

KYRGYZSTAN

Statistical data

Population size of the country was estimated at 6.524.000¹¹² (year 2020).

Estimate number of PLHIV was 10.000.

The state of the 90-90-90 treatment target in January 2021¹¹³ was as follows:

- Percentage of PLHIV diagnosed (first 90 target): 70,5%
- Percentage of PLHIV on treatment (second 90 target): 63 %
- Percentage of PLHIV with undetectable viral load (third 90 target): 86,6 %

Main epidemiological trends

In the last five years, the total number of officially registered HIV cases in the country has increased by nearly half (from 6.733 cases in 2016 to 9.773 cases in 2020). The estimate number of PLHIV in 2020 was 10.000. According to the Republican AIDS Centre, the total number of registered HIV cases in the Kyrgyz Republic as of December 31st, 2020, was 9.773, of which 2.237 died. On average, 500-700 new HIV cases are registered annually in the country. HIV cases are registered in all regions of the country. The highest HIV prevalence is in Chui and Osh regions, more specifically in the cities of Bishkek and Osh.

HIV prevalence in the Kyrgyz Republic was 101 per 100.000 inhabitants in 2019 and 88 per 100.000 inhabitants in 2020. Overall, HIV prevalence in the country remains at approximately the same level since 2015.

With a relatively stable HIV prevalence rate, a slight increase in the incidence rate can be observed. In 2015, the HIV incidence rate was 9,8 new cases per 100.000 inhabitants. In 2019, the HIV incidence rate peaked at 12,3 new cases per 100.000 inhabitants, and in 2020 decrease to 9,8 per 100.000 inhabitants. Each year around 200 PLHIV die in the country, of whom around 30 % die in the AIDS phase.

Relevant anti-discrimination legislation applicable in healthcare settings

Legislation that shall protect PLHIV against discrimination in healthcare settings can be found at the constitutional level as well as at the primary legislation level. Moreover, anti-discrimination legislation of the Kyrgyz Republic at the primary legislation level is HIV-specific.

Constitutional level

The Constitution of the Kyrgyz Republic¹¹⁴ (hereinafter "Constitution") anchors the protection against discrimination and provides a list of discriminatory grounds in its Articles 24 and 29. This list has a demonstrative

¹¹² UN Department of Economic and social Affairs, Population Division. *World Population Prospects 2019*. Available at: <https://population.un.org/wpp/Download/Standard/Population/>

¹¹³ As reported by the association Partner Network.

¹¹⁴ Constitution of the Kyrgyz Republic (entered into force by Law of the Kyrgyz Republic No. 59/2021. Available at: <http://cbd.minjust.gov.kg/act/view/ru-ru/112213?cl=ru-ru>

(i.e. open-ended) character and apart from the commonly included grounds also protects “other statuses” and “other circumstances”.

Primary legislation level

According to Article 13 of the **Act on HIV/AIDS in the Kyrgyz Republic**¹¹⁵ discrimination and stigmatization of PLHIV and people affected by HIV/AIDS is prohibited, as well as the infringement of their legitimate interests, rights, and freedoms on the basis of their HIV+ status. Under this article, it is explicitly forbidden to refuse to conclude or terminate an employment contract with an HIV+ employee (with the exception of certain types of professional activities established by a special list), or to refuse the admission of PLHIV to educational and health care organizations.

Further protection at the primary legislative level is provided by the **Act on Protection of Health of Citizens in the Kyrgyz Republic**¹¹⁶. Under Article 72, a patient has the right to respectful and humane treatment by medical and service personnel when seeking or receiving medical care. In addition, under Article 91, the HIV status is classified as a medical secret and protected as such.

The **Criminal Code of the Kyrgyz Republic**¹¹⁷ also contains a provision dedicated to protection against discrimination. Article 185 provides that:

“The violation of human equality, namely the direct or indirect restriction of rights or the establishment of direct or indirect privileges based on gender, race, nationality, language, disability, ethnicity, religion, age, political or other beliefs, education, origin, property or other status, which, through negligence, has caused significant harm.”

Legislation that may provide basis for discrimination against PLHIV in healthcare settings

No legislation that could directly or indirectly discriminate against or provide basis for discrimination against PLHIV/AIDS in healthcare settings was reported.

Means of reporting discrimination in healthcare settings (legal and other remedies)

According to Article 16 of the Act on HIV/AIDS in the Kyrgyz Republic violation of its provisions (including the violation of Article 13 on the prevention of discrimination and stigmatization of PLHIV, and the infringement of their legitimate interests, rights and freedoms on the basis of their HIV infection) entail disciplinary, administrative, criminal and civil legal liability.

When PLHIV come across discrimination in healthcare settings, several means of protection are available to them in the Kyrgyz Republic. These include:

- complaint to the healthcare provider;

¹¹⁵ Law of the Kyrgyz Republic No. 149/2005, on HIV/AIDS in the Kyrgyz Republic, as amended. Available at: <http://cbd.minjust.gov.kg/act/view/ru-ru/1747>

¹¹⁶ Law of the Kyrgyz Republic No. 6/2005, on the Protection of Health of Citizens in the Kyrgyz Republic, as amended. Available at: <http://cbd.minjust.gov.kg/act/view/ru-ru/1602>

¹¹⁷ Law of the Kyrgyz Republic No. 19/2017, the Criminal Code of the Kyrgyz Republic, as amended. Available at: <http://cbd.minjust.gov.kg/act/view/ru-ru/111527>

- complaint to the coordinating commission of the local state administrations and local self-government bodies of Bishkek and Osh;
- complaint to the Ministry of Health;
- complaint to the Ombudsman;
- appeal to the prosecutor's office;
- legal action.

Complaints – common procedural framework

Patient's complaints are considered under the legal framework set forth by the Act on the Procedure for Considering Citizens' Appeals¹¹⁸. According to Article 4, every citizen has the right to appeal personally or through a representative to public authorities, local self-government bodies and their officials, who are obliged to provide a reasoned response within the time frame established by law. Under Article 8, a written or electronic complaint received by a state body, local self-government body or an official in accordance with their competence must be considered within 14 working days from the date of the registration of the complaint.

Complaint to the healthcare provider

Under Article 72 of the Act on Protection of Health of Citizens of the Kyrgyz Republic, if a patient's rights are violated (including those of PLHIV), he/she can file a complaint directly to the head or other official of the healthcare institution where he/she sought medical care. Liability for violation of patient's rights under the said act is established in accordance with other legislation of the Kyrgyz Republic.

For instance, under Article 146 of the Labour Code of the Kyrgyz Republic¹¹⁹, in the case of wrongful non-performance or improper performance of work duties by a healthcare worker (including the violation of laws), the head of the healthcare institution has the right to apply the following disciplinary sanctions: 1) admonition; 2) reprimand; 3) dismissal on appropriate grounds.

Complaint to the coordinating commission

Coordination commissions for management of the healthcare system were established in all regions of the Kyrgyz Republic and in the cities of Bishkek and Osh. Under Paragraph 6, Section 3 of the regulations establishing the coordination commissions¹²⁰, the commissions have the right to monitor the implementation of national, state, sectoral health care programmes, the programme of state guarantees for the provision of medical and sanitary care and the quality of medical services provided by health care institutions.

Based on the above, in case of violation of their rights, patients (including PLHIV) can file a complaint to the local coordination commission. The patients' complaints are handled in accordance with the Act on the Procedure for Considering Citizens' Appeals.

¹¹⁸ Law of the Kyrgyz Republic No. 67/2007, on the Procedure for Considering Citizens' Appeals, as amended. Available at: <http://cbd.minjust.gov.kg/act/view/ru-ru/202100?cl=ru-ru>

¹¹⁹ Law of the Kyrgyz Republic No. 106/2004, the Labour Code of the Kyrgyz Republic. Available at: <http://cbd.minjust.gov.kg/act/view/ru-ru/1505>

¹²⁰ Decree of the Government of the Kyrgyz Republic No. 447/2003, on the Order of Management of the Healthcare System in the Cities of Bishkek, Osh and the Regions of the Kyrgyz Republic. Available at: <http://cbd.minjust.gov.kg/act/view/ky-kg/54589>

[Complaint to the Ministry of Health](#)

Apart from the previously stated bodies, a patient whose rights were violated in healthcare setting may seek remedy at the Ministry of Health. Similarly to the previous situations, a complaint must be filed and is handled in accordance with the Act on the Procedure for Considering Citizens' Appeals.

[Complaint to the Ombudsman of the Kyrgyz Republic](#)

Under Article 10 of the Act on the Ombudsman of the Kyrgyz Republic¹²¹, the Ombudsman reviews applications and complaints from citizens of the Kyrgyz Republic, foreign nationals and stateless persons or their representatives and non-governmental organizations regarding decisions and actions of state and local government bodies, public and private organizations, institutions, enterprises, officials, civil servants that violate human and civil rights and freedoms, established by the legislation of the Kyrgyz Republic, international treaties and agreements to which the Kyrgyz Republic is a party.

In the case of discrimination of PLHIV in healthcare settings, PLHIV have the right to complain to the Ombudsman regarding violations of Article 13 of the Act on HIV/AIDS in the Kyrgyz Republic. The complaints are considered in accordance with the Act on the Procedure for Considering Citizens' Appeals.

[Appeal to the Prosecutor's Office of the Kyrgyz Republic](#)

Under Article 2 of the Act on the Prosecutor's Office of the Kyrgyz Republic¹²², the prosecutor's office is a government agency called to ensure the rule of law, unity and strengthening of legality, as well as protection of legally protected interests of an individual, society and the state.

Pursuant to Article 7 of the said act, the prosecutor's office, in accordance with its powers, resolves appeals containing information about violations of laws and other normative legal acts. The decision taken by the prosecutor may be appealed to a higher prosecutor and does not prevent applicants from seeking protection of their rights in civil court. The answer to an appeal should be motivated. If the appeal is denied, the applicant shall be explained the procedure of appealing the decision as well as the right to appeal to a court.

[Legal Action](#)

Under Article 17 of the Act on HIV/AIDS in the Kyrgyz Republic, wrongful acts or omissions of officials that violate the rights of PLHIV can be appealed in court in accordance with the legislation of the Kyrgyz Republic. In accordance with Art. 5 of the Administrative Procedure Code of the Kyrgyz Republic¹²³ any interested person has the right, in the manner prescribed by law, to apply to the court for the protection of his/her violated or disputed rights, freedoms or interests protected by law.

However, under Article 111 of the Administrative Procedure Code of the Kyrgyz Republic, prior to bringing an action before court, PLHIV must lodge a complaint with a higher authority, e.g. the Ministry of Health, or with a coordination commission in order to commence the pre-trial order dispute resolution. The complainant has the right to appeal to the judicial authorities only if the higher authority does not resolve the issue.

¹²¹ Law of the Kyrgyz Republic No. 136/2002, on the Ombudsman of the Kyrgyz Republic, as amended. Available at: <http://cbd.minjust.gov.kg/act/view/ru-ru/1093>

¹²² Law of the Kyrgyz Republic No. 143/2020, on the Prosecutor's Office of the Kyrgyz Republic, as amended. Available at: <http://cbd.minjust.gov.kg/act/view/ru-ru/112108>

¹²³ Law of the Kyrgyz Republic No. 13/2017, the Administrative Procedure Code of the Kyrgyz Republic, as amended. Available at: <http://cbd.minjust.gov.kg/act/view/ru-ru/111520?cl=ru-ru>

Obligation of PLHIV to disclose their HIV+ status in healthcare settings

Under the law of the Kyrgyz Republic, PLHIV do not have the obligation to disclose their HIV+ status to healthcare workers.

Confidentiality and accessibility of personal data related to HIV

HIV status of a patient is a medical secret under Article 91 of the Act on Protection of Health of Citizens in the Kyrgyz Republic. Information about the seeking of medical care, the health status of citizens, the diagnosis of their disease and other information obtained during examination and treatment constitute medical secrecy.

Information constituting medical secrecy shall not be disclosed by persons to whom it became known in the course of their training, performance of professional, official, or other duties, except in the cases specified in Article 91.

According to Article 18 of the Act on the Status of Medical Workers¹²⁴ medical workers are obliged to strictly observe the rights and legitimate interests of patients, keep confidentiality of personal information obtained during their professional activities (except in cases provided by law) and comply with professional and ethical standards.

Under Article 160 of the Criminal Code of the Kyrgyz Republic the disclosure of medical secrets by a person to whom it became known in connection with the performance of professional or official duties that caused grave harm through negligence is punishable by correctional labour/a fine/imprisonment with disqualification to hold certain positions or engage in certain activities for up to two years and a fine.

Data on the HIV+ status of patients, in accordance with the clinical guidelines, are documented in the medical card of a patient, as well as in the registers of ARV drugs dispensation, register of PLHIV and in the register of services rendered.

In medical institutions, these documents are stored in medical record storage cabinets which require access authorization.

In addition, data regarding the HIV+ status of a patient is entered into a unified electronic tracking system.¹²⁵

The following individuals have access to information on HIV status of patients:^{126,127}

1. doctors and nurses of the departments of the Republican AIDS Centre of the Ministry of Health of the Kyrgyz Republic and AIDS prevention and control centres;
2. family physician or infectious disease specialist at the Family Medicine Centre (FMC) and General Medical Practice Centre (GMPC);

¹²⁴ Law of the Kyrgyz Republic No. 81/2013, on the Status of Medical Workers, as amended. Available at: <http://cbd.minjust.gov.kg/act/view/ru-ru/203889?cl=ru-ru>

¹²⁵ Order of the Ministry of Health of the Kyrgyz Republic No. 192/2018

¹²⁶ Order of the Ministry of Health of the Kyrgyz Republic No. 75/2020, on the approval of the Clinical Guidelines "Treatment of HIV infection and comorbid conditions at all levels of medical care in the Kyrgyz Republic"

¹²⁷ Order of the Ministry of Health of the Kyrgyz Republic No. 542/2019, on approval of mechanisms for decentralization of medical services to people living with HIV in the Kyrgyz Republic

3. in case of indications for consultation the following specialists can also get access to information on HIV status: infectious disease doctor, phthisiatrician, neurologist, psychiatrist, psychotherapist (psychologist), ophthalmologist, cardiologist

Prohibitions and limitations on working in specific healthcare professions for PLHIV

On April 25th, 2006, the Government of the Kyrgyz Republic issued a Decree that approved a special list of professions and positions in which the employment of people living with HIV/AIDS is not allowed¹²⁸. The list includes the following professions:

- operating surgeons of all specialties;
- operating nurses;
- obstetricians-gynaecologists;
- obstetricians and midwives in maternity hospitals;
- traumatologists;
- staff of haematology departments;
- staff of artificial kidney units;
- dentists;
- blood transfusion specialists;
- haemodialysis units that work directly with blood.

Furthermore, under the same governmental Decree, mandatory examination for detection of HIV was introduced for employees working in the abovementioned professions.¹²⁹ If an employee of one of these professions refuses to undergo mandatory medical examination to detect HIV without valid reasons, this employee is subject to disciplinary action in accordance with the established procedure (reprimand or dismissal). If the HIV infection is detected in such employees, they are transferred to another job with no risk of HIV transmission to third parties.

Private insurance policies concerning PLHIV

There is no separate law or programme related to life or health-related insurance policies for PLHIV in the country. No data on availability of different types of private insurance policies for PLHIV was obtained.

¹²⁸ Special list of professions and positions in which the employment of people living with HIV/AIDS is not allowed as approved by the Decree of the Government of the Kyrgyz Republic No. 296/2006. Available at: <http://cbd.minjust.gov.kg/act/view/ru-ru/57395?cl=ru-ru>

¹²⁹ Rules for medical screening to detect human immunodeficiency virus, medical records and monitoring of persons with positive and dubious results of HIV testing in the Kyrgyz Republic as approved by the Decree of the Government of the Kyrgyz Republic No. 296/2006. Available at: <http://cbd.minjust.gov.kg/act/view/ru-ru/57394?cl=ru-ru>

Common forms of discrimination in healthcare settings

In the Kyrgyz Republic a database of offenses was developed under the REAct Project by Frontline AIDS to monitor and respond to human rights violations at the community level. Individual offenses are registered in the database by staff members (REActors) who are specially trained to provide legal assistance in cases of violations against key population groups (including PLHIV).

In 2021, a report on “Violations of the rights of representatives of key groups in Kyrgyzstan”^{130,131} was published. During the previous year (2020) the database registered 503 offenses from all community representatives of which 121 submissions were registered in relation to PLHIV. In the healthcare sector, the most striking manifestations of stigma and discrimination against PLHIV are the emphasized humiliating practices of medical professionals, as well as refusal-of-care. The offenses can be divided into 3 subgroups: refusal-of-care (36), disclosure of HIV status (2), humiliating treatment by medical staff (2).

Pursuing the objectives of the action plan of the Government of the Kyrgyz Republic to overcome the HIV pandemic, another study was conducted in 2020¹³² to assess one of the indicators of this action plan – stigma index of PLHIV and key populations in the Kyrgyz Republic. The study involved 665 PLHIV in 6 regions and in relation to the healthcare sector it provides the following statistical summary of the attitude of nursing staff towards PLHIV:

1) Attitude of nursing staff – provision of HIV related services (2020)

Description of the behaviour of nursing staff	% of PLHIV who experienced this behaviour
Denied health care services because of HIV status	3,1 %
Advised not to have sex because of HIV status	6,0 %
Spoke badly or gossiped because of HIV status	5,7 %
Verbally abused (shouted, cursed, called names, or otherwise verbally abused) because of HIV status	4,3 %
Physically abused (pushed, hit, hit or otherwise physically abused) because of HIV status	0,6 %
Avoided physical contact/used extra precautions (such as wearing a second pair of gloves) because of HIV status	10,3 %
Disclosed HIV status without consent	5,7 %

2) Attitude of nursing staff – HIV non-related services (2020)

¹³⁰ REAct Kyrgyzstan. *Аналитический отчет за первое полугодие 2020: Нарушения прав людей, живущих с ВИЧ и представителей ключевых групп*. Available at: https://react-aph.org/wp-content/uploads/2021/01/analiticheskij_otchet_za_pervoe_polugodie_2020_react_kyrgyzstan.pdf

¹³¹ REAct Kyrgyzstan. *Violations of key populations rights in Kyrgyzstan: Evidence collected through the REAct tool during 2020*. Available at: <https://react-aph.org/wp-content/uploads/2021/07/zvit-react-kyrgyzstan-eng-final-06.07.2021.pdf>

¹³² Research report: Definition of the Human Stigma Index of PLHIV and key populations in the Kyrgyz Republic 2020.

Description of the behaviour of nursing staff	% of PLHIV who experienced this behaviour
Verbally harassed (yelled, cursed, called names, or otherwise verbally abused) because of HIV status	10,44 %
Talked badly or gossiped about because of HIV status	7,69 %
Denied health care services because of HIV status	6,04 %
Avoided physical contact/used extra precautions (such as wearing a second pair of gloves) because of your HIV status	6,04 %
Disclosed your HIV status without your consent	6,04 %
Were advised not to have sex because of your HIV status	4,95 %
You were denied dental services because of your HIV status	2,20 %
You were physically abused (pushed, hit, or otherwise physically abused) because of your HIV status	1,10 %
Did not disclose your status when getting help	1,10 %

Case studies

No cases resulting in court litigation were reported, therefore the following case studies only show the currently occurring discriminatory practices in healthcare settings. Although these instances of discriminatory behaviour did not have direct impact on the legislation of the Kyrgyz Republic, through disclosing and analysing these cases the local NGOs and activists raise awareness about the problems that PLHIV face.

Cases of verbal abuse and inadequate remarks

1) Infectious disease doctor made demeaning remarks towards an HIV+ patient: *"You 'HIV+' are already annoying, you're too smart."* The patient filed a complaint with the management that resulted in an apology of the doctor.

Cases of refusal of treatment

2) An HIV+ patient, who also contracted tuberculosis and hepatitis C in the past and was a drug user, was denied surgery at the Chui Regional Hospital. The justification provided by the hospital was the "necessity" to dispose of all surgical instruments used during the surgery. The hospital claimed that such disposal would be too expensive. Alternatively, the hospital suggested that the patient shall pay 30.000 Kyrgyz Som (approx. 305 €). The patient did not have these resources. According to the obtained information, the patient has still not undergone the surgery.

3) A patient was refused at the surgery in-patient department of the United Territorial Hospital due to his HIV+ status. As a result of the refusal, the patient died the next day.

4) An HIV+ child was not admitted to the ENT department of the Nookat District Hospital with a case of maxillary sinusitis and was referred to the Osh Regional Hospital. The parents of the child did not have the finances to travel to the Osh Regional Hospital. As a result, the child was prescribed to be treated at home.

5) An HIV+ patient went to a dentist to have a tooth extracted. Prior to the procedure she disclosed her HIV+ status to the dentist who subsequently refused to provide the required extraction. The patient reported this event to REAct. One of the REActors visited the clinic and informed the dentist of the rights of PLHIV in the Kyrgyz Republic. Through negotiation, the REActor was able to secure the provision of the required medical services to the patient.

Cases of inadequate treatment

6) A nurse in an infectious diseases department (Centre for Family Medicine) administered ARV drugs contrary to the medical protocol (treatment scheme of the patient). As a result of the nurse's actions, the patient died. An investigation was conducted by the Regional Centre for Epidemiological Surveillance and the Republican AIDS Centre and revealed that the nurse did not have authorisation to dispense the ARV medication.

7) A patient was not provided with a medication for treatment of the side effects of the ART, because the medication had already been released upon signature put down in the register. The signature, however, did not belong to the patient. This objection of the patient was not accepted.

Cases of inadequate handling of personal data

8) Infectious disease doctor at the Republic RV Hospital was reported to conduct medical consultations openly in front of other patients and medical staff. The doctor disclosed the HIV+ status of 5 patients who consequently did not finish their treatment of tuberculosis (due to the stress connected with their stay in the hospital after the disclosure of their personal information). The doctor was reprimanded but continued disclosing the status of other patients.

Good practices in the national context

Joining international initiatives

In the past years, the Kyrgyz Republic (either as a whole, or specifically the cities of Bishkek and Osh) signed several international documents and joined international partnerships focused on tackling the HIV/AIDS pandemic. These include:

- Paris Declaration on Fast-Track Cities;¹³³
- Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination;¹³⁴
- Dublin Declaration on the Partnership to Fight HIV / AIDS in Europe and Central Asia.¹³⁵

Changes of national legislation related to PLHIV

¹³³ Paris declaration on Fast-Track Cities (dated December 1st, 2014). Available at: <https://www.iapac.org/files/2020/09/Paris-Declaration-3.0-December-2019-1.pdf>

¹³⁴ Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination (dated December 10th, 2018). Available at: <https://www.unaids.org/en/resources/documents/2018/global-partnership-hiv-stigma-discrimination>

¹³⁵ Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia (dated February 24th, 2004). Available at: <https://www.osce.org/secretariat/29873>

In August 2020, the current Act on HIV/AIDS in the Kyrgyz Republic was amended in order to allow parents of children who contracted HIV in state or municipal healthcare facilities to receive monetary compensation from the state. This amendment covers the time period since August 23rd, 2005. There is also a minimum limit for amount of the compensation.

As a result of this amendment, the local "Partners' Network" association was approached by more than 80 children, who contracted HIV in a hospital, asking for help in recovering compensation from the state. In addition to this compensation, requests will be made to the state for the provision of free higher education for these children.

Furthermore, the lawyers of the "Partners' Network" association, in cooperation with lawyers from the Soros Foundation, are examining each of the submitted cases in order to take legal action against the hospitals.

In January 2021, the Constitutional Chamber of the Supreme Court of the Kyrgyz Republic ruled on the possibility of adoption of children without parental care by PLHIV.¹³⁶ Previously, HIV was included in the list of diseases, in the presence of which a person cannot be an adoptive parent (guardian) or foster parent. The presence of HIV served as grounds for denying adoption. The Constitutional Chamber excluded HIV infection from the list of diseases that prohibit a person from being an adoptive parent or guardian.

[The Programme of the Government of the Kyrgyz Republic on Overcoming HIV infection in the Kyrgyz Republic for 2017-2021¹³⁷](#)

The implementation of measures to combat HIV infection in the Kyrgyz Republic is carried out in accordance with the Programme of the Government on Overcoming HIV infection in the Kyrgyz Republic for 2017-2021 (hereinafter "Programme"). The activities of the Programme are primarily aimed at ensuring universal access to prevention, treatment, care and support for PLHIV and key groups (PWID, SW, MSM, transgender people, prisoners) in line with the 90-90-90 goals.

The Programme includes a Transition Plan for public funding of HIV programmes, which includes expanding public funding for HIV services, optimizing treatment regimens, improving access to ARV drugs and reducing their cost, improving legislation on the procurement of medicines. The country has approved a national plan to improve adherence to HIV treatment and is implementing a number of activities aimed at achieving these goals.

As a result of the activities, the number of PLHIV on ARV therapy is increasing. According to RCAIDS, in 2018, 3.718 PLHIV received ARV therapy, and in 2019, their number was 4.058 PLHIV, and in 2020, the number of PLHIV receiving ARV therapy was 4.438. That is an average annual increase of 300-400 people.

Currently, the process of developing a new programme for 2022-2026 has commenced.

Issues and bad practices in the national context

[Automatic transfer of personal information related to HIV+ foreign nationals and migrants](#)

¹³⁶ Decision of the Constitutional Chamber of the Supreme Court of the Kyrgyz Republic dated January 27th, 2021. No. 03-r.

¹³⁷ Programme of the Government of the Kyrgyz Republic on Overcoming HIV infection in the Kyrgyz Republic for 2017-2021, as approved by the Resolution of the Government of the Kyrgyz Republic No. 852/17. Available at: <http://cbd.minjust.gov.kg/act/view/ru-ru/11590?cl=ru-ru>

After a report was made that a sex worker from Uzbekistan was taken to the 10th Division of the state Committee for National Security (hereinafter "SCNS") in the city of Osh, extorted money from, and threatened with deportation, a local NGO and the AIDS Centre carried out an investigation. They found that a common practice of forwarding a list of identified HIV+ foreign nationals and migrants has developed in the city of Osh over the past 5-6 years.

The doctor involved in the case was reprimanded. The head of the regional AIDS centre made a promise that medical workers who directly provide services to PLHIV would receive training on confidentiality of sensitive personal data and its inadmissibility for distribution outside of the medical facility. Since then, several instances of mishandling the lists of PLHIV were reported which shows that the problem has not yet been eliminated.

COVID-19 impact on PLHIV

[COVID-19 HIV-specific action plan](#)

In November 2021, the Action Plan to implement the municipal program to overcome infectious diseases of HIV and tuberculosis in conditions of COVID-19, 2021-2022 in Osh city (hereinafter "Action Plan") was approved by the Vice Mayor of the city of Osh.

This Action Plan consists of several activities at the local government level to reduce stigma, discrimination in healthcare facilities and law enforcement agencies. In relation to the healthcare sector, not less than 30 medical specialists per year shall be trained in the provision of services to key groups and PLHIV. Furthermore, no less than 50 members of the staff of the general educational institutions (e.g. nurses, school psychologists, etc.) shall be trained in topics related to HIV, ART, prevention of stigma and discrimination and observance of epidemiological safety.

[Inclusion of PLHIV in priority vaccination groups](#)

COVID-19 vaccination in the Kyrgyz republic follows a 3-stage vaccination scheme in which priority vaccination groups have been established.

In Stage 2, people with clinical risk factors or chronic diseases and people from socially vulnerable groups of the population were eligible for vaccination.

Until August 2021, 123 PLHIV contracted COVID-19, 116 PLHIV received inpatient and outpatient treatment for COVID-19, 60 PLHIV received COVID-19 vaccination, and 7 PLHIV died in consequence of COVID-19.¹³⁸

¹³⁸ Sotsium. *Вакцина от COVID-19 для людей, живущих с ВИЧ*. Available at: <http://sotsium.kg/vich/>