



REPUBLICAN AIDS
CENTER
of the Ministry of Health
of the Kyrgyz Republic



PEPFAR
U.S. President's Emergency Plan for AIDS Relief

BIO-BEHAVIOR SURVEY
AMONG PEOPLE WHO
INJECT DRUGS IN THE
KYRGYZ REPUBLIC

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Background:

- People who inject drugs (PWID) account for more than a third of all registered HIV cases in the country and the highest HIV prevalence (**14.3%** according to BBS **2016**). PWID PSE is **25,000**[1].
- Kyrgyz Republic is a hyperendemic country for viral hepatitis (VH). The prevalence of anti-HCV among the general population was **2.6%**[2], among PWID - **60.9%** according to the BBS **2016**.
- Comprehensive HIV interventions are carried out in the country, which reach **68%** of PWID, but only **3.7%** of PWID are on MAT[3].
- Despite universal access to treatment, only half of them (**49%**) of PWID registered at HIV services and **96%** of PWID who know their status are on ART[4].
- The nature of the epidemic has changed over the past **10 years**, driven by an increase in sexual transmission and a decrease in parenteral transmission of HIV. So, PWID accounted for **4%** of newly reported PLHIV in **2021**.
- In line with **UNAIDS** and **WHO** recommendations, information on the burden of HIV among PWID need to update data on prevalence, behavioral risks and knowledge about HIV once every 3-5 years to assess achievement in the UNAIDS 95-95-95 targets.

Purpose:

To assess the burden of HIV, risk behaviors and access to services e. g. 95-95-95 among PWID in Bishkek, Tokmok, Sokuluk, Kara-Balta, Osh, and Karasuu KR's six sites.

Methods:

Respondent-driven sampling (RDS) was used to recruit PWID aged 18+ years in six locations in the Kyrgyz Republic.

Interviewers collected information on demographics and risk behaviors. Blood samples were tested at survey sites using rapid tests for HIV, HCV, syphilis. All respondents with reactive HIV and/or HCV test results were escorted to nearest healthcare facility for HIV viral suppression (VL) and HCV RNA (GeneXpert platform). Weighted estimates were generated using the 'Giles SS' estimator in RDS-Analyst software.

Results:

Table 1. Demographic data and behavioral practices among PWID on 6 sites of the Kyrgyz Republic, 2021

Features *	Bishkek N=256	Karasuu N=222	Osh N=184	Sokuluk N=120	Tokmok N=147	Kara-Balta N=56
Age, years Mean (standard deviation)	41,7 (10.3)	44,5 (10.9)	44 (10.3)	41,7 (8.6)	39,3 (11.3)	40,1 (7.4)
HIV prevalence	14.3 (9-19.6)	13.3 (8,5-18,1)	19.1 (12,7-25,5)	25,9 (17,3-34,2)	16,9 (10-23,8)	46,3**
HCV prevalence (anti-HCV)	71,3 (60-82,5)	55 (47,2-62,8)	60,6 (51,9-69,3)	66,6 (54,1-79)	49,4 (34,6-64,2)	89,3**
RNA HCV***	47.2 (38.2-56.2)	67.7 (57.9-77.5)	53.1 (42.8-63.3)	50.8 (39.2-62.5)	82.6 (73.9-91.3)	46.2**
Syphilis prevalence	9.8 (5.5-14.1)	13.6 (8.3-18.9)	12.2 (7.3-17.1)	9.1 (2.1-16.1)	11.5 (5.6-17.4)	14.3**
Sharing needles in the last 2 months	15.2 (9,9 -20,5)	20,9 (16,4 -25,3)	18,6 (12,0-25,2)	12.2 (4,9-19,5)	16.2 (9,7-22,7)	30,4**
Condom use at last sex	46,2 (37,7- 54,7)	56,8 (48,9-64,7)	64,9 (55,5-74,4)	43,3 (30-56,6)	57 (45,2-68,9)	68,1**
Ever received OST	47,1 (39,6-54,7)	32 (26,7- 38,6)	39,2 (30,9 -47,4)	21,6 (13,3-29,9)	33,1 (23-43)	44,6**
Currently on OST	19.7 (13.4-26.0)	5.1 (2.5-7.7)	6.0 (2.3 - 9.8)	1.3 (0.4-2.2)	13.2 (9.4-17.0)	10.7**
Have you received the minimum package of services**** for the last 3 months	13.2 (8,7-17,7)	42 34,9-49,1	40,7 32,9-48,5	11 5,1 - 16,9	19,9 15,7-24,1	14,3**
PrEP awareness	8,5 (4,9-12)	13,5 (9,1-17,9)	15,2 (9,2 -21,3)	7,9 (1,2-14,6)	4.6 (1,8-7,4)	12,5**

* Estimated in % (95CI)

**In Kara- Balta it was not possible to obtain statistically reliable data due to the small number of respondents. The data obtained on this site were not taken into account when analyzing.

***Out of all who have anti-HCV

**** Minimal package includes syringes, condoms and informational-educational materials or counselling.

[1] <https://aidsinfo.unaids.org/>

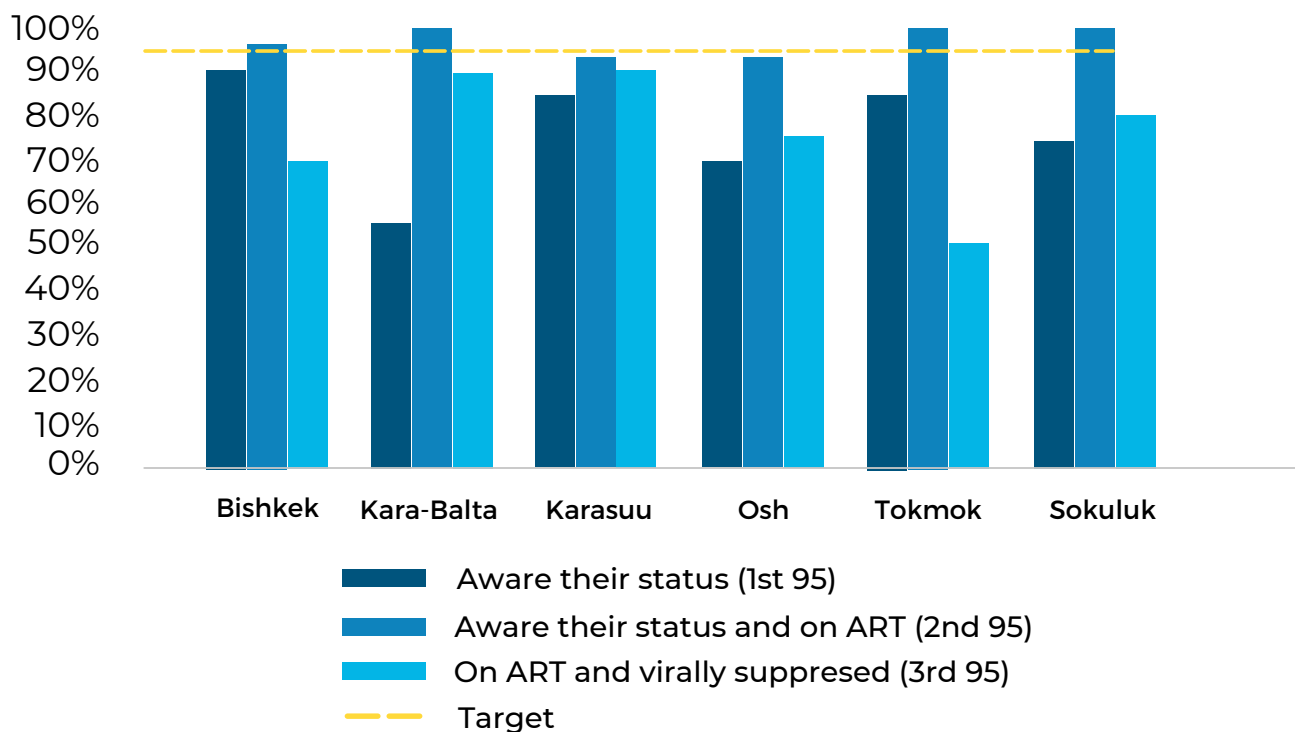
[2] Boteju, V.S., Zgier, F., Mahmud, S., Terlikbayeva, A., El-Bassel, N., and Abu-Raddad, L.J. (2019). Epidemiology of hepatitis C virus in Central Asia: a systematic review, meta-analyses and meta-regression analyses. Scientific Reports, 9(1), 1-15.

[3] <https://aidsreportingtool.unaids.org/indicator/edit/3290/160/>

[4] Republican AIDS Center 2021

Figure 1.

HIV service delivery cascade (95-95-95) in percentage among PWID in the Kyrgyz Republic, 2021



Conclusion:

- 01 — The prevalence of HIV (**13.3-25.9%**) and hepatitis C exposure (**47.2% -82.6%**) and in the covered sites remains high. This demonstrates the significant burden of HIV and HCV among PWID.
- 02 — The study involved mainly PWID of the older age group, on average indicating low accessibility to the group of young PWID.
- 03 — By survey location, between **22** and **47%** of respondents indicated that they had ever participated in OST programs, however, at the time of the survey, **1.3** to **20%** were on methadone. This indicates the low accessibility or uptake of this program.
- 04 — Persistent syringe sharing practices (**12-21%**); low coverage of OST, low awareness of PrEP (**5-15%**) indicate the risk of further transmission of HIV among PWID.
- 05 — Risk of HIV transmission to sexual partners of PWID may be high due to high prevalence of syphilis antibodies (from **9.1%** to **13.6%**) and low condom use (from **43** to **65%**).

- 06 — Coverage with the minimum package of prevention services over the past 3 months was insufficient (**11-42%**) with differential coverage by geography.
- 07 — Prevention package coverage in the south (**40-42%**) was reported to be higher than in the north (**11-20%**), which is low when program coverage was reported to be **68%** of PWID in **2021**.
- 08 — Overall, testing coverage and knowledge of their status by PLHIV/PWID remains insufficient (**77.4%**). At the same time, coverage of ART among those who know their HIV-positive status is high (**96.6%**). Viral suppression among those on ART was variable by location (**53.3-85.2%**).

Recommendations:

- 1 HIV and hepatitis prevention and treatment programs should remain a priority for the national response to HIV and parenteral hepatitis in the country.
- 2 Develop a strategy and methodology to scale up access to HIV prevention and treatment services for young PWID
- 3 The introduction of prevention and treatment programs for the parenteral viral hepatitis should be provided as an element to prevent their further spread in the country, as well as to involve PWID in programs for testing, treatment and pre-exposure prophylaxis of HIV.
- 4 Review the HIV testing program for PWID using an index, targeted approach, scaling up access to self-testing programs among young PWID and drug users of new psycho-active substances.
- 5 Harm reduction programs that include information about PrEP, motivation to participate in OST and HIV testing require further support, expansion and strengthening of monitoring of their implementation.
- 6 HIV Prevention and treatment programs for PWID should be strengthened, including counseling, psychological support, and social support.

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Contact numbers:

- Dr. Solpueva Aigul Sagyndykovna - Head of Epidemiological Department, Republican AIDS Center, tel: +996 552 455 696, email: solpuevaigul@mail.ru.
- PhD Usmanova Nazira Rafikovna - Clinical Advisor CDC, SEV 19057, tel: +996 770 770 006, email: hnv9@cdc.gov.