaboration with the Republican AIDS Centre, the Joint Team also conducted an analysis of the supply, management, demand, and quality of antiretroviral treatment services in the country. The analysis found several critical issues, including those related to the process of ARV procurement through the Global Fund's funding mechanism (which constitutes a smaller share of the total procurement funding, compared to the share of the state budget which increases every year). It also identified the need to build the capacity of relevant staff at the Republican AIDS Centre on forecasting demand, budgeting and planning the procurement of antiretroviral treatment to ensure regular availability of medicines. The results of the analysis were shared with the Ministry of Health.

In 2021, a mobile clinic equipped with advanced medical equipment and diagnostic systems was donated to the Republican AIDS Centre for the provision of primary healthcare services for people in remote and hard-to-reach regions of the country. These services include integrated testing for HIV, COVID-19, hepatitis B and C, and other diseases. The mobile clinic already conducted a round of visits in Samarkand, Syrdarya and Djizzak regions reaching an estimated 1810 clients, of whom six people were diagnosed with HIV, 14 with syphilis, and 94 people tested positive for hepatitis B or C.

Between May and June 2020, a rapid needs assessment was conducted among people living with HIV in the context of the COVID-19 pandemic with technical support from the Joint Team. A total of 247 respondents, including people living with HIV, representatives of key population groups and people with disabilities participated in the survey. The assessment found that there was insufficient access to medical services and psychosocial support among people living with HIV. Most respondents also reported that the COVID-19 pandemic and related restrictions had a significant impact on their mental health.

In partnership with the Sanitary and Epidemiological Wellbeing and Public Health Service of the Republic of Uzbekistan, the Joint Team conducted a training session for 18 psychologists working at the Republican AIDS Centre and other multidisciplinary teams to strengthen their capacity in providing adequate and qualitative support for people living with HIV during and post COVID-19 pandemic. The Joint Team also held a session on the delivery of professional counselling and support to people living with HIV, people newly diagnosed with HIV and their family and friends. Following these trainings, the Joint Programme implemented a mentoring programme for trained psychologists to further strengthen their capacity.

Technical and financial support was provided to Nurbonu, a nongovernmental organization in Samarkand city to distribute food packages and psychosocial support for 170 low-income households of children living with HIV. This project was highly appreciated by the families and local authorities.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

In 2020-2021, the Joint Team made significant contributions towards two of the five outcomes Outcome 1 and 4) outlined in the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2025 which are aligned to the 2030 Agenda for Sustainable Development. The Joint Team's efforts focus on the Strategic Priority A: Effective governance and justice for all, and Strategic Priority B: Inclusive human capital development leading to health, well-being, and resilient prosperity.

The Joint Team directly contributes to the UNSDCF outcome 1 ("By 2025 all people and groups in Uzbekistan, especially the most vulnerable, demand and benefit from enhanced accountable, transparent, inclusive and gender responsive governance s and rule of law institutions for a life free from discrimination and violence") and outcome 4 ("By 2025, the most vulnerable benefit from enhanced access to gender-sensitive quality health, education and social services"), and ultimately, towards Uzbekistan's National Development Strategy 2030 to achieve the Sustainable Development Goals (SDGs) and contribute to SDGs 1, 3, 4, 5, 10, 16, and 17.

CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic had severe implications for the national HIV response. Pandemic-related lockdown and restriction measures coupled with the shift of financial and human resources to the COVID-19 response led to the disruption of HIV services and suspension of several planned support activities. In response, the Joint Team implemented innovative approaches and provided technical training for key stakeholders to continue implementing most of the planned activities.

Treatment coverage among all people living with HIV in Uzbekistan remains low. There are no formal platforms to help increase treatment literacy among people living with HIV. HIV-related health services are not integrated into primary health care or any other national vertical healthcare system. Furthermore, HIV continues to be a sensitive issue for the Government impeding the scale-up of HIV services, including antiretroviral treatment.

The laws in Uzbekistan continue to criminalize same-sex sexual relations (among men who have sex with men), sex work, and drug use and possession. Legal constraints also bar the use of full packages of internationally recognized harm reduction services for people who inject drugs.

While high levels of social stigma and discrimination towards people living with HIV and key populations persist, especially gay men and other men who have sex with men, there is no data available to contribute to the stigma and discrimination indicators on the Global AIDS Monitoring (GAM) reporting tool.

The capacity of the Republican AIDS Centre, civil society organizations, and networks of people living with HIV for planning, implementing, coordinating, and monitoring of HIV programmes remains low. The country remains dependent on substantial external assistance, including consultants, to coordinate and facilitate some of the activities in the national HIV response. Lessons learned showed the need to build the capacity of key stakeholders and create a favourable environment for civil society organizations for the implementation of successful government- and community-led HIV programmes.

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