NATIONAL REPORT
2024

Gender Assessment of the National Response to HIV

Republic of Uzbekistan

This document was developed with technical support from UNAIDS. Research for and writing of the report was done by Sara Scardavilli, gender consultant and Niginakhon Saida, gender consultant. The assessment process was managed and supervised by Charos Maksudova, Country Director for UNAIDS Uzbekistan. The team is grateful for valuable inputs received from Dilnoza Avazova, Manager of the Secretariat of the CCM of Uzbekistan; Evgenija Korotkova, Gender Programme Coordinator of the Republican NGO Ishonch va Hayot; Komola Rakhmanova, Gender & Social Inclusion Specialist at UNICEF Uzbekistan office; Nargiza Fuzailova, Sexual and Reproductive Health Analyst at UNFPA Uzbekistan office, and Elena Kiryushina, Policy and Equality Officer at UNAIDS Regional Support Team for Eastern Europe and Central Asia. The document was edited by Dilnoza Sametdinova and Amal Santini.

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ABBREVIATIONS

AIDS	Acquired immuno-deficiency syndrome
ARV	Antiretroviral therapy
BCA	Base Calculating Amount
CCM	Country Coordination Mechanism
GDP	Gross Domestic Product
GNI	Gross National Income
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
CCM	Country Coordination Mechanism
KP	Key Population
MIA	Ministry of Internal Affairs of the Republic of Uzbekistan
MSM	Men who have sex with men
PLHIV	People living with HIV
PWID	People Who Inject Drugs
STEM	Science, Technology, Engineering, and Mathematics
SW	Sex Workers
TB	Tuberculosis
UBRAF	UNAIDS Unified Budget, Results and Accountability Framework
UNODC	United Nations Office on Drugs and Crime
UNFPA	United Nations Population Fund
UNAIDS	Joint United Nations Programme on HIV/AIDS
USD	United States Dollars
UZS	Uzbek So'ms
VAWG	Violence Against Women and Girls
WLHIV	Women Living with HIV
WHO	World Health Organization


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BRIEF OVERVIEW

As noted in the decree "On the approval of the concept of systematic promotional activities carried out by youth activities to combat the spread of human immunodeficiency virus infection in the Republic of Uzbekistan" (#84) of 2022, the HIV epidemic in Uzbekistan is at a concentrated stage with 3 500–4 000 new cases registered annually[1]. Reportedly, around 45 000 people live with HIV in Uzbekistan[2]. Although injecting drugs used to be the most common mode of transmission in the country, lately infecting HIV via sexual contact has been on the rise (officially, 74.9% of new infections in 2020). The share of youth between 18 and 30 years among the newly infected population is 25%[3].

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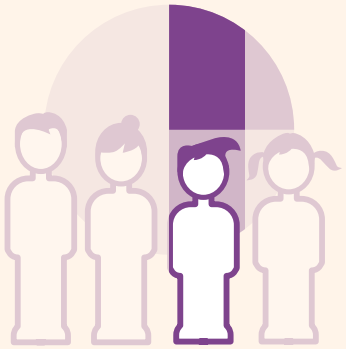

The main purpose of the gender assessment on HIV response in Uzbekistan is to collect and analyse HIV response efforts in the country including HIV prevention, detection, and treatment measures, and to develop recommendations to improve these measures from a gender perspective. Although HIV is more common among men than women (55% to 45% ratio as of 2022[4]), because women are disproportionally affected by HIV and related socio-economic issues such taken together with gender inequality and gender-based violence happening in the country, they are more vulnerable to HIV and thus require specific interventions.

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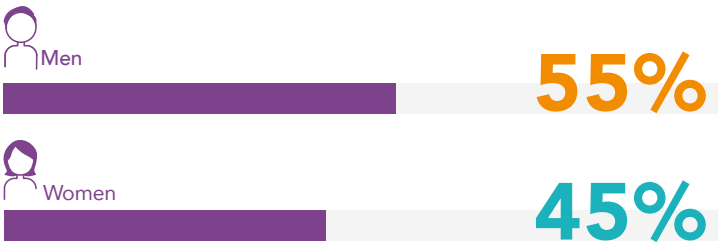


In the process of the gender assessment, community groups of people more exposed to and therefore at higher risk of becoming positive to HIV were identified. These groups, "key populations" (KPs), are sex workers (SW) and their clients, people who inject drugs (PWID), and men who have sex with men (MSM) and their partners). The team has found that migrants and youth, although they are not strictly part of the key populations, require special attention as those are still targeted by HIV interventions and national awareness- raising campaigns.

Based on the results of the gender assessment in Uzbekistan's HIV response, the team has developed a set of recommendations to enhance the national HIV response from a gender perspective with a focus on awareness raising, advocacy, resource mobilization, capacity building, and monitoring.

OBJECTIVES OF THE GENDER ASSESSMENT

1. Assessment of state of the HIV epidemic from gender perspective with a focus on factors that contribute to gender inequality in Uzbekistan such as socio-cultural and economic factors;

2. Study and analysis of legislative documents and other available materials to assess the current national HIV response from gender perspective;

3. Development of recommendations for making the HIV responses gender transformative, equitable and rights based and more effective;

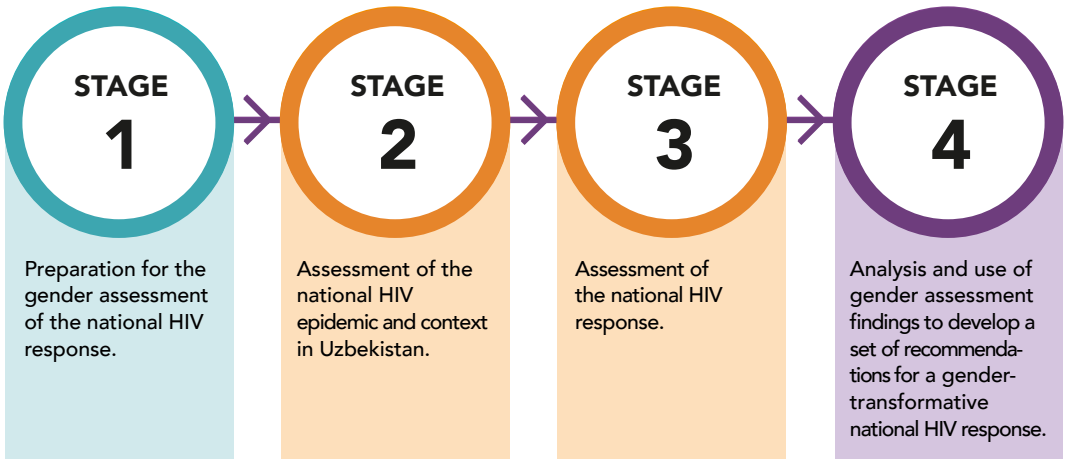
4. Distribution of recommendations for further strategic planning, resource mobilization and management of HIV programs in Uzbekistan from a gender perspective.

METHODOLOGY

This gender assessment of national HIV response in Uzbekistan was undertaken by the guidelines detailed in a 2018 UNAIDS Gender Assessment Tool towards a gender- transformative HIV response.

The UNAIDS Gender Assessment Tool of a national HIV response provides a structured set of guidelines to support assessing the HIV epidemic, context and response from a gender perspective.

The Tool is designed to assist reviewing the national HIV response via systematic and deliberate steps that are set forth in four stages identified:



SUMMARY OF FINDINGS

The gender assessment of national HIV response in Uzbekistan found that although HIV is at a concentrated stage in the country, it steadily increasing, making it the fastest-rising HIV epidemic in Central Asia. Currently, main mode of transmission is via sexual conduct. The assessment identified sex workers and their clients, people who inject drugs, and men who have sex with men and their partners as the key populations.

Although at the national level, HIV is more common among men than among women with 55% to 45% ratio, women in Uzbekistan are in a vulnerable position regarding access to HIV prevention, detection, and treatment due to socio-cultural norms and practices as well as economic inequality between the genders.

Uzbekistan has taken major steps to coordinate all stakeholders in the prevention, diagnosis, and treatment of HIV and to strengthen the participation of all layers of society in the HIV response. The placed legislation and action plans do not include any gender discriminatory characteristics, however, additional consideration from a gender perspective is required.

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CHAPTER 1: INTRODUCTION

1.1. KNOWING THE GLOBAL HIV EPIDEMIC AND HIV CONTEXT IN UZBEKISTAN

Since the start of the HIV global epidemic, 84.2 million people have become HIV-positive. As of 2021, an estimated 38.4 million people living with HIV globally, and only 28.7 million people have access to ARV. Women make up 54% of the total PLHIV. Although AIDS- related deaths have decreased by 68% since 2004, around 650 000 people died due to AIDS-related illnesses in 2021. Thanks to joint and coordinated efforts of the international community, national governments, and NGOs, access to ARV has also improved over the past 20 years. In 2000, slightly over 500 000 people across the globe were undergoing ARV and after two decades, by 2021, the number reached over 28 million with an overall

84.2
million people
worldwide
have become
HIV positive

21.4 billion USD being spent to respond to HIV/AIDS prevention, diagnosis, and treatment works[5].

HIV has several modes of transmission and can infect people of every age and social group. Certain key population groups (KPs) have been identified that are more exposed to the virus than others and, therefore, are at higher risk of contracting HIV. These groups include sex workers (SW) and their clients, people who inject drugs (PWID), and men who have sex with men (MSM) and their partners. In 2021 alone, 70% of HIV infections worldwide were from members of key populations[6]. Together with higher risks of HIV transmission, these groups face discrimination, hatred, and stigma both in their socio-cultural lives and in the healthcare system. Therefore, it is more difficult for them to become aware of their HIV status and to receive full, proper treatment. In 2021, UNAIDS surveyed key populations' access to healthcare services in 26 countries and found that in at least one in three reporting countries, at least one in ten members of key populations avoid healthcare due to stigma and discrimination[7].

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Women are disproportionally affected by HIV and related socio-economic issues. Lack of women's empowerment in decision-making and gender gaps in education, including knowledge of HIV prevention and access to treatment, together with gender inequality in their sociocultural lives make women more vulnerable to HIV. As a result, AIDS remains one of the leading causes of death among women aged 15-49 globally[8]. Gender-based violence (GBV), especially sexual violence in intimate relationships, increases the risk of acquiring the virus among the female population. In cultures where it is socially acceptable for men to have multiple partners and have access to SWs, and where marital rape is not a crime but the norm, women are in an even more vulnerable position. Women are also disproportionately affected by caretaking obligations related to HIV, as they more often undertake unpaid caretaking of children or elderly living with HIV in their families.

80%

of violence against women and girls happens within the household

Uzbekistan registered the first case of HIV in 1987 and, until 1998, only 51 people became HIV-positive. Since the early 2000s, the number of new cases and people living with HIV drastically increased, and by 2010, the cumulative number of HIV cases reached 24 057[9]. As of February 2022, the number of people living with HIV in Uzbekistan is just over 45 000, and 45% of them are women[10]. "People living with HIV face discrimination: they are denied employment, they are not treated equally, their status is disclosed to third parties without their consent, and they are not even allowed to visit tourist sites. All this is completely illegal and should be challenged in court or at higher levels" explains a local expert.

Stories from people living with HIV in Uzbekistan – Khamid

Khamid[11] and his wife, both of whom are HIV positive and are registered with the AIDS, went to the district clinic dental visit as both spouses have problems with their teeth. After standing in line for one hour, they finally secured an appointment with a doctor. At the beginning of the visit, as a law-abiding citizen, Khamid informed the dentist that they were HIV-positive. Immediately, the dentist firmly refused to provide any other dental services. Khamid and his wife explained to the dentist that they were taking medication and the risk of infection was minimal, but the doctor was adamant and still refused. The couple had to address a local NGO to ask for a help who in turn called an infectious disease doctor in a family policlinic where Khamid and his wife are registered. The doctor took care of the issue, and the couple could eventually see a dentist, but this came at the price of lost time and experience of yet another instance of discrimination and frustration.

In Uzbekistan, the HIV epidemic is at the concentrated stage, where HIV has spread rapidly in among specific groups, but is not endemic and established in the general population. The rate of spread in key populations has been on the rise in the past 20 years. On average, every year 3 500–4 000 new cases are registered. Up until the 2010s, the dominant mode of HIV transmission among Uzbek society was through injecting drugs use: in 2011, drug injection was responsible for 44.6% of transmissions, while 37.2% happened through heterosexual contact and 3.7% through mother-to-child transmission[12]. Over the past decade, however, unsafe sexual transmission of HIV

has increased, especially among young people: according to the Sanitary and Epidemiological Services of the Republic of Uzbekistan, as of January 2022, 71% of registered HIV infections in Uzbekistan were sexually transmitted, and 25% of new HIV infections in Uzbekistan are among young people between 18 and 30 years old[13].

In Uzbekistan, local gender norms and discriminative practices affect women's access to reliable and evidence-based information on HIV transmission, diagnosis, and treatment, making them ultimately more vulnerable to the virus. Socio-cultural norms propend towards gender inequality, with women expected to be obedient to men and primarily take care of the house and the family. Women also face gender discrimination in employment, which makes them even more dependent on men. Gender-based violence, in particular domestic violence, is a part of many women's lives and the home may be where women experience the most violence: in Uzbekistan, over 80% of violence against women and girls happens within the household. Additionally, the practice of early and arranged marriage, disproportionately affects young girls compared to boys, depriving them of many opportunities, including education and employment, and making them housebound.

Gender inequality, observed in several aspects of everyday life in the country, limits women's opportunities to familiarize themselves with HIV transmission, diagnosis, and treatment. For this reason, it is necessary to consider gender aspects when addressing HIV-related issues in Uzbekistan. This report, prepared through a consultative process by the UNAIDS Country Office in Uzbekistan, analyses Uzbekistan's HIV response through a gender lens, identifying policy and implementation characteristics and gaps, and presents recommendations on HIV prevention, diagnosis, and treatment to strengthen the response. The report also brings individual case studies in the sections "Stories from people living with HIV in Uzbekistan" to make up for the lack of data about stigma and discrimination and help the reader to better understand what it means to live with HIV in Uzbekistan and what obstacles PLHIV face in their day-to-day lives.

1.2. RATIONALE FOR THE GENDER ASSESSMENT

Assuming that gender equality is one of the main drivers in the achievement of sustainable development all over the world, including in health, education, and poverty reduction, the relationship between gender inequality and the HIV epidemic becomes clear. While Uzbekistan's society is changing at a fast pace, gender inequality continues to impact people's sociocultural and economic life.

As a result, it is not possible to analyse the HIV response in Uzbekistan without considering the role of national socio-cultural norms and gender balance and roles. At the same time, it is not possible to effectively and ultimately tackle the HIV epidemic and reduce the risk of HIV transmission without advancing gender equality and strengthening sexual and reproductive health and rights, especially for women and key populations. For this reason, gender inequality and gender-based violence ultimately remain among the key drivers of the HIV epidemic.

This gender assessment of HIV response in Uzbekistan aims to collect and analyse comprehensive data to understand the progress of Uzbekistan's HIV response from a gender perspective and provide necessary recommendations to inform the development and revision of health and HIV policies, strategies, and work plans, and improve the response.

1.3. LIMITATIONS OF THE GENDER ASSESSMENT

The collection and analysis of relevant data was the main challenge of the gender assessment process. Although some data is available online on the website of the State Committee for Statistics of the Republic of Uzbekistan and of other stakeholders, specific HIV-related data is lacking. It was therefore not possible or challenging to retrieve from the government all necessary data with disaggregation by gender and age. It was also entirely not possible to retrieve data related to experienced and perceived stigma and discrimination, as Uzbekistan does not conduct a stigma index exercise.

CHAPTER 2: KNOWING THE NATIONAL HIV EPIDEMIC

2.1. HIV INCIDENCE AND PREVALENCE

2.1.1. PEOPLE LIVING WITH HIV IN UZBEKISTAN

As of January 1, 2022, 45 296 people living with HIV are registered by the Government of Uzbekistan. Women make up 45% of people living with HIV (20 584)[14]. Additionally, nearly half a thousand people (495) living with TB are HIV-positive[15].

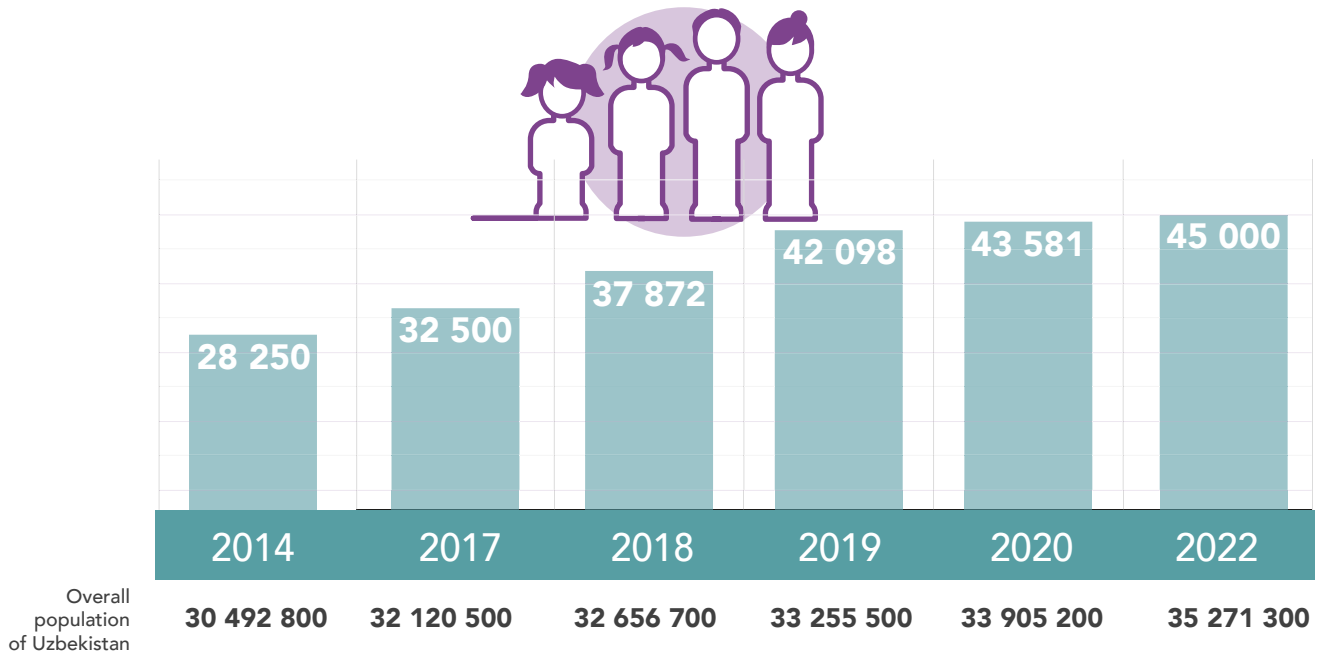
According to the National Media Agency, the gender imbalance in HIV cases is due to the endemic regional and internal migration factors, as it is men that mainly migrate abroad and find themselves suddenly not subject to the social pressure and judgement that they face in Uzbekistan, and it is also mainly men engaging in risky behaviours—like becoming clients to sex workers, using drugs and having sex with other men—while abroad, becoming HIV-positive and then transmitting HIV to their family members once back home[16]. Labour migration is prevalent in Uzbekistan as the unemployment rate is high (10.5% in 2020). As of 2022, official data reports 1.8 million Uzbek labour migrants registered in Russia alone[17].

2.1.2. HIV INCIDENCE AND PREVALENCE

Over the past 8 years, the number of people living with HIV in Uzbekistan has been steadily increasing from 28 250 in 2014 to an approximate 45 000 in 2022, following a similar trend to the demographic increase observed in the same period.

FIGURE 1

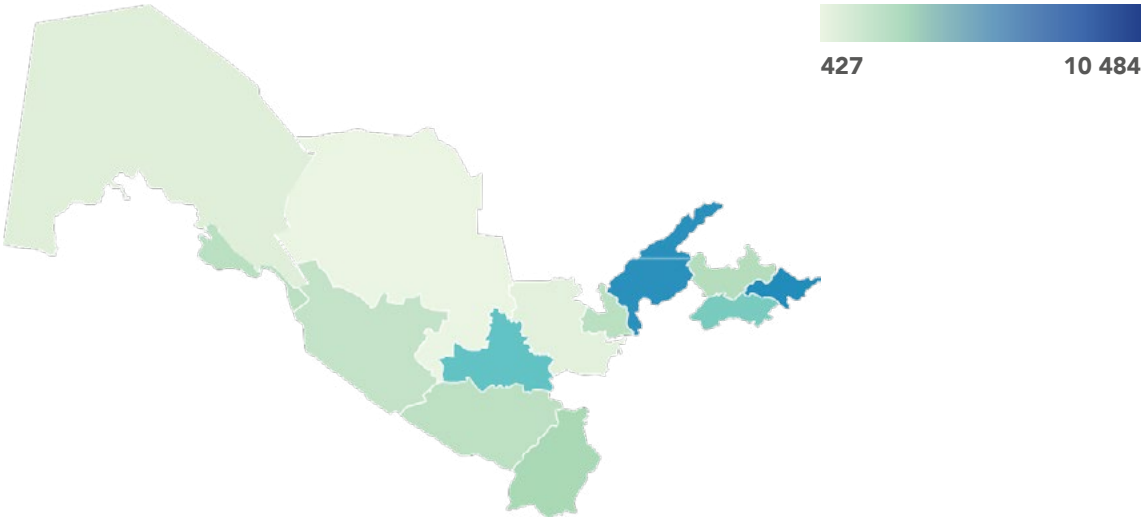
Number of people living with HIV in Uzbekistan compared to the total population of Uzbekistan between 2014 and 2022[18]



HIV concentration is highest in Tashkent city (10 484 PLHIV in 2020), Tashkent region (6 560), Andijan (6 870), and Samarqand regions (4 080). HIV is most prevalent in urban, densely populated areas. For example, as of 2022 the population density in Tashkent region is 194.3 people/km2, in Samarqand and Andijan regions it is 240.3 and 756.2 respectively; in Tashkent city, it reaches 6 379.1 inhabitants/km2 [19]. Inner migration also plays a role in HIV prevalence in urban areas, especially in Tashkent, as people move from rural areas to urban spaces in search of labour.

FIGURE 2

HIV prevalence in Uzbekistan by regions, 2020



After a couple of years of a steady surge, the number of new HIV infections dropped from over 4 000 new cases annually in 2016-2019 to 3 289 in 2021. The analysis of the decrease in 2020 needs to consider the context of the COVID-19 pandemic that began in Uzbekistan starting 15 March 2020 and that determined two nationwide lockdowns between March and August 2020. During the lockdowns, citizens were not allowed to leave their households unless for emergencies or to buy groceries, which is likely to have led many people suspecting to be HIV-positive to not get tested or to delay their testing.

TABLE 1

New HIV cases in Uzbekistan 2016-2021

Years	2016	2017	2018	2019	2020[20]	2021[21]
Number of new HIV incidences	4 223	4 229	4 340	4 185	3 118	3 289

Of latest 3 289 new incidences of the HIV, 1 991 infected are men while 1 298 are women.[22]

The country's HIV incidence is 9 people per 100 000 people, with the highest area incidence rate in Tashkent city (18.7)[23]. The prevalence of HIV among men between the ages of 15 to 49 is 0.01% while among women of the same age category is significantly lower - 0.008.

2.1.3. AIDS-RELATED DEATHS

For 15 years after the first HIV case in Uzbekistan was registered in 1987, fewer than 100 people a year died of AIDS-related causes. After 2003, the epidemic grew dramatically, and with it the number of AIDS-related deaths. A total of 23 582 PLHIV died so far due to HIV and AIDS, including 1 550 PLHIV in 2021 alone—this is a significant decrease from a reported 1900 AIDS-related deaths in 2017[24]. Of the 1 550 people who died in 2021, 37% were women (262 deaths due to HIV and 319 due to AIDS). AIDS-related deaths are mostly observed among PLHIV over 40 years old (see the disaggregated data below)[25].

TABLE 2

Number of AIDS-related deaths in Uzbekistan in 2022.

Age groups	Number of Death (Women) in 2021	Number of Death (Men) in 2021
0-3	1	0
4-6	0	1
7-14	3	11
15-17	25	27
18-24	13	7
25-29	12	8
30-34	15	30
35-39	52	40
40-49	125	152
50-59	46	98
60 and older	27	44

2.1.4. KEY POPULATIONS AND MODES OF HIV TRANSMISSION

UNAIDS identifies men who have sex with men, sex workers and people who inject drugs, their partners, and families as key populations, more likely to be affected by HIV. At the same time, other groups including migrants and young people are not strictly part of the key populations but are still targeted by HIV interventions and awareness-raising as some of their members tend to engage in risky behaviours. The most updated estimates suggest that in Uzbekistan there are approximately 29 000 sex workers (up from an estimated 21 000 in 2014) and 39 000 people who inject drugs (down from an estimated 48 000 in 2014).

TABLE 3

Use of condom among key populations in Uzbekistan between 2013-2021.

Use of Condom among key populations	2013	2015	2017	2021[26]
PWID	47%	45.1%	72.9%	51.6%
SW	80.6%	78.5%	80.9%	82.8%
Coverage of prevention programs among key populations	**2013**	**2015**	**2017**	**2021**
PWID	68%	70.4%	77%	75.2%
SW	66.5%	69.6%	75.7%	67.4%
Use of sterilized instruments during the last injection	**2013**	**2015**	**2017**	**2021**
PWID	80%	85.1%	89.2%	85.9%

HIV prevalence among sex workers is estimated to be 1.27%, a 60% decrease compared to 3.2% in 2018. Reportedly 82% of SWs used condom with their last clients as of 2021[27].

"HIV-related stigma permeates every area of the lives of PLHIV. It stigmatizes [that] these people [PLHIV] are different, that [having HIV] is a shame... Stigma manifests itself through a rude, discriminatory, sometimes even aggressive attitude towards PLHIV, their families and everyone else who is affected by the HIV epidemic," elaborates a local expert.

Stories from people living with HIV in Uzbekistan – Bakhtiyor

Bakhtiyor[28] worked at a local company as a personal driver for the director. After the director found out that Bakhtiyor had served a sentence in prison for drug use, he asked Bakhtiyor to write a letter of resignation of his own free will, because he did not want former prisoners to work in his company, especially those serving sentences for drug use. Otherwise, the director will still find a reason for dismissal. Bakhtiyor was forced to leave.

According to official statistics, the estimated HIV prevalence among people who inject drugs is 2.9% as of 2021, a 43% decrease from the 5.1% registered in 2018[29]. As of 2021, approximately 85.9% of PWID use sterilised instruments for their last injection and only 51.6% of PWID uses condoms when engaging in sexual intercourse with others[30].

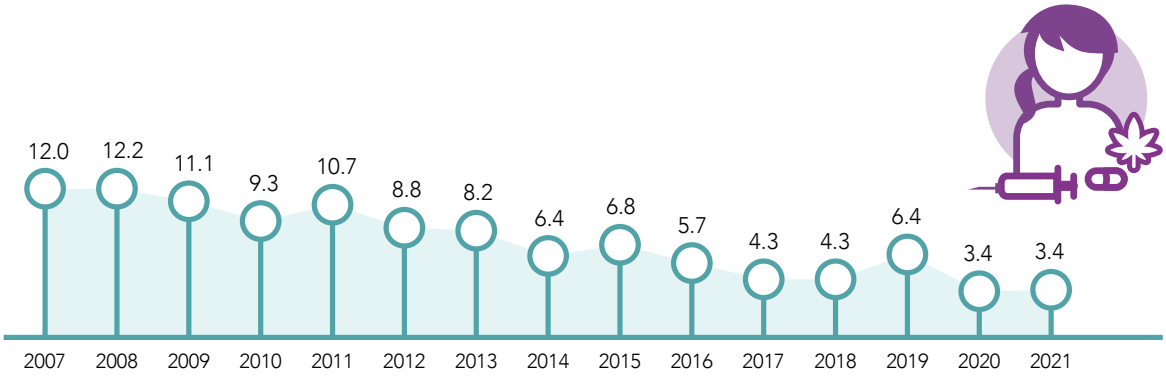
Drug abuse is especially problematic among the youth. As of 2020, official data indicated 5 889 identified drug users among the youth. However, speculations suggest that the number could be ten times higher. Most young people who use drugs on the government list are in Andijan (1 232) and Fergana (1 093) regions, as well as Tashkent city (1 188)[31].

Recent accounts report that Uzbek youth are becoming more interested in psychotropic and strong substances instead of "traditional drugs"[32]. Tramadol and the newer tropicamide drugs have become more common and lead some youngsters to become involved in criminal activities. At the present time, there is no disaggregated data or information available on the gender aspects of this group. However, based on women's share in registered drug-related crimes, it is possible to suggest

that injection drug users tend to be more men than women and, consequently, men are more at risk of HIV infection through injection than women. Between 2007 and 2021, women's involvement in drug-related crimes dropped from 12% to 3.4%: in 2020, when 4 722 drug-related crimes were registered only 120 women were eventually charged, as opposed to 3 403 men[33].

FIGURE 3

Share of women in drug-related crimes in Uzbekistan in percentage between 2007-2021.



HIV prevalence among prisoners is even more disputable due to the lack of accessible reliable data. As of 2022, there are 54 penal colonies across the country that host over 29 000inmates[34]. This is a sharp decrease from 2014 when the BBC reported 64 000 prisoners currently held in jails[35]. Disaggregated data about the number of prisoners, both by sex and age, is not available. However, considering socio-cultural norms where, for instance, girls are raised by parents to be extremely polite and people-pleasing, and women's share in overall crime rates, it seems fair to assume that women prisoners be significantly fewer than their male counterparts. According to the latest Multiple Indicator Cluster Survey conducted in Uzbekistan in 2021-22, 37% of adolescent girls between 18 and 19 years old and 40% of women between 15 and 49 years old justify wife beating for a number of reasons including the wife going out without telling her husband, neglecting the children, having arguments with their husband, refusing to have sex with them and burning the food[36]. The data vary according to economic conditions and urban/rural areas, with a strong difference between wealthier (29%) and poorer (44%) but are never lower than one in three women displaying this opinion.

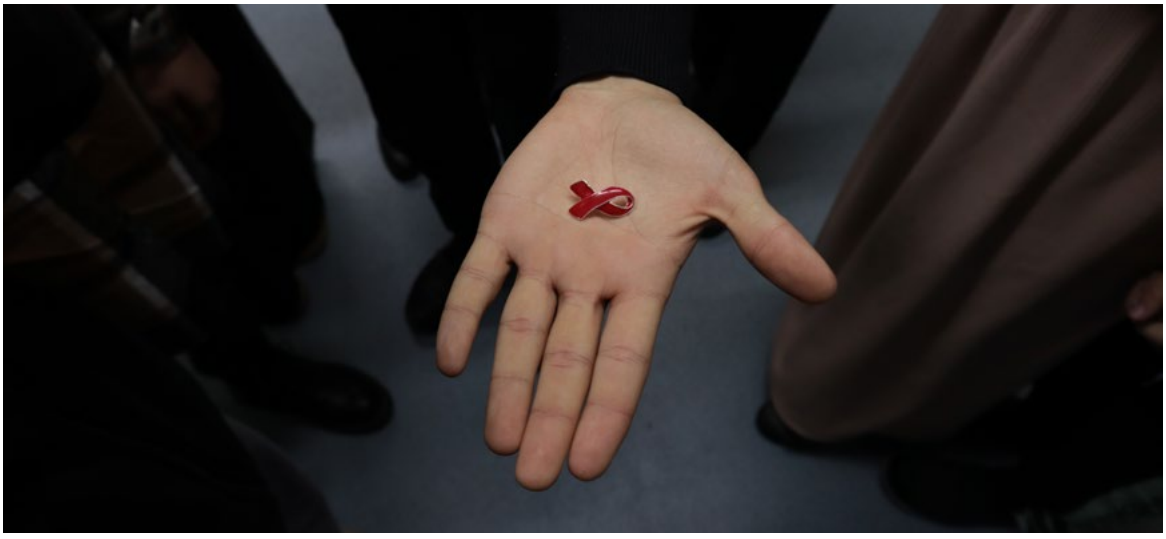
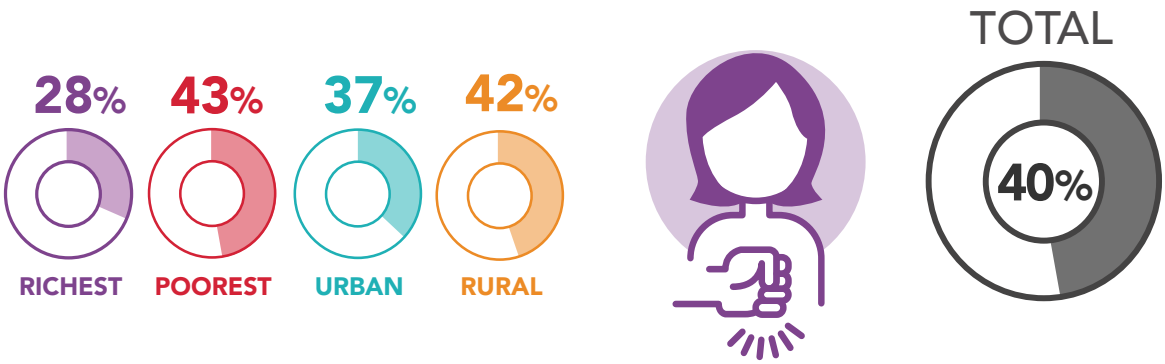


FIGURE 4

Attitudes toward domestic violence. Percentage of adolescent girls age 15-19 years who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by age group.

FIGURE 5

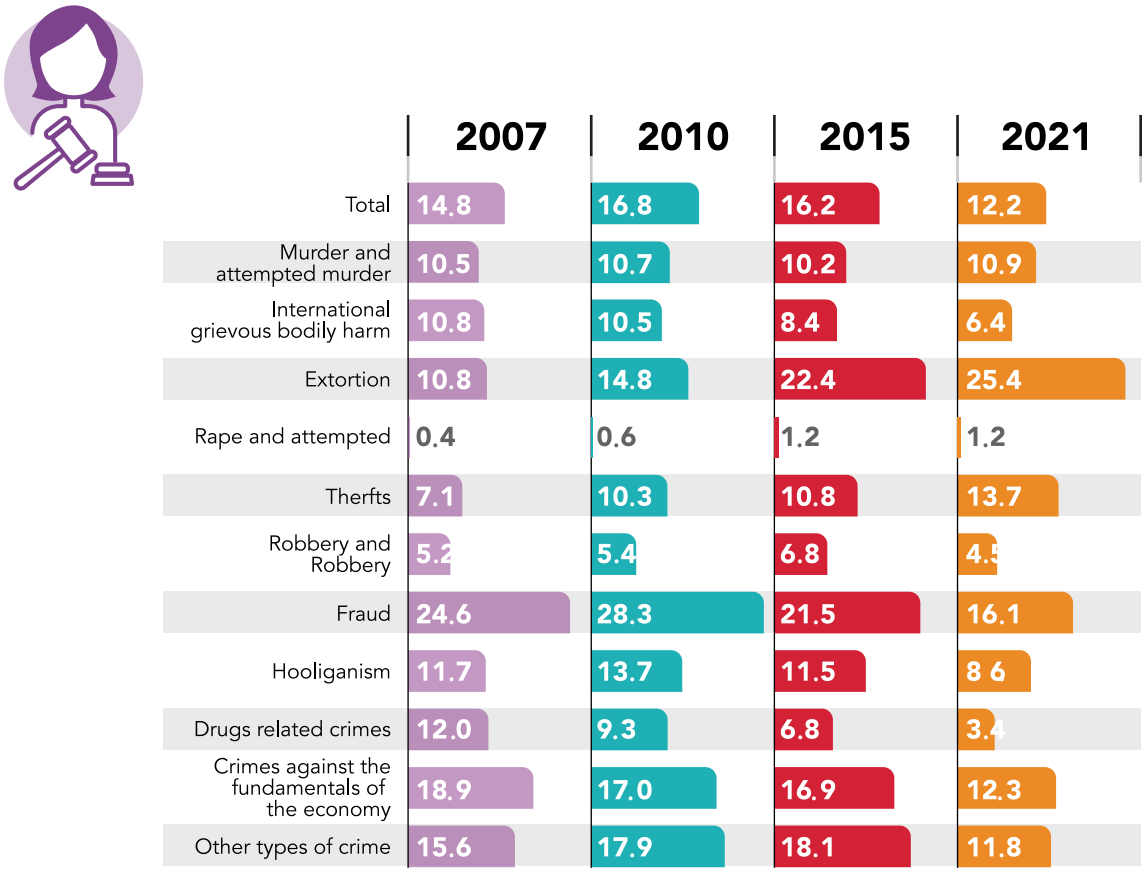
Attitudes of women to domestic violence. Percentage of women who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food.



Additionally, the share of women engaging in criminal activities is much lower than that of men. In 2021, women were responsible for 12.2% of overall crimes committed in Uzbekistan (down from 14.8% in 2007), including 10.9% of murders and attempted murders, 1.2% of rapes, 13.7% of thefts, and 16.1% of frauds. At the same time, while the share of women committing rape, extortion and theft has been slightly increasing over the past 15 years, it has decreased for other types of crimes. For example, women's share in frauds fell from 24.6% in 2007 to 16.1% in 2021 and in robberies from 5.2% to 4.5% in the same timeframe[37].

FIGURE 6

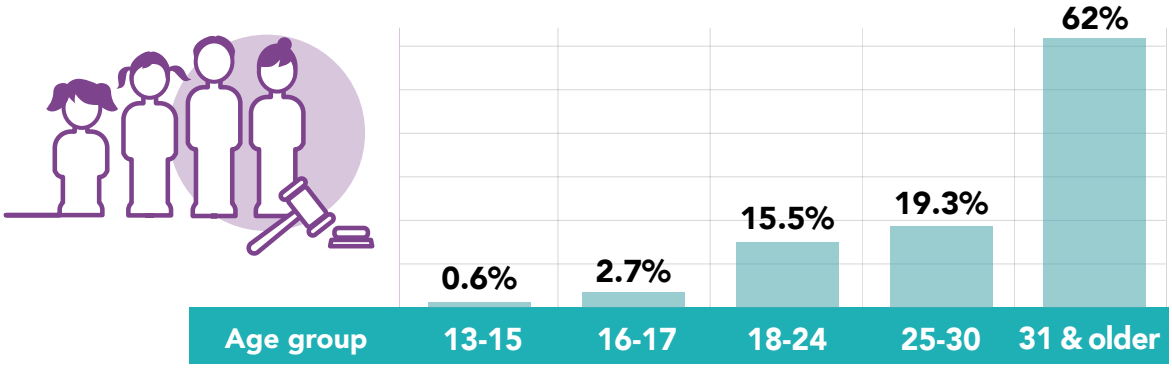
Share of women in crimes in Uzbekistan in 2007-2021 in percentage



Considering the available disaggregated data on types and incidence of crimes, it is also possible to assume that most prisoners are 31 or older, as this is the age group of at least 60% of crime perpetrators for the past 15 years. In 2021, 62% of the 111 082 crimes committed in Uzbekistan were perpetrated by people over 31, while 18% were committed by youth between 16-24 years old[38].

FIGURE 7

Perpetrators of crimes by age groups in Uzbekistan in 2021 (%)



As mentioned in section 1.1, during the last decade, sexual transmission seems to have "overtaken" injecting drug use as the dominant mode of transmission. According to the latest available data (to 1 January 2022) from the Centre for Sanitary & Epidemiological Service of the Republic of Uzbekistan, out of the latest 35 224 overall HIV incidences registered, 71% were transmitted sexually, 26% parenterally and 2.1% with vertical transmission[39].

Although there are a total of 740 vertical transmissions of HIV registered, since 2015 98%-99% of children of women living with HIV were born healthy. Every year, 550-600 children are born to WLHIV. The government supports mothers through provision of baby formulas for six months and medicine to prevent HIV transmission[40].

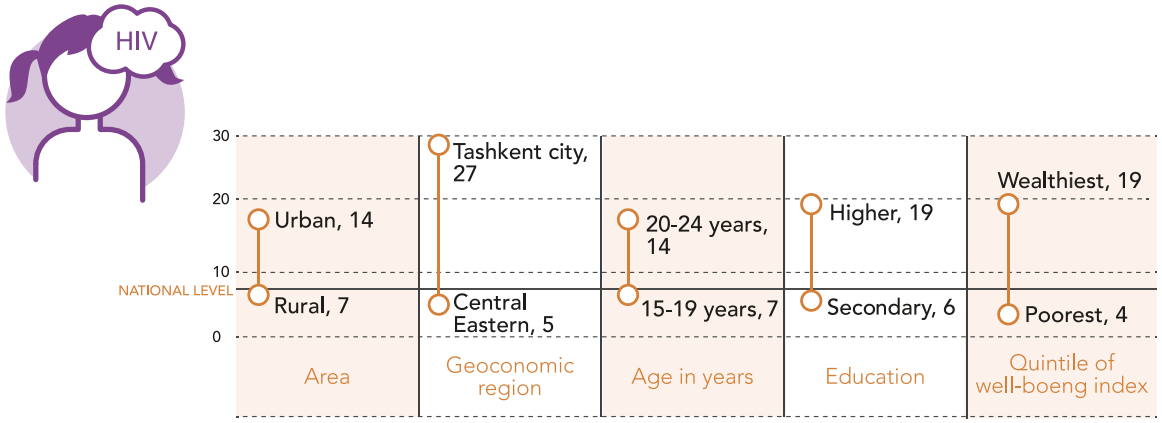
2.2. GENDERED SOCIO-CULTURAL NORMS AND PRACTICES AS DRIVERS OF HIV

To understand the HIV environment in Uzbekistan, it is necessary to examine the national socio-cultural settings and the way these conditions shape gender inequality and make women and girls more vulnerable to HIV. These sociocultural norms and practices have a patriarchal nature and are embedded in deeply rooted local traditions leading to strong expectations towards women's roles and behaviour, which ultimately contribute to perpetuating gender inequality.

Lack of knowledge and access to information, including sexual education. Over the past two decades, Uzbekistan has committed to raising public awareness of HIV transmission, diagnosis, and treatment. However, measuring the success of public awareness campaigns is challenging due to a lack of available disaggregated data. It is not possible to determine the exact level of awareness of women as opposed to men. However, considering the patriarchal culture described in this report, it would be fair to assume that fewer women have a high degree of awareness about HIV than men, especially in rural and isolated areas. While the government of Uzbekistan strives to ensure that social media platforms, TV and radios are involved in raising awareness about HIV and making enough information available on the internet (see National Programmes: Implementation and Access), this outreach activity might not be enough. Rural areas do not enjoy proper internet coverage as urban areas do. Additionally, the disparity in salaries and living costs between cities and rural areas makes the internet unaffordable for many citizens in rural regions; once again, women are disproportionally affected by this, due to their limited financial autonomy within the household. The latest MICS found that only 14% of women between 15 and 49 years old have comprehensive knowledge about HIV/AIDS. This percentage reduces to 10% when considering only young women between 15 and 25 years old. Additionally, there is an important disparity between urban (14%) and rural (7%) areas[41].

FIGURE 8

Knowledge about HIV prophylaxis among girls and young women between 15-24 years old: percentage of women between 15-24 who: are aware of the two ways of transmission of HIV; are aware that a healthy-looking person may be HIV-positive; do not believe the three most common misconceptions about HIV: that transmission happens through 1) mosquito bites, 2) through witchcraft or any supernatural means, and 3) through sharing food with a person living with HIV.



In Uzbekistan girls tend to marry as soon as they come of age 18 or 19 years old: this means that women get married early, are sexually active but at the same time have a very low awareness of the HIV epidemic, of its risks and how to protect themselves.

Lack of comprehensive sexual education in schools also limits access to knowledge on HIV among youth. The classes on "Tarbiyanoma" (education on manners) present in primary school curriculums do not provide comprehensive sex education, especially in terms of safe sex practices. Traditional cultural norms limit open discussions on safe sex in many social institutions including within the family and educational settings. This, in turn, leaves the youth curious, without access to a reliable source or a safe environment to ask their questions and receive the necessary information.

Patriarchal norms come in many forms, but the one that limits women's choices the most, exposing them to socio-economic and health difficulties including HIV, is decision-making. Many women all over Uzbekistan cannot make their own decisions in everyday life. Experts report accounts of young women battling with severe health conditions still needing their husband's permission to leave the house to see a doctor. Uzbek tradition sees men as the head of the family and women, as an extension of men's property; as daughters, their father's; as wives, their husband's. While there are exceptions, especially in urban areas, in general women are still dependent on men's decisions in most cases. Most women, particularly in rural areas, can only study, work, visit healthcare institutions and have a social life only with permission or under the supervision of the head of the household.

Gender-based violence and domestic violence. Violence against women and girls (VAWG) is part of many women's daily struggles globally and in Uzbekistan. Studies have shown a direct link between gender-based violence and HIV. While the link between gender- based violence and HIV risk is indirect and passes through gender inequality in access to information and services, sexual violence is directly linked to a higher risk of becoming infected with HIV[42]. Since 2018-19, the Government of Uzbekistan officially included gender- based violence in its agenda, which was followed by legislative action to ensure protection and additional support to women facing domestic violence.

On 2 June 2017, the Presidential Decree "On measures to improve the system of social rehabilitation and adaptation, as well as the prevention of family and domestic violence" (PQ-3827) was issued on the prevention of domestic violence and improvement of social rehabilitation and adaption,

especially for women survivors of domestic violence. The presidential decree was followed by the introduction, in 2019, of two important laws—"On protection of women from harassment and abuse" (LRU-561)[43] and "On guarantees concerning equal rights and opportunities for women and men" (LRU-562)[44], both of 2 September 2019, guaranteeing equal rights and opportunities for women and men, and protection for women from violence and harassment. The new legislation introduced the legal definitions of "physical abuse", "psychological abuse", and "financial abuse" along with the possibility to issue protection orders. Since the implementation of the new laws, the government of Uzbekistan has collected disaggregated data on the cases of violence against women and girls reported to the police; however, it is important to consider that only a small percentage of cases are eventually reported. Women often face pressure and threats of stigmatization within the household, leading them to refrain from turning to the police. For this reason, the number of cases of violence against women and girls in Uzbekistan is almost definitely much higher than the number of reported incidents[45].

FIGURE 9

Number of protection orders issued due to women who faced different forms of violence in Uzbekistan in 2020 and 2021.

	2020[46]	2021[47]
Total	**14 774**	**39 343**
Psychological abuse	6 281	18 777
Physical abuse	6 836	13 658
Harassment	1 480	7 174
Economic abuse	121	234
Sexual abuse	56	106

Nevertheless, in 2021, law enforcement bodies registered almost 40 000 different cases of abuse towards women, with psychological and physical abuse being the most common types of abuse. The increase of almost three times compared to 2020 could potentially be explained through different lenses:

- Due to the lockdowns in place as a COVID-19 containment measure, for at least a portion of 2020 women were physically incapable to leave the house and turn to the police. As a side note, the few working women's shelters in Samarqand and Bukhara, managed by NGOs, were frozen and incapacitated to welcome women seeking refuge at least during the first lockdown.
- Women's awareness of the protection system against violence has increased. As a result, more women report their perpetrators to the police.
- The narrative shift of VAWG and especially DV from a mere "family matter" to a social problem that needs to be addressed helped many women realize they are victims of GBV and can seek help from law enforcement.

More than 80% of violence against women and girls takes place at home. In most cases, the perpetrators **are husbands.**

Stories from people living with HIV in Uzbekistan—Feruza

Feruza[48] orequested a peer consultation at her city's AIDS Centre due to an issue with her husband. Before getting married, everything seemed fine. As soon as they got married, he began to raise a hand at her. For a long time, Feruza could not understand why her husband had suddenly become so aggressive, but also a series of strange behaviours such as spending hours in the bathroom every day. Eventually, Feruza discovered that her husband has a drug abuse problem and is HIV-positive and transmitted HIV to her as well. After losing his job, Feruza's husband started stealing jewellery from the house, leading to more fights and beatings. It was at this point that Feruza became pregnant. Since she was ashamed that someone would find out about her diagnosis of HIV, she was afraid to get registered for pregnancy. One evening, Feruza's husband insisted that she give him her gold earrings, leading to yet one more fight. Her mother lived next door in the same building and when she heard the ongoing fight, she ran to her daughter's house, which was not locked. When she entered, she was shocked—Feruza lay on the floor unconscious. Her mother called an ambulance and Feruza was hospitalized. She recovered, but she lost her child.

After leaving the hospital, Feruza moved to her parents' house. At the same time, her husband tried to make up with her, called her and visited. After some time, Feruza forgave him and gave him a second chance. Unfortunately, it was not long before fights and beatings resumed. Feruza gathered all her strength for the last time and left her husband, cutting off all ties to him. She eventually joined her city's republican AIDS Centre and started regular consultations.

As mentioned, there are hundreds of thousands of cases where women do not report the abuse or seek a protection order. This is mostly due to socio-cultural norms where women are shamed for revealing the "family matter" and showed no "sabr" (patience); however, economic dependency on husbands also plays a big role.

Child Marriage/young marriage. Although child marriage is not widespread in the Uzbek community, girls are preferred to be married off as early as possible. According to national law, both male and female citizens must be at least 18 years old to officially register their marriage (before 2019, the minimum age for girls was 17)[49]. If a person marries an underage girl/boy or if parents marry an underage girl or boy (usually with a religious ceremony called nikoh), by law they face administrative penalties in the form of fines. In repeated cases only responsible adults face criminal liability: under article 125 of the Criminal Code, they are subject to a fine from 20 to 30 BCA[50] (1 BCA equals to a bit less than USD 30 as of June 2022), up to 240 hours of compulsory community service, or up to one year of corrective labour. Despite the law and the foreseen sanctions, parents, especially in rural areas, still marry their daughters off at 15-17. The marriages are not officially registered until both spouses are adults, to avoid legal repercussions. The average age for women to get married is slightly over 22, both in rural and urban areas, while on average men marry at 26.5.

In 2021 alone, over

93 000

girls aged 18-19 got married, a **50% increase** from the roughly 61 000 in 2015[51].

Although the number of girls marrying before 18 has been declining, a small number of early marriages still happen every year[52].

In this framework, compulsory secondary education has recently emerged as an effective occasion to prevent and monitor the child and underage marriage. Although for many locals registering the marriage officially is not as important as marrying their daughters off, the risk of facing administrative or legal liability is an effective deterrent preventing parents from registering early marriages. The educational environment adds one layer of protection: when girls get married, the school eventually finds out and might report the underage marriage to the police. However, according to traditions, brides are expected to be at the service of the in-laws, which might prevent them from attending school, causing additional administrative problems for parents.

Usually, to avoid any type of trouble with law enforcement, parents end up engaging girls while they are still studying and having a civil wedding and religious ritual (nikoh) only after both spouses graduate from secondary education.

A proof of the role of education in preventing and monitoring child marriages is the data registered by the latest MICS data on Uzbek women between 20 and 49 years old: 13% of women between 20 and 49 years old with high school education married—officially or unofficially—before turning 18, while only 3% of women with a university degree in the same age group married before becoming adult[53].

Early pregnancy. Teen pregnancy is rather common in Uzbekistan. Although there is no data on whether babies are born into a married family or to unmarried girls, in 2021 over nine thousand girls 18 years or younger gave birth. The regions that registered the most births from teenagers are Samarqand, Qashqadarya, and Fergana[54].

The birth coefficient among girls between 15 and 19 years old in Uzbekistan as of 2021 is 30 children for every 1 000 women in the same age group, with different values according to geo-economic and other conditions.

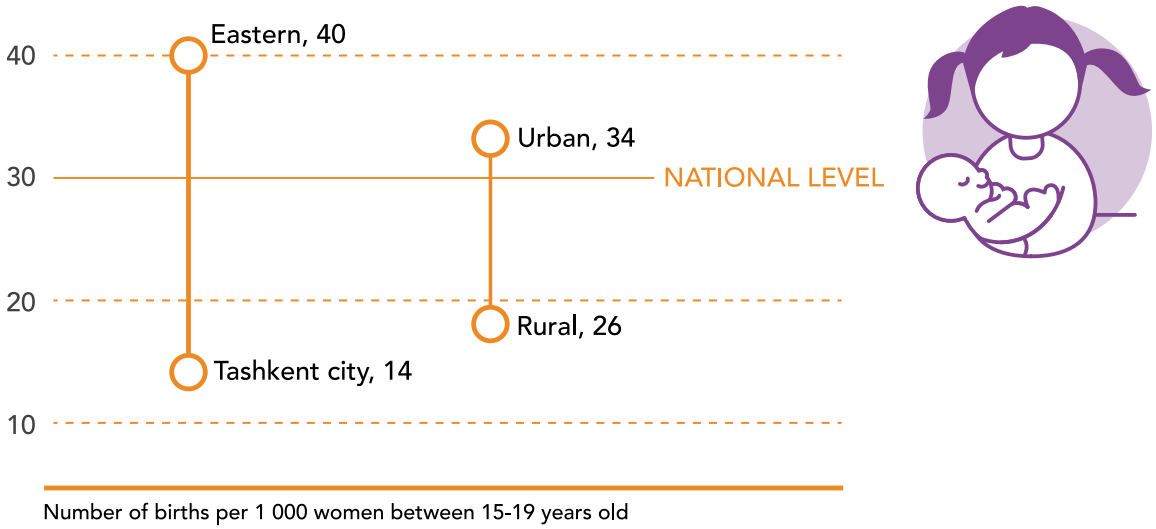
FIGURE 10

Number of mothers aged 18 and younger[55] in Uzbekistan.

Regions	Number of mothers aged 18 and younger	Regions	Number of mothers aged 18 and younger
Republic of Uzbekistan	9 153	Samarqand region	1 820
Republic of Karakalpakstan	322	Surxondaryo region	694
Andijan region	798	Sirdaryo region	143
Bukhara region	472	Tashkent region	730
Jizzakh region	255	Fergana region	1 078
Qashqadaryo region	1 149	Xorazm region	264
Navoiy region	121	Tashkent city	441
Namangan region	866		

FIGURE 11

Birth coefficient among girls between 15-19 years old in three year period prior to surveying.



Second wives and unregistered marriages. Most Uzbeks identify themselves as Muslims.

After seven decades of atheism under soviet rule first, Uzbekistan is witnessing a revival of Islam. This revival brought along the practice of having multiple wives. According to article 126 of the Uzbek Criminal Code, "Cohabitation with at least two women within one household" is a criminal offense punished with a fine or up to three years of imprisonment. The truth is, however, that for many divorced and widowed women, becoming a second wife is the only possibility to have a family, as preference is given to unmarried, virgin girls. Even divorced men seek a younger, virgin wife. Divorcees and widows struggling with financial difficulties, social pressure, and judgment in their community marry in secret[56]. As those marriages are unofficial and are bounded by religious ceremonies, couples are not obliged to go through medical examinations, including HIV testing Experts confirm that the practice of unregistered marriages increases the risk to become HIV-positive[57].

2.3. GENDERED SOCIO-ECONOMIC INEQUALITIES

Uzbekistan is the most populous country in Central Asia with over 35.6 million people as of July 2022. Women make up almost half of the population—17.6 million (compared to 17.9 million men)[58], and nearly half of them—8.1 million—are between 15-44 years old[59].

Although Uzbekistan is listed among countries with High Human Development with a Human Development Index (HDI) value of 0.720 in 2019 (ranking 106th in the index), it is still a lower middle-income country with a Gross National Income (GNI) per capita of $1 960 as of 2021[60]. There is a significant difference between female (0.695) and male (0.740) HDI values with an overall Gender Development Index (GDI) ratio of 0.939 that places Uzbekistan into Group 3[61]. For comparison, neighbouring Kazakhstan is in group 1 with a cumulative GDI of 1.006, while Kyrgyzstan and Tajikistan have a GDI ratio of 0.957 and 0.823 respectively[62].

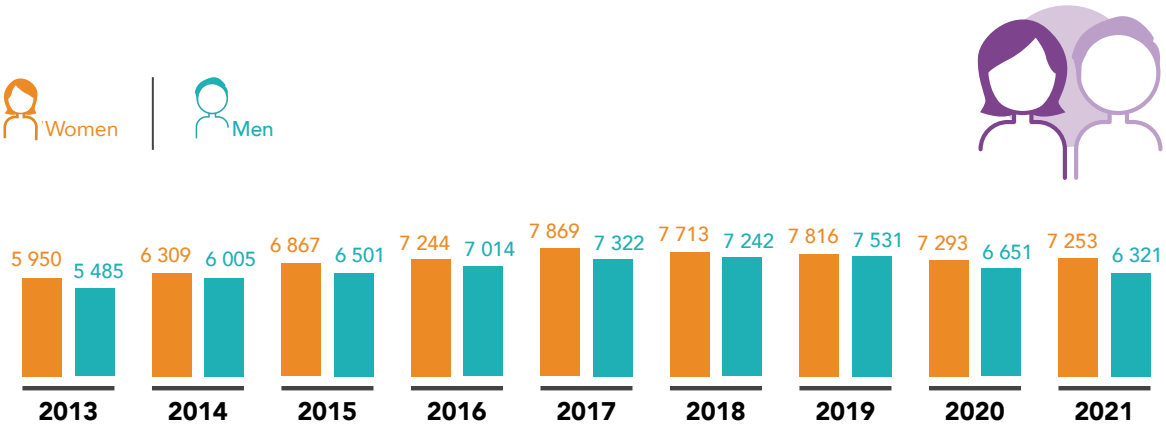
GDI measures inequalities in three main human development dimensions-health, education, and command over economic resources.

Health

Health disparities are measured by "female and male life expectancy at birth"[63]. In Uzbekistan, aggregated life expectancy at birth in 2022 is 73.8 years—75.8 years for women and 71.7 years for men[64]. Although life expectancy at birth is higher for women, certain health issues are more prevalent among the female population (see section 2.2.6 for cervical cancer, for example). Malignant neoplasms are more common among women than among men—86 in 100 000 women affected versus 59.2 in 100 000 men. Death rates due to neoplasms are also higher among women than among men: 4.8 deaths per 100 000 women versus 36 per 100 000 men, with a total of 7 253 women and 6 321 men in 2021[65].

FIGURE 12

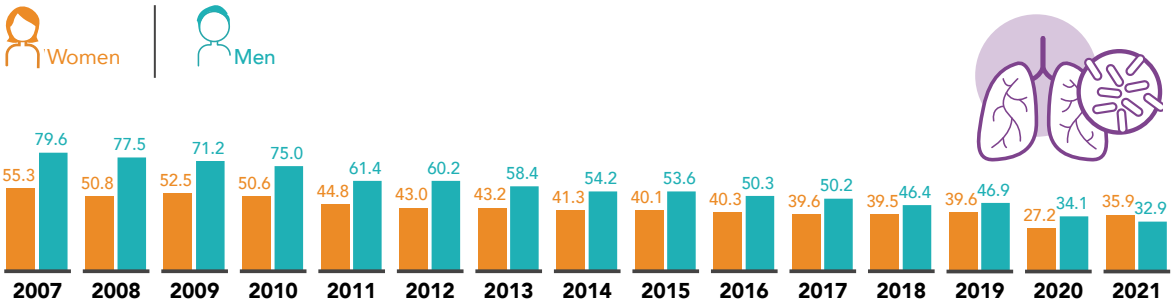
Number of deaths due to neoplasm in Uzbekistan in 2013-2021.



Although incidences of tuberculosis have been steadily decreasing, women continue to be more disproportionately affected by tuberculosis than men: the decrease in women's TB rates has also been slower than men's: from 55.3 to 35.9 cases per 100 000 women and from 79.6 to 32.9 cases per 100 000 men between 2007 and 2021[66].

FIGURE 13

Active tuberculosis registered in patients for the first time per 100 000 people in Uzbekistan 2007-2021.



WLHIV are more likely to contract the human papillomavirus (HPV) infection, leading to cervical cancer than other women. Globally, 6% of women with cervical cancer also live with HIV, while less than 5% of all cases of cervical cancer are caused by HIV[67]. Cervical cancer causes approximately 311 000 deaths every year, 90% of them in low- and middle-income countries[68]. In Uzbekistan, 1 660 women are diagnosed with cervical cancer every year, and 585 women die from it[69]. Cervical cancer compromises over 40% of existing cancer among Uzbek women[70], and in 2020, 840 women died of cervical cancer (cause of 0.52% of all deaths in the country)[71].

With support from WHO and UNICEF, in 2019 Uzbekistan introduced the HPV vaccine into the national immunization plan, which allowed it to cover 94% of girls between 12 and 14 at least with the first dose[72].

Education

Education is measured by the years of schooling for female and male children and adults. In Uzbekistan, the disparity between men and women grows with age. The literacy rate among the population is high: 99.99% as of 2021 among people aged 15 and over and 100% among youth between 15-24[73]. Primary and secondary education, which is 11 years now altogether (either 11 years of school, or 9 years of school followed by two years of studies at vocational college or academic lyceums) is compulsory and the graduation rates are high both for girls and boys. After compulsory primary and secondary education, fewer girls continue with their studies compared to boys. At the beginning of the 2021-2022 academic year, girls made up only 45.6% of the 808 400 students at Uzbek public universities.

The gap is even more visible in STEM, manufacturing, and construction majors where the overwhelming majority of students are men, for example at Tashkent State Transport University (92%) and Tashkent State Technical University (89%)[74]. This disparity is a result of socio-cultural norms as a result of which girls tend to study in humanities fields, and retaining the tendency to prefer males to females when it comes to education. In Uzbekistan, not all parents allow girls to pursue higher education. Parents rather prefer to marry their daughters off as early as. For example, in one-third of all marriages registered in Uzbekistan—93 201 out of 305 211—brides were only 18-19 years old[75]. Another reason is the financial burden of higher education. Both public and private universities can be unaffordable for a middle-class household. Annual study fees at public universities range from 6 to 10-12 million so'ms (USD 600 - 1200). In most cases, girls will leave their parents' home once married to become another family's "possession", hence investing in their education is unnecessary. At the same time, boys are seen not only as future breadwinners, but also caretakers for parents when they grow old. Traditions dictate that the youngest son will live at his parents' house with his wife and take care of everyone's financial needs. When girls do pursue higher education, their choice both willingly and unwillingly falls for teaching, languages, and nursing-medical majors. In 2021, 84% of Tashkent State University of Uzbek language and literature students and 74% of Nizami Tashkent State Pedagogical University were girls[76]. The main reason for this choice is social expectations. Girls are expected, often demanded, to balance their careers with homecare and childcare. While working in the STEM field requires full-time dedication, teaching is flexible, especially in private education institutions or study centres. Women can choose to work a couple of days a week or work only in the morning or afternoon, which allows them to adjust their working hours according to their family responsibilities. STEM majors are also challenging for young mothers who must balance study hours and bridal responsibilities. Two-thirds of brides in 2021 were between 18-24 years, which is usually the age of most bachelor's degree students[77].

Additionally, social norms pressurize young families to have children within the first two years of their marriages. However, universities do not take this into account and are not equipped with kindergartens or even breastfeeding rooms.

At the doctorate level, gender disparity is much wider than among bachelor's and master's degree students. In 2021, only one in three doctoral students was a woman[78].

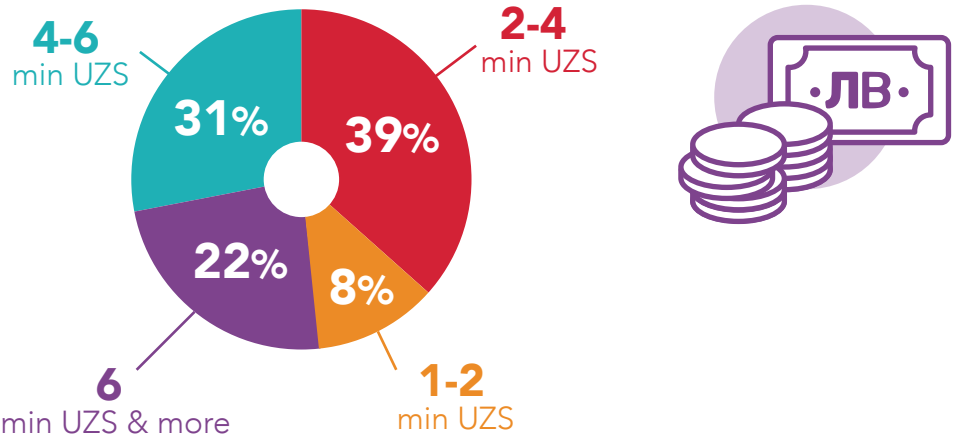
The educational field shows the extent of gender inequality also concerning women's economic empowerment and financial autonomy. Lower-paying teaching positions at public schools are mostly occupied by women, while higher-paying professorships at higher education institutions are taken by men. In the 2021-2022 academic year, women were 68% of teachers at public schools. However, in 2020 only 44.1% of teaching staff and professors at public universities[79] was a woman.

Employment

The third dimension of GDI, command of economic resources, is measured by the estimated income of men and women. A survey conducted by the Central Bank of Uzbekistan in 2020 found only 1 in 5 Uzbek households have a combined income of at least 6 million so'ms, and 48% of households do not reach than 4 million so'ms Official statistics report that the real total income per capita was 13.3 million UZS (approx. USD 1250) in 2021.

FIGURE 14

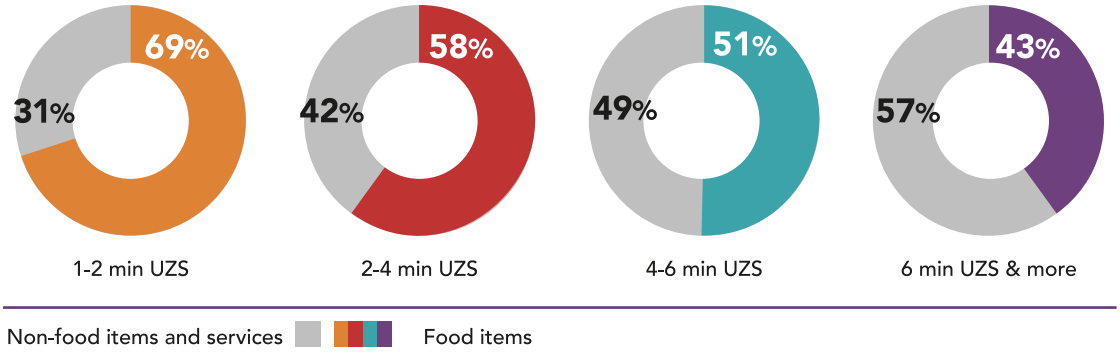
Percentage distribution of households according to their income. Source: Central Bank of Uzbekistan, 2020.



The Central Bank of Uzbekistan also reports that households with an income of up to 6 million so'ms per month spend 51-70% of their income on food products[80]. To note, an average household in Uzbekistan has around 5 members as of 2021[81]. 73.9% of the households have children under the age of sixteen[82].

FIGURE 15

Composition of expenditure of households in different social strata.



Gender disparity in access to economic resources is significant. Women's share in total employment is 41.3% (down from 45.7% in 2016). Before the Covid-19 pandemic, women-led households' income was 17% lower than men-led households. During the pandemic, 42% of women-led families reported that they would not be able to cover an unexpected expense of 100 000 UZS (less than USD 10), as opposed to 25% of men-led households[83].

The unemployment rate is 9.6% as of 2021[84], and 11.5% of the population live below the national poverty line[85]. Before the COVID-19 pandemic, the official unemployment rate for women was 13% while for men it was only 6%[86].

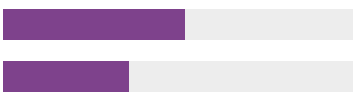
Unemployment is much higher in rural areas than in urban areas. A recent study found that in Fergana region, for example, the real unemployment rate is up to 70%. This because it is very common for rural families to own a piece of land, in most cases a small yard, that is used for family farming or household agriculture work. These small plots are officially registered as self-employment for their owners; however, the work done there is mostly informal, without paying taxes or accessing a pension fund[87], on a seasonal basis and without an actual income: the vegetables and fruits cultivated are consumed within the household or bartered in exchange for other food products. Because of this, many people emigrate to other countries in search of work—mostly to Russia, Kazakhstan, Turkey, and South Korea. Labour migration often takes place for a couple of seasons (from spring until fall) or for several years. Many families across the country are heavily dependent on remittances sent by their family members, mostly men. In 2021, labour migrants sent to their families in Uzbekistan an estimated USD 7.6 billions, 11.6% of the nation's GDP[88]. Uzbeks make up the largest group of labor migrants in Russia: by July 2022, 1.8 million Uzbeks are registered there as labor migrants[89]. Most labour migrants are men and, spending months or years at a time away from their families, many of them engage in risky behaviours, such as using the services of sex workers, using injecting and other types of drugs, and having sex with other men. At the same time, undocumented migrants lack access to any form of healthcare, and migrants testing positive for HIV in Russia are deported and placed in a re-entry blacklist. All these issues pile up and eventually increase migrants' risks to becoming HIV-positive without being aware of it, without getting tested and without accessing proper therapy. This may also result in returning migrants passing HIV to their wives and families once back to Uzbekistan.

For women, it is more difficult to have a sustainable job. Many have to take maternity leave for up to 2-3 years for each child, until the children can attend day care. Additionally, marital status significantly decreases women's access to work as they constantly feel the social pressure of local traditions dictating that they should take care of the household instead of working. One nationwide study found that the employment rate is higher among unmarried women (52%) than among married women (36%). Uzbek women tend to become housebound upon marriage: all household responsibilities, from taking care of the house to the bulk of childcare and looking after the elderly of the household is women's responsibility. Unsurprisingly, 43% of women who are not working and not looking for a job said that their employment status is directly caused by their responsibility to take care of the household while only 7% of men maintained the same reason[90].

52%

employment rate is higher among unmarried women than among married women

36%



These examples are all indicators of gender inequality in socio-economic life where women are in a disadvantageous position and more dependent on men. Gender inequality increases women's vulnerability to HIV and thus these issues need to be considered and addressed when developing and implementing the national HIV response.

CHAPTER 3: KNOWING THE NATIONAL HIV RESPONSE

3.1. COORDINATION AND PARTICIPATION

The Government of Uzbekistan has been working with increased effort to coordinate all stakeholders in the prevention, diagnosis, and treatment of HIV and to strengthen participation of all layers of society in the HIV response.

The Country Coordination Mechanism—CCM under the Cabinet of Ministers of Uzbekistan was established in 2008 to strengthen coordination and cooperation with international organizations on HIV, TB, and malaria. In 2013, the IEC launched a Monitoring and Evaluation Group to monitor national programmes on HIV, TB, and malaria[91]. The CCM organizes regular monitoring visits to the regions, to assess the implementation of the activities within the national response to HIV, tuberculosis, and malaria. During the visits, the CCM also assesses the intersectoral approach to implementation, and conducts talks with all interested partners working in the response. Additionally, the CCM also conduct consultations with heads of partner organizations in the governmental and social sector, informing them about the current mechanisms of HIV response coordination, about the role of international and foreign grants to support the national strategy to tackle the HIV epidemic in Uzbekistan, and the contribution of the civil society to raise awareness about a healthy lifestyle and HIV-TB prophylaxis.

The implementation of the HIV response requires solid cooperation between ministries, local hokimiyats and various agencies across the country. The 2018 Presidential decrees on "Additional measures to combat the spread of human immunodeficiency virus disease and prevent nosocomial infections" (PQ-3800) and , "On measures to further improve the system of combating the spread of the disease caused by the human immunodeficiency virus in the Republic of Uzbekistan" (PQ-3493) introduced a comprehensive set of activities to be implemented by government agencies over a 5-year period and a joint coordinated effort of different stakeholders

Youth participation, especially from teenagers, is at the centre of the HIV response in Uzbekistan. The 22 February 2022 Resolution of the Cabinet of Ministers "On the approval of the concept of systematic promotional activities carried out by youth activities to combat the spread of human immunodeficiency virus infection in the Republic of Uzbekistan" (84-son) approved a roadmap to implement systematic promotional activities with participation of young people in the fight against the spread HIV in Uzbekistan. The resolution also envisions effective cooperation between state agencies, educational institutions, scientific organizations, public organizations and political associations, non- governmental, non-profit, charitable, and religious organizations across the country[92].

3.2. LEGISLATION AND STRATEGY

Recent years have witnessed a turning point in Uzbekistan in terms of HIV prevention and support to PLHIV. In 2018, two presidential resolutions were introduced.

A January 2018 Presidential resolution "On measures to further improve the system of combating the spread of the disease caused by the human immunodeficiency virus in the Republic of Uzbekistan" (PQ-3493) approved a new state program for 2018 to fight the spread of HIV in the Republic of Uzbekistan. The program introduced specific measures to further improve HIV prevention, diagnosis and treatment among population and high-risk groups, to review the normative and legal framework on HIV prophylaxis, diagnostics and, to strengthen the material-technical base of AIDS Centres and inter-district laboratories for diagnosis of HIV (3) and to strengthen personnel and scientific competence in the field of HIV, expanding international cooperation (5). The implementation of the

2018 State Program estimated a budget of UZS 4 211 billion (USD 9 028 million), allocated mostly from state budget (UZS 3 811 billion-USD 3 359 million) and international financial institutions (USD 5 669 million.) and local budget funds[93].

The June 2018 resolution "On additional measures to counter the spread of the disease caused by HIV and prevention of hospital infections" (PQ-3800) set additional comprehensive measures to reduce the spread of HIV and increase the effectiveness of measures to prevent internal hospital infections. These measures included improving the quality of HIV inpatient treatment, improving the material and technical assets of treatment and prevention institutions, strengthening the capacity and scientific potential of healthcare personnel, strengthening international cooperation, and expanding information and educational work on HIV prevention among the population, especially among young people. The total budget allocated for the measures was UZS 103 222 billion (USD 34 879 million at the time) (See 3.3 for further breakdown)[94].

In February 2022, the Cabinet of Ministers adopted the resolution "On the approval of the concept of systematic promotional activities carried out by youth activities to combat the spread of human immunodeficiency virus infection in the Republic of Uzbekistan" (Resolution #84) to systematise activities involving youth to strengthen the HIV response and to increase effective interdepartmental cooperation mechanisms with the civil society. The resolution targets youth and "high-risk groups" through peer activism, mass media involvement and social media campaigns. According to the Road Map for 2022, introduced in this resolution, ministries and stakeholders will implement activities jointly with the Ministry of Public Health, Ministry of Public Education, Ministry of Internal Affairs, Committee of Religious Affairs, Youth Affairs Agency, Ministry for Support of Mahalla and Family, and all other government partners mentioned as active parties in the process[95].

3.3. FINANCING THE HIV RESPONSE

The HIV response in Uzbekistan is financed by both national and international stakeholders. Acknowledging importance of financing and allocation of resources, the 2018 Presidential Resolution "On additional measures to counter the spread of the disease caused by HIV and prevention of hospital infections" set a budget of UZS 103 billion (approx. USD 35 million at the time) to be allocated to prevent the spread of HIV and prevention of nosocomial infections and to strengthen social and medical support in terms of HIV prevention, diagnosis, and treatment[96].

Apart from state budget, Uzbekistan also finances the fight against HIV with the financial support from Global Fund to Fight AIDS, Malaria and Tuberculosis.

The grant money along with the money from state budgetary is spent based on Presidential resolutions. The above mentioned 2018 Presidential decree envisioned to complete 24 activities by 2024 and allocated a total of UZS 103 222 billion, plus USD 34 879 million. The events are financed by four main domestic sources—State budget of the Republic of Uzbekistan, extrabudgetary Fund for the Development of the Material and Technical Base of Educational and Medical Institutions, the Global Fund to Fight AIDS, TB, and Malaria, and extrabudgetary funds from AIDS Centres.

The 24 activities have been planned between 2018 and 2022 with special attention dedicated to vulnerable "high risk" population groups towards ensuring the continuous operation of "Trust Cabinets" that carry out HIV prevention preventive measures among them allocating 3.9 billion UZS and 1.16 million USD every year for 2019-2021 and 12.9 billion UZS for 2022. The funds are also used to provide necessary medical products, scale up HIV testing, and early detection among "high-risk" populations.

TABLE 4

National HIV response financing

	Funding from:	UZS (in billions)	USD (in millions)
1	State budget of the Republic of Uzbekistan	67 617	24 439
2	Extra-budgetary Fund for the Development of the Material and Technical Base of Educational and Medical Institutions	33.9	
3	Global Fund to Fight AIDS, Tuberculosis and Malaria		10.44
4	Extrabudgetary funds from Rupublican Center to Fight AIDS	1 705	

The application of the resolutions and work plans developed by the Government of Uzbekistan and their results cannot, unfortunately, be analysed in its specificity, as reports and data excluding the already available general data on the HIV epidemic are not available. In other words, it is not possible to determine to which extent the planned activities have been implemented, whether they were effective or efficient, whether and how the totality of the foreseen budget has been allocated, or whether any monitoring of the HIV response has been conducted at a state level. In general, a main consistent trend is the HIV response not addressing KPs but more the general population, and a propension to prefer infrastructural interventions and HIV treatment to training, capacity building, and prevention. Additionally, up to the most recent resolutions, the Uzbek government has not yet connected gender inequality to the expansion of the HIV epidemic: resolutions lack a gender perspective and remain very general on the targets of HIV prevention, diagnosis, and treatment. Because of the lack of budget monitoring, during the process of gender assessment, it has also not been possible to conduct a gender analysis of the allocated budget. As a result, specific information on gender disaggregation or tracking of budget for gender mainstreaming at an impact level, if conducted, is not available.

3.4. TESTING AND TREATMENT

As of January 2022, an estimated 84% of the PLHIV in Uzbekistan are aware of their HIV status. Disaggregation of the data is not available.

HIV testing in Uzbekistan is free. The testing procedure is carried out according to the Ministry of Health's guidelines. Medical personnel must ensure the confidentiality of the personal information of those testing for HIV.

The testing is carried out on a voluntary or mandatory basis. Mandatory HIV testing is established for:

- donors of blood and biological fluids (before each donation).
- persons under the age of 50 applying for a marriage license.
- pregnant women.
- citizens suspected of injecting drug use (once a year).
- children born to HIV-infected mothers (at 6 and 12 weeks through the polymerase chain reaction method, and at 18 months through the IFA method).
- healthcare workers working with blood, biological fluids, human organs, and tissues.
- persons whose sexual partner has been diagnosed with HIV.

HIV testing of minors and citizens unfit to plead is carried out with the consent of their legal representatives[97].

As of 2020, there are 78 HIV diagnostic laboratories are operating in Uzbekistan. 15 of them are laboratory complexes within Republican or area Centers to fight AIDS and 63 are inter- district laboratories. To support their work, the state allocates over 8 billion UZS (approx. USD 72 617) every year. HIV diagnostics are carried out through IFA, immunoblot, PSR, immunological, clinical, biochemical, and bacteriological tests[98].

The number of people getting tested for HIV has been gradually increasing in the country. In 2008, only 800 000 people tested for HIV. By 2017, the figure reached 3.2 million people[99].

Following WHO recommendations, Uzbekistan tests around 600 000 pregnant women for HIV annually. An approx. 550-600 children are born to WLHIV every year. To prevent transmission of HIV from mother to children, both mothers and newborns have access to ARV. Their newborns also receive baby formula (dry milk) for the first six months of life[100].

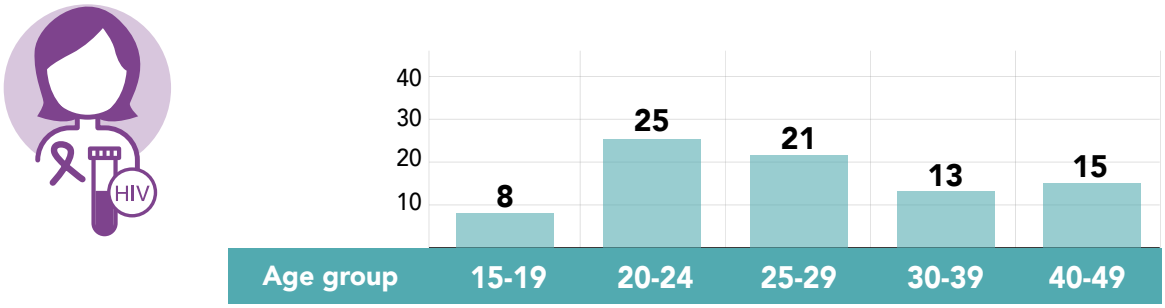
As a result of these and other measures, by 2015, the percentage of HIV-free children born to WLHIV reached 98-99%[101]. According to the latest MICS, 45% of women between 15 and 49 years old that gave birth to a live child over the past two years reported being offered and accepting to test for HIV as part of prenatal observation and reported receiving the results, while 27% of them also received relevant information or consultation about HIV.

Since 2003, couples applying for a marriage license must undergo certain medical examinations, including HIV testing by the regulation on medical examination of married persons approved by the decision of the Cabinet of Ministers dated August 25, 2003 (No. 365)[102] [103].

According to the latest MICS, 25% of women between 20 and 24 years old and 21% of women between 25 and 29 years old in Uzbekistan tested for HIV in 2021 and are aware of their status.

FIGURE 16

Percentage of women age 15-49 years who have been tested for HIV in 2021 and know the result, by age group.

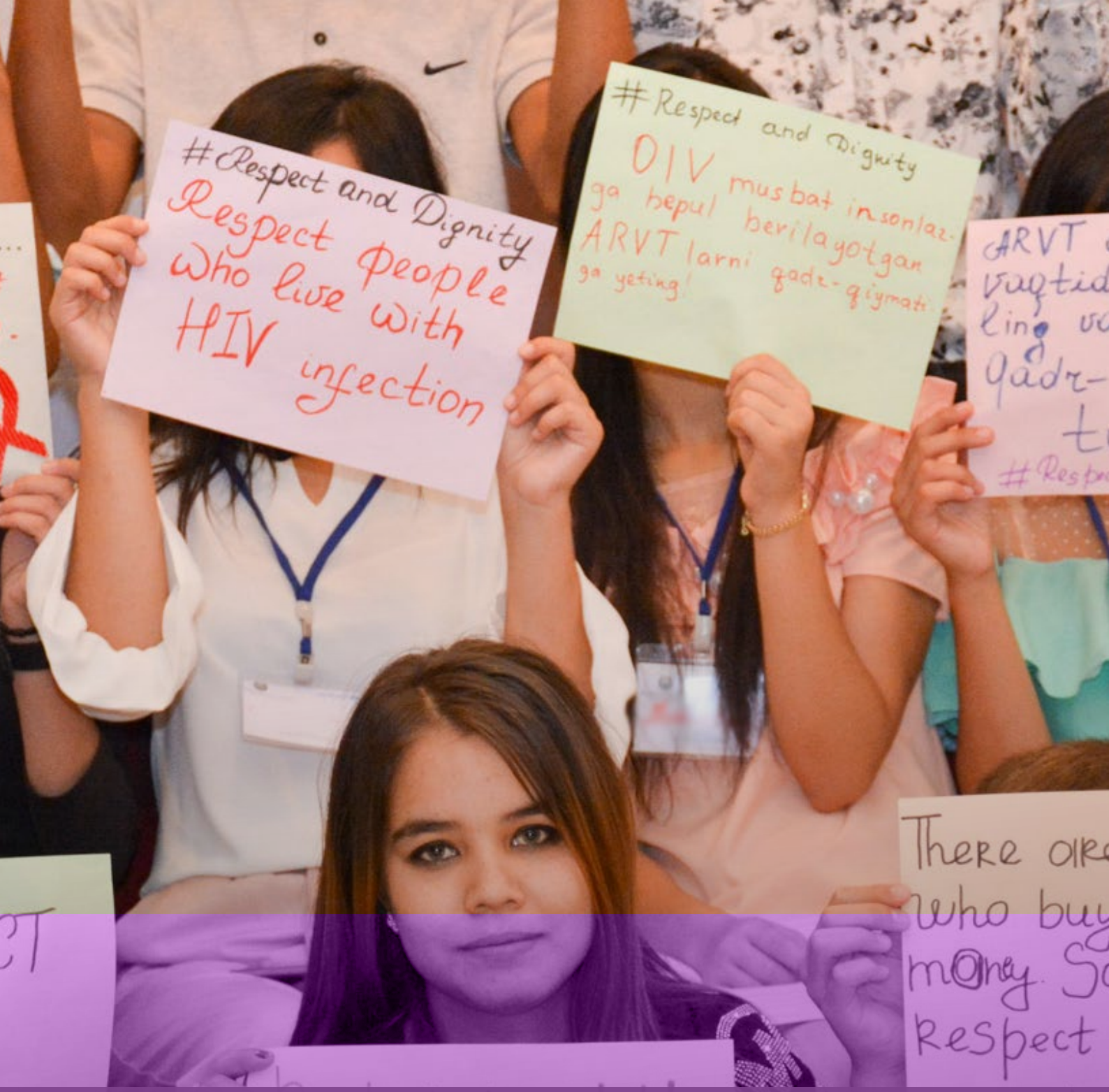


As an emergency measure, in 2020, during the COVID-19 pandemic, 80% of 261 394 labour migrants who returned to Uzbekistan were tested for HIV and, in case of positive results, were provided with necessary medical support[104].

Uzbekistan also increased funds allocated for HIV treatment on an ascending order for 2018-2022. According to the 2018 government plan, 2.38 million USD in 2018, 2.66 million USD in 2019, 3.34 million USD in 2020, and 6.14 million USD in 2021 were spent for HIV treatment purposes. For 2022 the figure is 8.54 million USD[105].

By 2021, a total of 34 187, an estimated 64% of the total PLHIV was receiving ARV. More men living with HIV than women undergo ARV: 48.7% of WLHIV over 15 are on ARV compared to only 51.3% of HIV-positive men in the same age category[106].

Additionally, coverage of pregnant women who receive ARV for PMTCT has been at least 98% since 2016, according to the Republican Center to fight AIDS[107].



CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS

4.1. CONCLUDING REMARKS

In Uzbekistan, HIV is at a concentrated stage and steadily increasing, making it the fastest- rising HIV epidemic in Central Asia. Sexual transmission has "overtaken" injecting drug use as the dominant mode of transmission, with 71% of sexual transmission in HIV as of January 2022[108].

The key populations—sex workers and their clients, people who inject drugs, and men who have sex with men and their partners—often face discrimination and stigma during their lives and in educational, health, and professional settings.

Women are in a vulnerable position regarding access to HIV prevention, detection, and treatment. Patriarchal socio-cultural norms and practices embedded in deeply rooted local traditions lead to strong expectations towards women's roles and behaviour and ultimately contribute to perpetuating gender inequality. Because of these inequalities in socio-economic life, women have less access to information about HIV and its transmission, about where it is possible to test, to receive a consultation, or to access treatment. Gender-based violence, and especially domestic violence, increase even more women's vulnerability to HIV. Over the past five years, the Government of Uzbekistan approved new laws and guarantees to further promote gender equality and expand women's rights and possibilities. Gender equality is undoubtedly part of the national agenda.

Although women have a longer life expectancy than men (75.8 to 71.7 years), certain health issues, such as malignant neoplasms, are more prevalent among the female population. In 2021, for example, 7 253 women and 6 321 men died of neoplasms[109]. Tuberculosis (TB) is another health concern disproportionately affecting women, with 35.9 cases of TB per 100 000 women and 32.9 cases per 100 000 men in 2021[110].

7 253
women and
6 321
men died
of neoplasms in 2021

Uzbekistan has made an effort to coordinate all stakeholders in the prevention, diagnosis, and treatment of HIV and to strengthen the participation of all layers of society in the HIV response. The Government of Uzbekistan is increasing its contribution to the national HIV response, especially as far as HIV treatment is concerned.

> Recently, pre-exposure prophylaxis (PrEP) has been implemented for the first time and made available to citizens. Taking into account the recent steps forward on gender equality and the expansion of women's rights and opportunities, the government hold a strong potential to initiate integrating a gender pespective in future HIV-related provisions, policies and action plans, and to develop gender-transformative measures within the national HIV response.

4.2. RECOMMENDATIONS FOR DECISION-MAKERS TO ENHANCE HIV RESPONSE FROM A GENDER PERSPECTIVE IN UZBEKISTAN

During the gender assessment, the team identified the main problems and gaps in policy and implementation to further mainstream gender equality in the HIV response in Uzbekistan. As a result of this analysis, the team formulated the following recommendations about the identified shortcomings.

ISSUE 1. DATA AVAILABILITY

Shortcomings:

- Lack of available data on public awareness about HIV, its prevention, detection, and treatment. As a result, the baseline to develop a comprehensive, national HIV response is not available. Systematically collecting survey data would enable the Government of Uzbekistan and stakeholders to effectively spot and target areas that need an immediate response.
- Lack of knowledge on public belief and behaviour/attitude towards HIV and people living with HIV. This makes it impossible to critically examine the extent of stigma towards PLHIV and develop necessary further policies. As a result, without this layer of data, it is also not possible to measure to what extent public stigma prevents many from testing for and/or treating HIV.
- The lack of open, available, and/or disaggregated data about the HIV epidemic and key populations is the main obstacle to conducting a detailed gender analysis of the current epidemiological situation, the national HIV response policy, and its implementation. The data gap also extends to budget allocation and monitoring of the activities implemented as per government action plans.
- Information on different official websites is sometimes conflicting, which confuses researchers and makes it difficult to create a clear overview of the HIV situation in Uzbekistan.

Recommendations:

- Conduct systematic national surveys among men and women 15-49 years to assess public knowledge, attitudes, behaviors, and practices related to HIV and produce open baseline data available to all stakeholders. Ideally, conduct these surveys every 3 to 5 years to monitor changes and developments.
- Include disaggregation of data by gender and age wherever possible.
- Collect and make available data on the monitoring of the budget allocated for the response to the HIV epidemic, including the percentage of budget effectively used, and the portion of budget implemented to tackle discrimination and stigma. Openly available data allows more parties to elaborate and propose efficient, sustainable, and inclusive solutions to tackle the HIV epidemic, encouraging community participation and the combination of bottom-up and top-down approaches.

ISSUE 2. PUBLIC AWARENESS AND STIGMA

Shortcomings:

- Lack of available data on public awareness of HIV, its prevention, detection, and treatment. As a result, stakeholders may only make assumptions about the levels of public awareness in rural areas compared to urban areas, among women compared to men, among less uneducated compared to college graduates, etc.
- Low public awareness makes citizens more vulnerable to HIV and contributes to perpetuating stigma towards HIV and PLHIV.
- Existing socio-economic conditions contribute to preventing women from gaining awareness about HIV. Lack of access to updated, verified and unbiased information ultimately increases women's vulnerability to the epidemic.
- As a result of the widespread stigma, most of the population does not test for HIV unless necessary, potentially jeopardizing the benefits of early diagnosis and treatment.

Recommendations:

- As mentioned above, conduct systematic national surveys among men and women 15-49 years to assess public knowledge, attitudes, behaviors, and practices related to HIV and produce open baseline data available to all stakeholders. Ideally, conduct these surveys every 3 to 5 years to monitor changes and developments.
- Include activities and sub-activities to tackle stigma and discrimination about HIV and people living with HIV. Target women, migrants, and young people.
- Together with the wider media—internet sites, social media, radio, and TV outlets—promote HIV epidemic awareness and reflect the scientific and medical advancements of HIV treatment.
- Include celebrities, public, and religious figures in information/awareness campaigns. Cooperate with the Committee on Religious Affairs, the Board of Muslims of Uzbekistan, and other religious entities. Request religious figures to include HIV awareness and reducing stigma topics in the preaching to a wider public.
- Develop and distribute targeted information materials in Uzbek, Russian and Karakalpak languages to raise citizens' awareness about the HIV epidemic and people living with HIV.
- Develop a strategy and priorities for advocacy campaigns to address stigma and discrimination against people living with HIV. Focus on channels, tools, and messages accessible to women irrespective of their location, age, or socio-economic condition.
- While the HIV response does aim to decrease the public stigma and resentment about HIV, awareness-raising campaigns should also encourage voluntary HIV testing in cycles.

ISSUE 3. KEY POPULATIONS

Shortcomings:

- Lack of updated data on the size and needs of key populations. As a result, it becomes more difficult to assess their needs and develop necessary measures to address the HIV epidemic in the groups with higher prevalence.

- Lack of specificity to KPs in the national HIV strategies and work plans and lack of targeted prevention programmes. Cultural values impact the attitude of communities, healthcare workers, law enforcement officers, and policymakers toward key populations. As a result, policies and programs do not consider their increased vulnerability to HIV and the consequent need to strengthen access to HIV prevention, diagnostics, and treatment for these groups. Programmes also do not address the stigma and discrimination around HIV, which often hinders access to HIV diagnostics and treatment for key populations, migrants, and young people.

- Stigma towards KPs practiced by many in society makes it even more difficult for KPs to prevent, test, and treat HIV as well as to conduct ordinary life. They face stigma not only from the wider public, but also from medical professionals, representatives of law enforcement, and the judiciary system. This, in turn, complicates HIV prevention, diagnosis, and treatment efforts.

- Although more men than women are currently living with HIV in Uzbekistan, due to cultural norms and gender imbalances, women have less access to HIV prevention and awareness. For the same reason, it is often more difficult for them to access testing and treatment. Some women do not have access to a smartphone to look up information, while others need their husband's permission to even visit a doctor.

Recommendations:

- Assess the size and needs of SWs, MSMs, and PWID, including the prevalence of risky behaviours and the composition of the subgroups, to develop and implement the targeted interventions. Assessment at large could be done by undertaking a survey.

- Include sub-activities to ensure anonymous and safe HIV prevention, diagnostics, and treatment for key populations.

- Conduct more targeted HIV awareness campaigns among key populations, especially among migrants.

- Awareness campaigns should also be conducted in countries where local labour migrants travel the most (Russia, Kazakhstan, Turkey, and South Korea) among diasporas.

- In case HIV testing and treatment are not free in destination countries, the Uzbek government should cover the related expenses of migrants abroad.

- Strengthen training for law enforcement officers, police officers, healthcare, and education institution workers on anti-discrimination of PLHIV.

- Strengthen the capacity of NGOs working with the needs of SWs, MSMs, and PWIDs and gender issues—provide grants to NGOs with access to such groups and ensure cooperation among state bodies and such NGOs.

- Check the needs of SWs in condoms and ensure a regular supply of male and female condoms. Conduct regular training on condom use.

- Create a stigma index mechanism and regularly collect data on the stigma and discrimination by key populations and people living with HIV.
- Conduct human rights education sessions and campaigns among KP and subgroups and provide free legal services for key populations.
- Introduce programmes on positive masculinities for older men to address gender inequality.
- Develop the leadership skills of young and older women living with HIV at a community, regional and national level.
- Engage young women and older women from key populations and involve them in the national HIV response and awareness-raising effort.
- Consider gender imbalances in HIV policy and programme development; choose mainstream media for HIV awareness (e.g., including TVs and not only social media) and conduct a gender mainstreaming exercise to strengthen the inclusiveness of the national HIV response. The developed targeted informational materials on HIV prevention, as well as diagnosis and treatment services from a gender perspective, should be developed both in Uzbek and Russian.

ISSUE 4. PUBLIC EDUCATION

Shortcomings:

- Lack of comprehensive, up-to-date, and inclusive education on sexual and reproductive health that introduces topics of HIV to students. HIV is mainly discussed during World AIDS Day, with a mischaracterization of HIV and AIDS. As a result, HIV becomes a strongly stigmatized topic; students and youngsters at risk or suspecting to have become HIV-positive are less willing to test for HIV.

Recommendations:

- Update the modules on sex education in schools to include up-to-date and unbiased information about the HIV epidemic, encouraging prevention and including channels for testing for students. This, at the same time, contributes to raising teachers' awareness about HIV.
- Together with the international community and UN (UNAIDS, UNICEF, UNFPA) conduct a process of revision of sex education curricula to properly reflect the most current scientific advancements in HIV prevention and treatment, while adopting a proper language to raise children and young people's awareness about the HIV epidemic.
- Public school teachers and educators at public secondary special and higher education institutions should get systematically trained on basic education on HIV from a gender perspective including the provision of information separately for girls and boys.
- Include contexts on addressing stigma towards HIV and PLHIV in school textbooks and other materials used at public schools, public secondary special, and higher education institutions.
- Educational programmes for adolescent girls and boys should integrate gender- transformative components, including components gender norms and positive masculinities, Sexual and Reproductive Health and prevention of gender-based violence.

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