An assessment of needle-syringe program for people who inject drugs in the Kyrgyz Republic

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Abstract

In the Kyrgyz Republic, injection drug use accounts for almost 60% of all HIV infections. Needle and syringe programs (NSPs) are essential for HIV prevention for people who inject drugs (PWID). The study aimed at 1) describing and assessing the quality of the NSP in the Kyrgyz Republic in comparison to international standards; 2) comparing effectiveness of facility, NGO and pharmacy based NSPs; 3) identifying barriers and facilitators that affect PWID uptake of services, and 4) developing recommendations to improve NSP implementation.

The study showed that although NSP implementation in the Kyrgyz Republic was supported by the national legislation, certain standards for NSP policy and legislation were overlooked and NSP funding was fully dependent on external aid. Geographical availability of NSP was limited. Non-injecting sex partners of PWID were rarely involved. Only a few NSP sites had formalized referral pathways to other health services and the existing referrals were poorly documented. The distribution of low dead space syringes recommended for distribution by NSPs was limited.

Although facility-based NSPs provided a greater number of clean syringes to a greater number of clients compared with other modalities, they were serving different PWID in different locations and therefore cannot be really compared. None of the NSPs were effective in providing and properly documenting HIV counseling and testing services to PWID and their sex partners. All NSPs were characterized as providing minimal or no linkage and referral of PWID in linking and referring PWID to other health services. Access of PWID to NSP was limited due to fear of police encounters, inconvenient hours of operation, unfriendly attitudes by NSP staff and a limited menu of supplies available to clients. At the same time, availability of outreach services and provision of additional health services were highly valued by PWID.

The findings suggest a need for further NSP services quality improvement and reduction of barriers that negatively affect PWID uptake of NSP services. To achieve decreases in HIV incidence, NSPs should ensure regular HIV testing of clients and serve as a referral mechanism for PWID access to substance use treatment and HIV care and treatment.